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## ***Introduction***

Child Protective Services (CPS) in Tennessee, as in many other states throughout the nation, is both vulnerable to the pressures of budget reductions and stressed by the continual demands to perform the very difficult task of protecting children at risk. Many systemic changes have occurred in the state welfare system over the course of the past 8 years. These have brought about both negative and positive changes to the CPS system. The Tennessee Department of Children's Services (TDCS) has worked and continues to work to improve services to children in the midst of this beleaguered environment.

One measure that Tennessee has taken to improve the state's child welfare system is the inclusion of community-based involvement through Tennessee Citizen Review Panels (CRPs). It is hoped that these CRPs will assist in reducing risk and provide protection from abuse and neglect for the children of Tennessee. The primary goal of the Tennessee Citizen Review Panels is to meet statutory requirements mandated in the Child Abuse Prevention and Treatment Act (CAPTA), while supplementing, not duplicating, other initiatives in the state.

One of the mandates of CAPTA is that the CRPs report on their activities each year. This report provides an overview of Tennessee's CPS system, the history and overview of CAPTA, a description of the Tennessee CRPs, and their individual reports and recommendations.

The University of Tennessee College of Social Work Office of Research and Public Service (SWORPS) contracts with TDCS to coordinate, facilitate, and provide technical assistance to the CRPs in order to meet the federal requirements. SWORPS also provides coordination and technical assistance for the Children's Justice Task Force (another component of the CAPTA legislation) and the Child Sexual Abuse Task Force.

SWORPS also provides coordination for initiatives funded by CAPTA to enhance CPS in Tennessee. Initiatives include, but are not limited to, development and delivery of training to strengthen child interviewing skills, support services to assist with difficult investigations such as polygraphs, psychosexual evaluations, case reviews, and second medical opinions as well as facilitation of CPS staff members to address issues related to the methamphetamine epidemic currently affecting the state.

## **Overview of Tennessee's CPS System**

### **The Current State of CPS in Tennessee**

The current state of CPS in Tennessee dates back 8 years to the formation of the current Department of Children's Services. That and other changes have brought about positive and negative outcomes affecting staff, families, and children across the state. Key systemic changes that have occurred include the following:

- ◆ The formation of the Tennessee Department of Children's Services (TDCS) in 1996 was a result of merging eight state departments that provided services to pre-custodial and custodial children. This merger brought tremendous change and demanded many adjustments for employees from all incorporated Departments.
- ◆ The state is in its third year of a settlement agreement resulting from a lawsuit alleging that children in custody did not receive proper care.
- ◆ Fallout from the lawsuit has included a recent return to court on contempt charges. While the lawsuit did not directly affect CPS, emphasis and media attention on the foster care program has left TDCS working feverishly to meet deadlines mandated by the settlement agreement.
- ◆ During the past 2½ years four different commissioners have served TDCS and varying degrees of executive staff changes have occurred, leaving the department without an ongoing sense of stability.

- ◆ The retirement of the CPS Director in July of 2003 left the CPS central office without an identified leader in CPS and one other open position in the CPS central office.
- ◆ In March 2004, a reorganization occurred in which a Director of Child Safety was named. This position encompasses the responsibilities of the previous CPS director position.
- ◆ Implementation of a Centralized Intake Program in half of the state has improved services but also increased the workload of the CPS staff.

### **CPS WORKER CASELOAD**

The TDCS responds to over 37,000 reports of child abuse and neglect each year. Every day more than 100 children are reported abused or neglected in Tennessee (<http://www.state.tn.us/youth/cps/index.htm>).

