

2022-2023 Citizen Review Team Report

May 2024

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Background

Pursuant to the Child Abuse Prevention and Treatment Act (CAPTA) section 106, each state to which a grant is made shall establish not less than three Citizen Review Panels (Teams). A state may designate for the purposes of this subsection one or more existing entities established under state or federal law, such as child fatality panels or foster care review panels, if such entities have the capacity to satisfy the requirements of paragraph (4) and the state ensures that such entities will satisfy such requirements. These requirements include, that each panel shall, by examining the policies, procedures, and practices of state and where appropriate, specific cases, evaluate the extent to which state and local child protection system agencies are effectively discharging their child protection responsibilities in accordance with the state plan.

The Texas Family Code (TFC §261.312) requires the Department of Family and Protective Services (DFPS) to create Citizen Review Teams; and authorizes DFPS to create one or more review teams for each region to evaluate staff casework and decision-making related to child protective investigations. Six of DFPS' regions are designated as meeting the requirements of CAPTA Appendix I, and include Regions 1, 3E, 3W, 6 (6A and 6B), 7, and 11. These regions represent a mixture of urban and rural communities and reflect a broad range of issues encountered by DFPS statewide. This report consists of information concerning the issues addressed by the Citizen Review Teams, including the teams in the six CAPTA regions.

CAPTA also states that each panel shall prepare and make available to the state and the public, on an annual basis, a report containing a summary of the activities of the panel and recommendations to improve the child protection services system at the state and local levels. Not later than six months after the date on which a report is submitted by the panel to the state, the appropriate state agency shall submit a written response to state and local child protection systems and the citizen review panel that describes whether or how the state will incorporate the recommendations of such panel (where appropriate) to make measurable progress in improving the state and local child protection system.

Structure

As required, all Citizen Review Team members, including those of the CAPTA Citizen Review Teams, are volunteers who represent a broad spectrum of their communities. The members are nominated locally and approved by the DFPS Commissioner. DFPS staff assist the Citizen Review Team with coordination, team development, training, and statewide distribution of team reviews and recommendations. DFPS staff facilitate the meetings and the exchange of case-specific information, ensuring that confidentiality is maintained.

Reporting Process

To coincide with the federal fiscal year (FFY) reporting period, this report covers the period from October 2022 through September 2023 (FFY 2023). Information presented consists of data gathered by all Citizen Review Teams, including CAPTA Citizens Review Teams. In FFY 2023, the teams reviewed child fatalities that met criteria for a Regional Child Death Review Committee. These meetings included reviews of prior investigations within the last three years; previous Family Based Safety Services, Conservatorship, Kinship, and/or Adoption within the last three years if applicable; various types of abuse and neglect allegations in cases; and appropriateness of service delivery.

Criteria for a Regional Child Death Review Committee includes child fatality cases in which:

- The child's death has been determined by Child Protective Investigations to be the result of abuse or neglect; for example, there is a disposition of Reason to Believe for an allegation with a severity of fatal (RTB Fatal), regardless of whether the medical examiner or other external parties reach the same conclusion; and
 - the deceased child or the designated perpetrator of the RTB fatal had an open Child Protective Investigations or Child Protective Services case at the time of the child's death or
 - the Designated Perpetrator of the RTB Fatal has been an alleged or designated perpetrator in a prior Child Protective Investigations case within the last three years;
 - o the deceased child has been an alleged or designated victim in a Child Protective Investigations case within the last three years; or
 - o the deceased child was a principal in a Family-Based Safety Services and/or Conservatorship stage of service within the last three years.

If there was not a child fatality case meeting criterion to review in the quarter, another case was selected. Reports of the meetings were documented on the Regional Child Death Review Committee and Citizen Review Team – Part C form.

Agency Response

The Citizen Review Teams often present recommendations for local Child Protective Investigations and Child Protective Services direct delivery staff about actions they would like to see taken on a particular case. These case-specific recommendations are communicated during the Citizen Review Team meetings to the Child Protective Investigations and/or Child Protective Services representatives who are in attendance and recorded on the standardized reporting form. Required actions relating to case-specific recommendations are handled at the regional level.

