DEFENSE HEALTH BOARD
WORK GROUP MEETING FOR
HEALTHY MILITARY FAMILY SYSTEMS:
EXAMINING CHILD ABUSE AND NEGLECT
JULY 11, 2019
Gatehouse
8111 Gatehouse Rd, Room 345
Falls Church, VA 22042

1. ATTENDEES – ATTACHMENT ONE

2. OPEN SESSION

a. Administrative & Opening Remarks

Dr. Jeremy Lazarus, Child Abuse and Neglect (CAN) Work Group Chair, welcomed members of the pubic to the open session. CAPT Greg Gorman called the meeting to order as the Defense Health Board (DHB) Designated Federal Officer. Following a moment of silence to honor Service members, meeting attendees introduced themselves. Dr. Lazarus then provided an overview of the CAN tasking:

b. Public Comments

The Work Group received written comments from Ms. Denise Edwards of the National Children's Alliance (NCA) and Mr. Douglas Strane of the Children's Hospital of Philadelphia (CHOP). Each were allowed five minutes to read their statements; a question and answer session followed. Several other public attendees shared their perspectives after the formal commentary was provided.

The first statement was from Ms. Edwards who described the mission of the NCA, an accrediting body and provider of training and technical assistance for Child Advocacy Centers (CACs). CACs are community-based, public-private partnerships that coordinate CAN investigations and intervention services through a multi-disciplinary team approach. CACs integrate resources, ensure care coordination, and reduce the number of times victims have to share traumatic CAN accounts with different clinical providers and legal personnel. In addition to providing a range of services to child victims, including trauma-focused cognitive behavioral therapy, CACs have started to provide mental health services for child offenders and non-offending caregivers. There are nearly 900 CACs across the U.S., including in all 50 states; 70% of military installations are located within 50 miles of a CAC. Ms. Edwards noted that the NCA is continuing to develop a plan for rural areas, including remote military installations. Currently, the NCA connects rural areas with CACs in more populated areas through satellite services with telehealth capabilities.

Ms. Edwards reported that in 2016, Congress established funding for a needs assessment, through the Department of Justice (DOJ), to determine the current relationships between CACs and military installations. Although the DOJ review is not complete, preliminary findings include: 7% of CACs reported having a memorandum of understanding (MOU) with a military program or installation and, of Family Advocacy Program (FAP) offices that reported having no relationship with a local CAC, the most common reason identified was that there had not been an initiation of contact. Ms. Edwards advocated for a national MOU between DoD and the NCA to

provide a vision and standardized template for local CAC/military installation MOUs, as described in the proposed *END Network Abuse Act*. She also mentioned the NCA's MOU with the FBI, and the CAC/Naval Air Station Patuxent River relationship, as examples of successful national and local partnerships, respectively.

The second statement was from Mr. Strane who shared findings from CHOP research commissioned by the Department of the Army. These findings showed that between 2004 and 2007, across the nearly 6,000 medically-diagnosed child maltreatment episodes among Army child dependents, only 20.3% were linked to substantiated reports to the FAP. Mr. Strane stated these findings call into question the validity of reported rates of CAN among children of Service members, which are currently lower than rates in the general civilian population. He noted that civilian health care providers, as mandated reporters, are required to report CAN to CPS, but are not required to report to FAP; providers may be are unaware of this critical resource. Mr. Strane stated that further research is needed to understand why medical diagnoses of child maltreatment are not consistently reported to FAP.

Several public attendees shared their comments after the formal commentary was provided. Members discussed that, other than a review of insurance upon check-in, there is not a systematic way that civilian health care providers verify their patients' military affiliations. Mr. Strane remarked that these providers may not have the capacity to inquire about a patient's military status due to time constraints and workflow limitations. However, it would be beneficial for these providers to understand military resources and referrals, such as FAP. Dr. Barbara Craig of the Armed Forces Center for Child Protection (AFCCP) recommended integrating FAP education and awareness into state licensure notifications. Ms. Eileen Huck of the National Military Family Association stated that families may not want to identify as having a military affiliation. Ms. Edwards added that CACs recently started tracking military affiliation but remarked that this process should remain sensitive to facilitate disclosure and subsequent interventions. In response to a comment about potential TRICARE requirements for network providers to inquire about military affiliation, CAPT Edward Simmer of the TRICARE Health Plan, DHA, explained that modifications to existing TRICARE network contracts cost up to 10 million dollars. However, changes could potentially be incorporated into new TRICARE contracts which are due to be developed in the near future. CAPT Simmer also noted that TRICARE serves active duty Service members and retirees, while only active duty families are eligible for FAP services.