The CPS division of TDCS is mandated to investigate these reports of child abuse and neglect. The CPS program strives to protect children under the age of 18 whose lives or health are seriously jeopardized because of abusive acts or negligence (<http://www.state.tn.us/youth/cps/index.htm>). At the time of this report, there were 287 CPS case manager positions in Tennessee dedicated to investigating CPS reports. As of January 2004, case managers who carry full caseloads filled all but 13% of these positions statewide. The 13% includes vacant positions, non-caseload bearing positions, and positions that cannot carry a full caseload. Some of the reasons for vacant or non-caseload bearing positions include the following:

- ◆ Some new case managers have not completed training and are by policy unable to receive cases or a full caseload
- ◆ Worker turnover
- ◆ Sick leave
- ◆ Other personnel issues

The number of non-caseload bearing positions varies on a monthly and regional basis.

Caseload responsibilities are impacted by the complexity of CPS investigations. Since CPS investigations can include multi-agency involvement as well as multiple layers of investigating, it creates a challenge in developing standards for counting caseloads. In order to set a standard caseload measure, the caseload per worker has been identified as the number of new referrals received by a case manager each month. The Child Welfare League of America (CWLA) has recommended CPS workload standards of no more than 12 new investigations per month for assigned CPS staff. Furthermore, CWLA

recommends that the CPS worker should have no additional responsibilities other than CPS investigations. Anything above 12 new referrals per month, or additional responsibilities outside the scope of CPS investigations, interferes with the worker's ability to complete a thorough investigation (Tennessee Department of Children's Services Child Protective Services Review, Child Welfare League of America, National Center for Consultation and Professional Development, January 2000).

### **CENTRALIZED INTAKE PROGRAM**

The Centralized Intake Program, initiated in 2002, is operational in 5 of the 12 DCS regions. It provides a central number and location to report child abuse and neglect.

Regions that have initiated the Centralized Intake Program have received an increased number of overall reports of child abuse and neglect as well as an increased number of assigned referrals. Consequently, the number of referrals assigned to each case manager has also increased. This has left some areas struggling to provide minimum protection to the vulnerable children in their communities.

In regions in which centralized intake has been implemented and all positions are filled, the average number of new referrals per month is 11–16. The average caseload is even higher if all positions are *not* filled. In regions where centralized intake has *not* been implemented *and* all CPS positions are filled and carry a full caseload, new referrals per month average between 8 and 11. However, not having a full caseload bearing staff affects the average of new referral assignments, raising it as high as 16–22 new intakes per worker. Several months of assignments at unusually high levels can create a backlog of cases, making it difficult for CPS staff to recognize immediate relief even when there is finally a reduction in new assignments or an increase in staffing capacity.

At the time of this report, there are initial plans to expand staff with the goal of providing relief to the counties in which backlogs put at risk minimum level of protection available to vulnerable children.



# ***History and Overview of the Child Abuse Prevention and Treatment Act***

## ***History of the Act***

CAPTA has a long history in guiding states and the nation to improve child protection practices. In 1974 the original CAPTA legislation laid the foundation for standardizing child welfare in the United States. In the 1996 congressional amendment to CAPTA, Congress required that states, in order to receive funding for the Child Abuse and Neglect State Grants Program, establish CRPs. The panels were charged with providing community involvement of CPS at both the state and local levels.

Originally enacted as P.L. 93-247, this law established the National Center on Child Abuse and Neglect and provided financial assistance for a demonstration program for the prevention, identification, and treatment of child abuse and neglect. It also provided direction to the Secretary of Health, Education, and Welfare to promulgate regulations to ensure that states effectively coordinate programs related to child abuse and neglect and other programs that are assisted by federal funds.

This original Act of 1974 established the foundation for the collection of and access to data and information used nationally to evaluate and strengthen the child welfare system. (See next section on The National Clearinghouse on Child Abuse and Neglect for more information.) The spirit of the law has succeeded in encouraging states and communities to increase their involvement in child welfare and its evaluation.

Since the original enactment of the law, there have been over 10 amendments made to promote national standards in the field of child welfare (About the Federal Child Abuse Prevention and Treatment Act, National Clearinghouse on

Child Abuse and Neglect Information, February 2004). The amendments include one complete rewrite of the law, reauthorizations, and transfers of programs.