All Citizen Review Team recommendations with statewide implications and the DFPS written response to each recommendation are placed on the DFPS public website after approval of the annual report.

The annual Citizen Review Team Report can be found at: https://www.dfps.state.tx.us/Investigations/CRT/default.asp.

Team Activities

The Child Safety Specialists within the Office of Child Risk and Safety act as the Citizen Review Team coordinators within their assigned region of responsibility. The Citizen Review Team coordinators meet regularly with the director and lead child fatality specialist within the Office of Child Risk and Safety to discuss better ways to engage the community in the review process.

DFPS values collaboration with our partners in the child welfare system in Texas. Building community relationships and partnerships is an integral part of DFPS work and is critical to providing clients with needed support. In an effort to gain essential feedback from the public, the Citizens Review Team coordinators, Child Protective Investigations regional leadership, and Child Protective Services regional leadership continue to work with their communities to engage and encourage volunteers to become involved in these teams.

Along with discussion of Child Protective Investigations and Child Protective Services cases, each Citizen Review Team reviewed and discussed the CAPTA State Plan during regularly scheduled meetings. There were also four meetings held that specifically focused on reviewing the CAPTA State Plan.

Analysis

During FFY 2023, the Citizen Review Teams reviewed 79 child fatality or serious injury cases. At the time of the fatality, of these cases 19 had an open investigation, and one had an open conservatorship case. No recommendations were given in 25 of these reviews.

Recommendations that were given or concerns noted were in the following areas: Safety and Risk, Policy and Practice, Training Needs, and Coordination with External Entities, as well as some miscellaneous topics.

If the recommendation or concern was case specific or at the regional level, it was referred to regional management. If recommendations were already a part of existing policy and procedures or training, team members were informed of these and seen as areas needing improvement. There were also several recommendations that required legislative changes or new legislation. In those situations, the team members were encouraged to reach out to their representatives to address their concerns. Recommendations that were noted to have a statewide scope are listed below.

Chapter 1 - Safety and Risk

Recommendation 1

Several teams recommended more training around how to talk with safety monitors, non-offending parents, collaterals, and service providers to better assess child safety. The training would help staff identify relevant collaterals and interview them in a systematic, purposeful manner to help staff make informed safety decisions. This would include information in the following areas:

- Contacting medical collaterals early in the investigation if injuries were reported but not seen by the department.
- What to ask medical providers for children with medical or mental health diagnosis.
- What to ask service providers to ensure progress in services, to include the need to review the actual therapy notes.
- How to communicate the department's concerns/worries for the parent's behaviors to safety monitors or relatives given Permanent Managing Conservatorship (PMC), how they can recognize unsafe behaviors, and what their responsibilities are long-term steps they need to take.
- If the non-offending parent lives outside the household of concern, what questions should be asked regarding the child's care.
- Improved assessments of alternate caregivers/extended support/safety monitors that will be helping care for children.

Response 1

In the initial Child Protective Investigations (CPI) Training Academy, new employees are required to complete trainings related to contacting safety monitors, parents, collaterals, and service providers. Continuing education courses are available for all tenured staff on an ongoing basis. Though many of these courses are mandatory as part of caseworker certification, the certification process is voluntary. Over fiscal year (FY) 2023, the department has also conducted in person trainings, web-based trainings, support calls, developed tip sheets, and developed resource guides to assist staff in making better informed safety decisions. Some of these trainings and supports include topics related to:

- Interviewing children and parents
- Assessing child safety
- Gathering critical medical information from parents and medical providers
- Screening and assessing parents and children for substance use and mental health disorders
- Assessing safety monitors
- Engaging with families

CPI created a Medical Resource form that is completed jointly by the parent or caregiver and the caseworker for all complex medical cases, including primary medical need cases. The form lists out all of the child's medical providers along with their contact information. A release of

information signed by the parent or legal guardian must accompany the form. The case worker is then able to contact all listed medical providers to confirm current diagnosis, caregiver compliance with treatment, and medical needs. The form went into effect in April 2024.