Public attendees also provided further comments about potential courses of action to better address CAN in the DoD. Dr. Craig remarked that the AFCCP and the NCA work closely together; however, service coordination is challenging, particularly in areas that span several counties or jurisdictions, like the Washington, DC Metropolitan Area. Dr. Craig also commented on the need to link victims and their families to specific resources based on type of abuse, adding that CACs focus mainly on sexual abuse. Ms. Edwards underscored the need for dedicated FAP funding at the local installation level to coordinate, expand, and strengthen CAC-military partnerships. CAPT Amy Gavril, Director of Education and Training, AFCCP, noted that there is no validated CAN screening tool. She suggested that a validated intimate partner violence (IPV) screening tool could inform CAN screening and identification efforts given the overlap between IPV and CAN. CAPT Gavril also recommended future studies to validate the Safe Environment for Every Kid (SEEK) model within the military population, while CAPT

Simmer recommended future studies that focus on single parents and unmarried partners with children. In addition, members highlighted Kaiser Permanente Northern California's systems approach to family violence, which integrates IPV screening and treatment into routine care using confidential personal interviews. Ms. Huck described the characteristics of military families that may make them vulnerable to CAN, including the number of young parents and the high rate of spousal unemployment. She further identified food insecurity as a risk factor for CAN and recommended conducting studies regarding the relationship between financial pressures and CAN, as well as ensuring referrals to federal assistance programs. Ms. Lisa Howard of the Barry Robinson Center highlighted the importance of promoting help-seeking; communications should highlight the relationship between early intervention and career success to dispel concerns that treatment will negatively impact careers and security clearances. Members also discussed the "opt-in" nature of military family support programs, noting the potential of making some of these programs "opt-out."

Members concluded by discussing the tension between seeking help and fulfilling military obligations. Dr. Craig stated that childcare is often a barrier for military parents who wish to attend a peer support meeting or seek treatment. Ms. Sarah Guerrieri of CHOP noted that the proposed *Veterans' Access to Child Care Act* requires the Department of Veterans Affairs to provide childcare during veteran parents' mental health appointments.

3. NEXT MEETING

The "Healthy Military Family Systems: Examining Child Abuse and Neglect" decision briefing is scheduled for August 6, 2019 in Falls Church, VA during the DHB meeting.

4. CERTIFICATION OF MINUTES

I hereby certify that, to the best of my knowledge, the foregoing meeting minutes are accurate and complete.

July 29, 2019

Jeremy Lazarus, MD — Date
CAN Work Group Chair

ATTACHMENT ONE: ATTENDEES

BOARD MEMBERS			
TITLE	**FIRST NAME**	**LAST NAME**	**ORGANIZATION**
Dr.	Craig	Blakely	Professor and Dean, School of Public Health and Information Sciences, University of Louisville
Dr.	H. Clifford	Lane	Director, Division of Clinical Research, National Institute of Allergy and Infectious Disease, National Institutes of Health
Dr.	Jeremy	Lazarus	*Chair, CAN Work Group* Clinical Professor of Psychiatry, University of Colorado Denver School of Medicine
Gen (Ret.)	Richard	*Myers	*DHB First Vice President* President, Kansas State University; RMyers & Associates LLC; 15th Chairman of the Joint Chiefs of Staff
DEFENSE HEALTH BOARD SUPPORT DIVISION			
TITLE	**FIRST NAME**	**LAST NAME**	**ORGANIZATION**
CAPT	Gregory	Gorman	DHB Executive Director/Designated Federal Officer (DFO)
Dr.	Catherine	Zebrowski	DHB Executive Secretary/Clinical Consultant/Alternate DFO
Ms.	Camille	Gaviola	DHB Deputy Director/Alternate DFO
Ms.	Alexandra	Andrada	DHB Research Science Analyst, Knowesis, Inc.
Ms.	Amanda	Grifka	DHB Research Science Analyst, Knowesis, Inc.
Ms.	Aileen	Mooney	DHB Research Science Analyst, Knowesis, Inc.
Dr.	Lauren	Zapf	DHB Team Lead/Analyst, Knowesis, Inc.
OTHER ATTENDEES			
TITLE	**FIRST NAME**	**LAST NAME**	**ORGANIZATION**
Dr.	Krystyna	Bienia	Psychologist, Complex Pediatrics Clinical Community, Medical Affairs, Defense Health Agency (DHA)
Ms.	Renee	Brown	Senior Analyst, Defense Capabilities and Management, U.S. Government Accountability Office
Dr.	Barbara	Craig	Director, Armed Forces Center for Child Protection (AFCCP)
Ms.	Denise	Edwards	Director of Government Affairs, National Children's Alliance
CAPT	Amy	Gavril	Director of Education and Training, AFCCP
Ms.	Sarah	Guerrieri	Manager, Federal Affairs, Children's Hospital of Philadelphia (CHOP)
Ms.	Lisa	Howard	Public Advocate, Barry Robinson Center
Ms.	Eileen	Huck	Deputy Director, Government Relations, National Military Family Association
Ms.	Patricia	Kime	Associate Editor, Military.com
Dr.	Patricia	Moseley	Military Child and Family Behavioral Health Senior Policy Analyst, Medical Affairs, DHA
CAPT	Edward	Simmer	Chief Clinical Officer, TRICARE Health Plan, DHA
Mr.	Douglas	Strane	Research Project Manager, PolicyLab, CHOP
Ms.	Kristen	Webb	Child/Adolescent Forensic Interviewer, AFCCP

*Participated by phone