Some of the initiatives that have prompted modification of the law include:

- ◆ In 1988, the law was completely rewritten in the Child Abuse Prevention, Adoption and Family Service Act of 1988 (P.L.100-294, 4/25/88). The rewrite provided a national definition for child abuse and neglect and initiated the launch of data collection standards on a state and national level.
- ◆ The Child Abuse Prevention Challenge Grants Reauthorization Act of 1989 transferred this grant program to CAPTA.
- ◆ Drug Free School amendments of 1989
- ◆ Community Based Child Abuse and Neglect Prevention grants were authorized in 1989.
- ◆ Stewart B. McKinney Homeless Assistance Act Amendments of 1990 added Title III and certain preventive services regarding children of homeless families or families at risk of homelessness to CAPTA.
- ◆ Child Abuse, Domestic Violence, Adoption and Family Services Act of 1992 and amended by the Juvenile Justice and Delinquency Prevention Act Amendments of 1992.
- ◆ Older American Act Technical Amendments of 1993
- ◆ The Human Services Amendments of 1994
- ◆ In 1996 Title I was amended to replace Title II Community Based Family Resource Centers Program with a new Community Based Family Resource and Support Program.
- ◆ In June of 2003, the Keeping Children and Families Safe Act of 2003 (P.L. 108-36) was signed into law. The Act reauthorized CAPTA, the Adoption Opportunities Program, the Abandoned Infants Assistance Act, and the Family Violence Prevention and Services Act. This Act also authorizes funding for the grant from fiscal years 2004–2008.

Key provisions of the 2003 law include (Children’s Bureau Express, August 2003, <http://cbexpress.act.hhs.gov>):

- ◆ Basic State Grant funding to improve the CPS system through attention to case management; training, supervision, recruitment, and retention of case managers; and improved reporting of suspected child maltreatment.

- ◆ Grants for demonstration projects to support linkages between CPS agencies and public health, mental health, and developmental disabilities agencies.
- ◆ A focus on the prevention of child abuse and neglect through support for community-based services to families.
- ◆ Programs that increase the number of older foster children placed with adoptive families, including a grants program to eliminate barriers to placing children for adoption across jurisdictional boundaries.
- ◆ Requirements for Abandoned Infants Assistance grantees to give priority to infants and young children who are infected with or exposed to HIV, have a life-threatening illness, or have had prenatal exposure to a dangerous drug.
- ◆ Changes to state plan eligibility requirements, including policies and procedures, to address the needs of infants born addicted to and identified as being affected by prenatal drug exposure; provisions and procedures to require a CPS representative to advise individuals of complaints and allegations against them at the initial contact; provisions requiring improved training of CPS workers regarding their legal duties in order to protect the legal rights and safety of children and families; and provisions to require a state to disclose confidential information to any federal, state, or local government entity with a need for such information.
- ◆ Removal of the “nonprofit” restriction placed upon participating entities receiving federal technical assistance.

States can receive funding as well as the ability to provide grants to local public agencies and nonprofit organizations for demonstration programs and projects.

### **THE NATIONAL CLEARINGHOUSE ON CHILD ABUSE AND NEGLECT**

The National Clearinghouse on Child Abuse and Neglect (the Clearinghouse) was established as part of the 1974 Child Abuse Prevention and Treatment Act to collect, organize, and disseminate information on all aspects of child maltreatment. The Clearinghouse provides a wealth of information regarding almost any topic in the realm of child welfare. It is a service of the Children's Bureau, Administration for Children and Families, U.S. Department of Health and Human Services.

The mission of the Clearinghouse is to connect professionals and concerned citizens to timely and well-balanced information on programs, research,

legislation, and statistics regarding the safety, permanency, and well being of children and families. Its web site can be found at <http://nccanch.acf.hhs.gov/index.cfm>.