Policy was revised October 2021, and staff were trained statewide regarding the requirements and expectations for seeking additional clarification from medical and services providers. Mental Health tip sheets were created and disseminated to all CPI staff and published on the department's website. The CPI Mental Health Resource Guide was also updated in FY24 with information to aid staff's decision making in abuse cases involving mental health and highlighted in the February 2024 Meeting in a Box (MIAB). The Mental Health tip sheets and CPI Mental Health Resource Guide help staff identify symptoms, how the person's mental health might affect their parenting, and the types of questions that can be asked to assess for child safety. CPI also conducts mental health trainings annually and staff are updated on the tools available. Trainings are also conducted via Lunch and Learns and available on the DFPS Safety Net.

CPS Policy 2248.12 requires the caseworker to make contact with the parent or legal guardian who does not reside in the home where abuse or neglect is alleged. The caseworker informs the parent or legal guardian of the general nature of the report to illicit a response. CPS Policy 3200 requires that the caseworker must evaluate the safety plan monitor or parental child safety placement (PCSP) caregiver's ability to protect the child and ensure child safety.

See: 2248.12 Interviewing a Parent or Legal Guardian Who Does Not Live in the Home Where Abuse or Neglect Is Alleged

See: 3212.1 Assessment of Caregivers

The CPI caseworker currently requests patient records and notes from service providers and reviews them to determine next steps and also speaks directly with the provider. The department also conducts Multidisciplinary Team (MDT) Staffings in every region to assist CPI staff in making safety decisions of children in cases involving serious abuse and neglect. An MDT staffing includes the department, law enforcement, medical providers, attorneys representing the department, child advocacy center staff, and other stakeholders as needed. The MDT staffing allows all stakeholders involved in the incident of abuse of neglect to ensure all team members have the same information, are not duplicating tasks, and to develop a plan to ensure the safety of the child. Discussions will be held with the CPS Director of Field and CPI to determine if additional training will be developed.

Current CPS trainings are being reviewed. CPS will work with the Center for Learning and Organizational Excellence (CLOE) if any gaps are identified and additional training is needed. This will be completed by the end of FY24.

Recommendation 2

When there is an open case and there is a pending legal situation occurring as it relates to custody of a child, and the department has concerns with one or both parents; a legal staffing should be held to determine what intervention or recourse could occur to ensure child safety.

The department does not have the jurisdiction to intervene on custody issues, but does have authority to initiate legal proceedings for the protection of children. If there is an existing legal case when the department initiates a Suit Affecting the Parent Child Relationship, the court will consolidate the existing or prior custody proceedings into the department's case.

CPI policy was revised in 2023, and staff were trained statewide regarding what reasonable efforts must be made to prevent or eliminate the need to remove the child from the home.

See: <u>2292.3 Requesting Legal Orders</u> See: <u>3220 Taking Legal Custody of a Child</u>

Recommendation 3

Several teams made recommendations regarding gun safety and how staff should discuss how to safeguard the children in the home from any guns in the household. Specifically, the department should provide gun locks and/or a locked gun box to families who own firearms, as well as refer the adults in the home to a gun safety course.

Response 3

DFPS currently provides a brochure that details how to keep your firearm safe and secure. CPI staff also inquire with the parent/caregiver how the firearm is stored and secured. If gaps in security of the firearm are identified by the caseworker, the caseworker educates the parent on appropriate firearm storage safety.

Any kind of firearm education, other than keeping firearms in secure locations, is not the jurisdiction of DFPS. Special Investigators are not "qualified experts" to provide firearm safety education. Some law enforcement agencies and other private organizations offer such trainings and could be provided as a resource the family can contact.

Chapter 2 - Policy and Practice

Recommendation 1

Several teams recommended more oversight on cases involving a child with a Primary Medical Need. This could include required follow-up contacts with the child and family after initial visit, along with mandatory medical collaterals and referrals to services in the community.

Response 1

CPI created a Medical Resource form that is completed jointly by the parent or caregiver and the caseworker for all complex medical cases, including primary medical need cases. The form lists out all of the child's medical providers along with their contact information. A release of information signed by the parent or legal guardian must accompany the form. The case worker is

then able to contact all listed medical providers to confirm current diagnosis, caregiver compliance with treatment, and medical needs. The form went into effect in April 2024.

Recommendation 2

Staff should be required to confirm medical needs are being met in every case on every child, regardless of the allegations.