## ***CRP Mandate***

The CAPTA legislation of 1996 uses both general language in establishing both a scope and responsibility for the CRPs. In general, the review panels are to examine the local and state child protective system. The state child protective system is not only defined as the mandated CPS agency, but also other agencies within the child welfare system. These may include the court system, law enforcement, service providers, and all other agencies whose intent is to protect children.

Although the statute provides general guidelines for the operation of the review panels, the functions of the CRPs are defined broadly. This allows the CRPs to address local community CPS issues as well as examine broader state issues. It is believed that CRPs can be an effective tool for improving the CPS system, through examining policies, procedures, and, where appropriate, specific cases handled by state as well as local CPS agencies.

## ***CRP Statutory Requirements***

### ***SCOPE OF PANEL RESPONSIBILITY***

Under the federal statute, each CRP is required to review the compliance of state and local CPS agencies in the discharge of their responsibilities with respect to the following:

- ◆ The state CAPTA Plan
- ◆ Coordination with Title IV-E foster care and adoption programs
- ◆ Review of child fatalities and near fatalities
- ◆ Other criteria the panel considers important

### ***MANDATED REQUIREMENTS***

Federal law requires that a state's Citizens Review system

- ◆ Include at least three panels
- ◆ Be in operation by July 1999
- ◆ Be composed of volunteer members who are:

- Broadly representative of the community in which they operate
- Experienced in the prevention and treatment of child abuse and neglect
- ◆ Meet at least every 3 months
- ◆ Examine policies and procedures and, where appropriate, specific cases of both state and local agencies
- ◆ Maintain confidentiality
- ◆ Prepare an annual report. The most recent amendment of CAPTA requires states to respond to the panel's recommendations no later than 6 months after recommendations are submitted.

## ***Location of Citizen Review Panels, Member Selection, and Orientation/Training***

### ***LOCATION***

TDCS has identified three areas of the state in which to develop CRPs. The three selected areas include Montgomery County, Memphis, and the Northwest Region of Tennessee (including 9 rural counties).

The locations for the three CRPs were determined by specific characteristics or concerns in the particular areas of the state. The Montgomery County CRP is located in Clarksville, Tennessee, a city that has a large military base within the city limits and borders the state of Kentucky. The unique population of military personnel, both active and retired, and the ethnic diversity and transient patterns in the population highlight certain challenges that arise when interacting within this community. In addition, TDCS staff face the challenge of conducting CPS investigations with the assistance of military personnel and/or within the context of the military base.

The CRP in Memphis, Tennessee, the largest urban area in Tennessee, was chosen to reflect issues specific to urban areas. This area of the state suffers from frequent staff turnover and higher than average caseloads.

The Northwest Region of Tennessee was chosen for a CRP because it serves a rural population in a relatively large geographical area. There are very limited resources in this area to offer to families or to assist TDCS in its efforts to reduce risk and provide safety to children and families. However, the TDCS staff in this region is stable and turnover is minimal.

One of the goals of TDCS in 2003–2004 was to create five new Citizen Review Panels. This goal was retracted after the CRP recommended that the panels not be expanded at this time.

### **MEMBER SELECTION**

Each CRP has a TDCS liaison who serves as an advisor to the panel on various policies and procedures of the department. CRP members were selected for the panel by the local region. Membership was based on the specific guidelines included in the *Citizens Review Panels for the Child Protective Services System Guidelines and Protocols*. Members are diverse, both personally and professionally; are representative of their communities, both demographically and geographically; and have committed to a two 2 year term of service on their local CRPs.

### **ORIENTATION TRAINING**

Upon being selected, CRP members are given a brief overview regarding the role of the panel and expectations of its members. Ongoing training and education of the panel occurs throughout the year during quarterly meetings. Annually, a statewide meeting is convened in which all panel members come together to discuss statewide initiatives, goals, and objectives.

## ***Participation and Collaboration***

Aggressive efforts have been made to reduce duplication and enhance collaboration within the CPS system specifically and within the child welfare system in general through the work of the CRPs. Examples of this can be seen in the representation of each CRP chairperson on the Children’s Justice Task Force and on the Child Sexual Abuse Task Force.

The purpose of each task force is to review and identify issues and concerns within the child welfare system in the state. The recommendations of each task force are incorporated into the state’s mandated Child Sexual Abuse State Plan. (See Appendix A for the Executive Summary of this report.)

In addition to these efforts, CRP members continually increase their knowledge of current CPS issues to enhance their ability to make informed recommendations. CRP members have reviewed outcome reports from other studies related to child welfare in Tennessee. The reports include the Child and Family Service Review, the Settlement Agreement of a recent lawsuit regarding children in state custody, the Child Fatality Report, the Tennessee Supreme Court’s Court Improvement Program for Juvenile Dependency Cases, the Children’s Justice Task Force 3-year recommendations, and the Child

Welfare League of America's Child Protective Services Review. The reports identify specific trends in Tennessee's CPS program.

Contributions of panel members and recommendations were also used to develop the Program Improvement Plan, Tennessee's response to the Child and Family Service Review. These two reports can be found in their entirety on the TDCS web site at <http://www.state.tn.us/youth/federal/index.htm>.

Each CRP has approached its responsibilities of review differently. Panels have used the following ways to evaluate the CPS system on a local and statewide level:

- ◆ Reviewing reports and evaluations of the CPS system
- ◆ Securing guest speakers (e.g., local agencies, Attorney General)
- ◆ Shadowing case managers
- ◆ Reviewing records (i.e., measuring casework based on a case file review instrument used statewide by supervisors)
- ◆ Attending local court proceedings
- ◆ Interviewing local field staff
- ◆ Attending fatality review board meetings
- ◆ Attending foster care review board meetings
- ◆ Research and data collection

The Citizen Review Panels are working with the University of Tennessee College of Social Work on a special project that was initiated in the fall of 2002. The Supervisor Development Project is a collaborative effort between TDCS and the University of Tennessee College of Social Work. It is funded with a grant through the QIC (Quality Improvement Centers for Child Protection), University of Kentucky, to strengthen the frontline supervisor's role within the department. CRP members have been involved in evaluating curriculum developed in the project. (See Appendix B.)



## ***CRP Activities and Recommendations for 2003***

Information for this report was collected through discussion with CRP members, attendance at meetings, collections of emails, minutes, recommendations from panel members, and data collected through surveys and special projects of the CRPs. The following discussion reflects each panel's opinions and recommendations.

Due to the changes in administration and the settlement agreement discussed earlier in this report, TDCS has been left with many layers of consultants, evaluators, and monitors, both internally and externally, to make recommendations for change. Case managers and other TDCS staff members are often overwhelmed with the changes and new mandates that occur daily. Media attention brings further magnification and scrutiny to every move made by case managers and other TDCS staff.

For the past several years, these events have placed attention and funding for CPS on the back burner. Current initiatives and proposals from the most recent administration hope to bring CPS to the forefront again.

Considering all of the changes and initiatives, the CRP members have discussed different methods that could be used to evaluate CPS that do not include adding another layer of evaluators to the work of the scrutinized case managers. Each panel has approached its charge from its unique perspective. Again, their involvement in the Child Sexual Abuse Task Force and the Program Improvement Plan also provide an avenue for their concerns and recommendations to be heard. The following provides the reports and recommendations from each review panel.