Response 2

During every abuse and neglect investigation CPI staff assesses the immediate medical, mental, and emotional needs of every child regardless of the allegations. During the initial interview with children and parents DFPS staff must ask questions about the last time a child has been seen by a physician, if the child or parent has any medical or mental health diagnosis, and how the child or parent is following up with any medical of mental health diagnosis. To aid CPI staff in this assessment, CPI created a Medical Resource form that is completed jointly by the parent or caregiver and the caseworker for all complex medical cases, including primary medical need cases. The form lists out all of the child's medical providers along with their contact information. A release of information signed by the parent or legal guardian must accompany the form. The case worker is then able to contact all listed medical providers to confirm current diagnosis, caregiver compliance with treatment, and medical needs. The form went into effect in April 2024. The DFPS case worker must first obtain consent from the parent, legal guardian, or alleged perpetrator at first contact, when requesting medical records or contacting medical providers. This is required as part of the notification of rights for every parent, legal guardian, or alleged perpetrator as the they must provide consent before DFPS attempts to contact any listed medical providers to confirm current diagnosis, caregiver compliance with treatment, and medical needs of the child.

Recommendation 3

The department should develop a special classification for cases involving non-verbal children to help prioritize the need for the case to be more closely monitored, outside of current requirements.

Response 3

Currently DFPS staff assess a non-verbal child by assessing the child's appearance, home environment, and speaking with collaterals. The department also more closely monitors non-verbal children by conducting additional consults and staffings with Child Safety Specialists, the Forensic Assessment Center Network (FACN), medical providers, CPI substance use program specialists, mental health program specialists, and law enforcement before an investigation is closed to ensure the non-verbal child is safe and their needs are being met.

For children who are nonverbal due to their age, policy relating to children in CPS custody provides guidance for conducting and documenting a face-to-face visit with nonverbal children, their siblings, and assessing the child's safety, permanency, and well-being. This also includes

safe sleep for children under twelve months and addressing any identified needs for the child and support services for the caregiver. The caseworker also assesses the caregiver's ability, willingness, and efforts to care for the child and to meet the child's needs, particularly safety needs.

See: 6411 Contact with the Child

For youth that are non-verbal due to medical complexity, DFPS has several ways to ensure these youth receive added attention. Youth who are taken into conservatorship and are found to have medical complexity or a serious medical condition will qualify for a "3-Day Exam. These youth are required to receive an exam by a medical professional within three days of removal to ensure that these issues are receiving the attention and treatment necessary. Any youth that are categorized as having Primary Medical Needs (PMN) are discussed in a staffing where an entire care team meet as required by policy. The staffing includes DFPS staff at many levels including the medical and behavioral health services teams and medical director when appropriate. Caregivers, caseworkers, medical staff, and other subject matter experts discuss the needs of the youth, and how to ensure services are delivered to address their needs. STAR Health, the managed care organization who administers Texas Medicaid for foster youth, also contact caregivers and medical consenters within ten days of entry to care. During this welcome call, needs of the youth are discussed, including special care needs for youth who may be non-verbal. A service coordinator with STAR Health is assigned to ensure that there is a dedicated person tracking the needs of this youth and ensuring that medical and behavioral health care are received. Finally, there are other opportunities to discuss youth who have medical needs which may mean they are non-verbal, particularly youth who are not yet in conservatorship. Regular staffings occur for any youth who has an identified medical need in an open Family-Based Safety Services case which include the DFPS medical director and nurse consultant. Their roles are to provide support and guidance regarding the needs of the youth. There are ad hoc staffings which occur when field staff recognize a child has a medical need and asks for assistance from the subject matter experts in the Medical and Behavioral Health Services team.

Recommendation 4

Specific criteria should be outlined in policy to indicate when a closing family team meeting should be offered to a family, especially when high risk factors are identified.

Response 4

Currently, CPI staff can request a Family Team Meeting (FTM) at any time during the life of a child abuse and neglect investigation. For CPI, most FTM's occur when there is a child safety or risk concern that needs to be addressed before an investigation is closed or prior to a removal. Currently, our CPI policy does meet this recommendation. Per policy, a Family Team Meeting may also be held during other stages of service, such as when a family receives Family-Based Safety Services or when a child is in DFPS conservatorship.