## **Reports/Recommendations from Citizen Review Panels**

### **MONTGOMERY COUNTY CITIZEN REVIEW PANEL**

#### **Membership**

**Maria Carrier, LCSW,**  
Blanchfield Army Community  
Hospital

**Judy Covington,** Executive  
Director, Montgomery County  
Child Advocacy Center

**Dr. Doris Davenport,**  
Associate Professor, Austin  
Peay State University, School of  
Nursing

**Gary Ellis,** Pastor

**Kathy Martin,** Director, Austin  
Peay State University, School of  
Nursing

**John Nichols,** Detective  
Clarksville Police Department

**Tamara Shoemaker,**  
Parent/Advocate Shaken Baby  
Syndrome

**Amelia Wallace,** Team  
Coordinator, Tennessee  
Department of Children's  
Services

#### **Activities**

The Montgomery County CRP met a total of five times in 2003. The panel had several ideas regarding working to evaluate and strengthen CPS in their community. The key focus for 2003–2004 is to hold a focus group with the case managers and supervisors within their community to find out what they think they need from the community to do their jobs better. This plan also includes a written evaluation to help ensure anonymity.

The panel held a Christmas brunch for their CPS workers and supervisors to show appreciation for the work they do. This was also identified as the first step in introducing themselves to the workers and beginning to establish a collaborative relationship with them. This effort emphasizes their commitment to show support to frontline staff.

#### **Goals/Recommendations**

A needs assessment and focus group for CPS staff as well as prevention issues were identified as goals to concentrate on during the 2004 year. The results of

the focus group will be used to guide the CRP in its planning for the coming year.

Other topics/goals to be pursued include:

- ◆ Conduct a review of caseload statistics of CPS in Montgomery County and compare with regional and statewide statistics.
- ◆ Evaluate the added responsibilities CPS staff members have taken on due to the settlement agreement in the Montgomery County area as compared to the rest of the state.
- ◆ Conduct a review of prosecution rates for the Montgomery County area.
- ◆ Further study juvenile perpetrators/crime in Montgomery County. What is the relationship between abuse/neglect and juvenile crime?
- ◆ Explore concerns about public apathy-publicity not focused on child abuse/welfare. What can be done to create a stronger partnership between the community and TDCS?
- ◆ Prevention issues to explore:
  - The community doesn't seem to be concerned or want to know about issues related to abuse. Prevention demands getting the community involved.
  - The community members need to know what to do when observing behaviors that could be abusive or neglectful.
  - Community members have rights and responsibilities to recognize and report situations that are abusive or neglectful.

## **SHELBY COUNTY CITIZEN REVIEW PANEL**

### **Membership**

**Lisa Aitken**, Director,  
Technology Support  
Services/CASA Volunteer

**Sandra Allen**, Director,  
LeBonheur Center for Children  
and Parents

**Joree Brownlow**, Attorney

**Jeane Chapman**, Director,  
Division of Health and Social  
Support, Memphis City Schools

**Jane Murphy**, Shelby County  
Juvenile Court

**Katie Stanton**, Shelby Co.  
Board of Education

**Gail Tarpy**, Case Coordinator/  
Supervisor, CASA of Memphis  
and Shelby County

**Glenda Taylor**, TDCS Team  
Coordinator

**Trudy Weatherford**, Retired

**Nancy Williams**, Executive  
Director, Memphis Child  
Advocacy Center

### **Activities**

The Shelby County Citizen Review Panel met a total of six times in 2003. The focus of the 2003 meetings was twofold: to participate and monitor the changes being made in the child welfare system in Shelby County and the Centralized Intake Program initiated in their region.

In the summer of 2003 allegations of several child death cover ups were made regarding the child welfare system in Shelby County. Internal investigations were made, legislative hearings were held, and many professionals and community members joined together to identify their concerns regarding the system in Shelby County. The results of the hearings and investigations confirmed that there were no cover ups of child deaths, but that several concerns were identified.

Consequences included an almost total reorganization of the child welfare system within the county. Panel members participated in the investigation and received periodic reports from TDCS personnel regarding ongoing changes being made to improve the system within the county.

The Centralized Intake Program began in Shelby County in September 2002. Response from the community has been mixed. Some see centralized intake as providing much needed consistency in the screening and acceptance of reports made to TDCS. Evidence of this may lie in the increase in the number of child abuse/neglect reports made within Shelby County. Others see the new intake

process as interference from outsiders and not responsive to the needs of local reporters.

A decision was made by the CRP to evaluate, to the extent possible, professional reporters' experiences with the new system as well as training received in identifying and reporting abuse and neglect. An existing central intake survey was adapted for Tennessee (see Appendix C).

The panel included in the initial survey two disciplines, medical and educational. After reviewing the responses from the medical and educational community, the review panel will determine if it needs to pursue further disciplinary involvement such as court, law enforcement, and legal. Staff included in the first round of surveys included doctors from local hospitals and health departments and staff from the county and city school systems. The response to the survey exceeded expectations. The report focuses on the responses from the education community. The abstract of the full report can be found in Appendix D.

Another venture the CRP has undertaken is professional reporter training. Results of the survey will be used to enhance training already provided in the community. The CRP, in collaboration with the Memphis Child Advocacy Center and the University of Tennessee Health Science Center, has written a proposal to develop a video training for medical professionals on child sexual abuse.

The goal of the training is to help equip medical professionals with information on their role and legal obligations specific to child sexual abuse. It will also include information on indicators and reporting of abuse plus best practice for medical exams.

When completed, the training will be available for viewing via a telemedicine web site in regions of Tennessee, Arkansas, and Mississippi. At the time of this report the CRP is exploring further community collaborations in order to produce a training video.

## **NORTHWEST REGION CITIZEN REVIEW PANEL**

### **Membership**

**Dana Cobb**, TCCY

**Susan Davidson**, TDCS

Liaison

**Judge Danny Goodman**

**Marilyn Goodman**, Guidance

Counselor, Milan High School

**Frankie McCord**, Crockett

Chamber of Commerce

**Natalie McCullough**, Gibson

County District Attorney's

Office

**Susie Milligan**, Gibson County

District Attorney's Office

**Ann Minton**, Day Care

Licensing

**Ellarine Moses**, Guidance

Counselor, Milan High School

**Marilyn Tritt**, Guidance

Counselor, Milan High School

**Susan Vickerstaff**, University

of Tennessee

**Sharon Wenz**, University of

Tennessee

**Tina Williams**

**Joetta Yarbro**

### **Activities**

The Northwest Citizen Review Panel met a total of three times in 2003. The focus of concern from the Northwest CRP has been twofold. First and foremost, there is concern that CPS investigations need to be strengthened in this region. This is an issue to be explored further. A second concern is the initiation of the Centralized Intake Program in Northwest Tennessee. Pros and cons have been identified regarding the statewide program. Other regions that are currently using the program have had many startup problems. The CRP would like to do its part in preparing the community to prevent some of the problems other communities have experienced.

In discussing concerns about reporting abuse/neglect, one of the members shared an overview of child abuse and neglect that had been prepared for school staff regarding defining, reporting, and investigating abuse. This information was revised and made available to others to help educate professionals on mandated reporting. The information was sent out by the Child Care Resource Center to over 300 childcare centers in the western portion of the state.

**Goals/Recommendations**

Identified concerns to be explored more in depth in 2004 by the Northwest Citizen Review Panel include the following:

- ◆ Evaluate professional reporters (especially childcare) to determine satisfaction of TDCS response to referrals.
- ◆ Explore and evaluate the investigative process within the region.
- ◆ Review services available and provided to families needing services.
- ◆ Identify the information available regarding education on methamphetamine and the dangers of production.
- ◆ Work with Centralized Intake staff to identify tasks necessary to better prepare the Northwest Community for the implementation of Centralized Intake.
- ◆ Complete a needs assessment with team coordinators, team leaders, and frontline staff.

## **Conclusion**

Current plans for all three groups include continued recruitment and growth of the panels.

The CRPs' involvement in the Supervisor Development Project ensures a renewed perspective from community stakeholders. Their involvement also carries with it the hope that any internal improvements in the CPS program can be extended on a broader basis throughout the community through education and good public relations.

Tennessee CRPs continue to demonstrate their commitment to improving child welfare through their involvement in the identification and response to CPS community issues. The upcoming year brings many new opportunities for the panels.



***Appendix A: Executive Summary of  
the Child Sexual Abuse Task Force  
Report, January 2003***



## ***Appendix B: Supervisor Development Grant Overview***



In 2002, the Tennessee Department of Children’s Services entered into a collaborative partnership with the University of Tennessee College of Social Work to develop the Child Protective Services (CPS) Supervisors Development Project. The CPS Supervisors Development Project is a three and half year research and training grant funded through the University of Kentucky and is part of a larger project involving several states participating in the Southern Regional Improvement Center for Child Protection (SR QIC), funded by the Children’s Bureau.

The SR QIC currently provides funding to four projects in the southeastern United States including Tennessee, Mississippi, Arkansas, and Missouri. Each state developed it’s own model, with the overall goal of improving current CPS practice as well as the supervisory skills of CPS supervisors. Outcomes will be evaluated at three levels: preventable turnover, worker practice in assessment, and intervention and outcomes for families and children.

To ensure objective evaluation, regions were randomly selected to participate in the project. The model developed by Tennessee provides intervention to CPS Supervisors, (Team Leaders), in 6 of the 12 DCS regions. The project consists of two main components: learning labs and mentoring.

The learning lab component consists of a minimum of 6 learning labs modules that participants attend over the course of the project. Modules include Educative Supervision, Ethics, Cultural Competency, Clinical Decision Making, Data Management, and Organizational Culture. All of the modules cover relevant topics to child welfare and also address demonstrated needs that exist within DCS.

The mentoring component involves matching CPS Team Leaders with mentors who have both clinical experience and child welfare experience. The goal of the mentoring component is to lend support to frontline supervisors and to assist them with day-to-day problems and challenges. Mentors meet with their protégé each month and are in contact between visits.

Mentors attend trainings with their assigned Team Leaders in order to incorporate what has been learned and further develop the mentoring relationship. Additionally, mentors receive periodic trainings to improve upon mentoring skills and to learn strategies for problem solving methods of support.

In 2003, the SR QIC incorporated an additional component to the project to include middle managers, or Team Coordinators, to the existing project. The middle manager piece will last for one year and will include trainings and meetings aimed at improving skills for those supervising Team Leaders. This piece was added after all four SR QIC projects found that the best way to help reinforce the skills learned by Team Leaders was to work with their supervisors, who had previously not been part of the project.

Involvement of the Citizen Review Panels includes review and evaluation of the training curriculum for each of the modules. Further involvement of the Citizen Review Panels will begin during the evaluation component of the project.

In the coming years, Team Leaders who are protégés will assume a different role, as they become mentors to their own CPS caseworkers. The project is currently in its second year.

## ***Appendix C: Child Abuse Reporting Survey***



## ***Appendix D: Child Abuse Reporting Study Abstract***



## **Abstract**

The Citizen's Review Panel of Shelby County initiated a survey to investigate the effectiveness of the newly implemented Centralized Intake Program. The targeted population for this survey included the two school systems within the county.

The Shelby County School System and The Memphis City School System participated in the survey. Overall, the majority of the respondents from Shelby County indicated they had been trained on Child Abuse Reporting and Identification, while Memphis City Schools responded that only a little more than twenty percent had been trained. Therefore, Memphis City teachers indicated they were less knowledgeable about the reporting procedures in their schools.

In both cases, the majority teachers were interested in additional training. Furthermore, the majority of teachers that had interaction with the Department of Children Services indicated satisfactory or positive results. However, few teachers had an opportunity thus far to utilize the new Centralized Intake system.

Recommendations following these results include: more training for teachers regarding identification and reporting of child abuse, further investigation into the role of the school administrator in the reporting procedure, and an increased the responsiveness of the Department of Children Services to the referent.

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