See: 1121 Family Group Decision-Making (FGDM)
See: 3220 Taking Legal Custody of a Child

A Family Group Decision Making training is provided to DFPS staff in their Caseworker Professional Development training and trains them that in the event of family reunification, a Family Group Conference may be held when a child returns home and increased family engagement is needed to develop a plan for long-term safety and well-being.

Recommendation 5

Template style documentation should not be allowed in the documentation narrative and interview templates should only be used as a guide. More than one team indicated the use of templates made the interview more of a check-list, shutting off the caseworkers critical thinking skills and their ability to ask the needed follow up questions.

Response 5

CPI is currently developing documentation guidelines and training for all CPI staff with a planned roll out in the Fall of 2024. This roll out will also include communication about current practices and protocols for documenting in an investigation. Any template style format available is only used as a guide to ensure the caseworker is asking all the necessary follow up questions to complete a thorough investigation.

Recommendation 6

Case Closure or Case Resolution staffings should not be used in certain circumstances which may include (but not limited to): children with special needs (medical, intellectual, or developmental), non-verbal children, or high risk.

Response 6

In November 2023, statewide communication was provided to all CPI staff that outlined the types of cases that may not be closed during a resolution conference:

- Child fatality cases
- Near fatality cases
- Cases involving a child who is in the Temporary or Permanent Managing Conservatorship of DFPS
- Cases pending legal action
- Cases pending referral to Family-Based Safety Services or Texas Family First

All cases staffed during the case closure or case resolution staffing must show child safety and risk were addressed prior to case closure. DFPS policy has not been waived for cases that require secondary review by a child safety specialist.

Recommendation 7

Several teams recommended a mandatory referral be made when there is a special needs child (medical, intellectual, or developmental) in the home. This could include referrals to:

- Family-Based Safety Services to ensure the family is connected to services and training.
- The case management program through the Department of State Health Services.
- A home visiting program to help the family navigate the medical community and services. These programs typically have a nurse work with the family by teaching, demonstrating, monitoring, and assessing the needs of the family.

Current practice is for a case to be referred to Family-Based Safety Services when there is an unresolved danger or uncontrolled high risk to the child. Case management programs or home visiting programs are not available statewide. Regional staff are aware of the community services available in their areas depending on the needs of the family. These services have specific criteria requirements.

CPI created a Medical Resource form that is completed jointly by the parent or caregiver and the caseworker for all complex medical cases, including primary medical need cases. The form lists out all of the child's medical providers along with their contact information. A release of information signed by the parent or legal guardian must accompany the form. The case worker is then able to contact all listed medical providers to confirm current diagnosis, caregiver compliance with treatment, and medical needs. The form went into effect in April 2024.

Recommendation 8

The department should establish a process to ensure young children are completing medical evaluations when they exhibit delays that may impede their ability to make disclosures.

Response 8

Current policy requires a caseworker to refer a family to Early Childhood Intervention (ECI) when additional services are provided or when a caseworker, a family member, or a caregiver suspect that a child under three years of age:

- has a disability;
- has a developmental delay; or
- shows signs of being affected by illegal substance abuse or withdrawal symptoms resulting from prenatal drug exposure.

Regional staff are aware of the community services available in their areas depending on the needs of the family. Any child over the age of three are referred to the child's medical provider for evaluations during the investigation stage of service.

See: 15211.1 Referrals to Early Childhood Intervention (ECI)

Recommendation 9

The department should develop formal protocols for staff to engage children's advocacy center staff and law enforcement to help them determine when forensic interviews are warranted for sexual abuse and physical abuse cases.

The Center for Learning and Organizational Effectiveness (CLOE) is currently developing guided training aids for mentors to use while working with protégés on Individualized Training Plan tasks related to referring children/siblings for forensic interviewing. The expected completion of these guides is the end of April 2024.

CPI staff were provided a refresher on the Forensic Assessment Center Network (FACN) referrals in May 2023. FACN offers this curriculum to each region as requested. Policy and training address circumstances when a referral to a child advocacy center multidisciplinary team must be made. CPI has established regional memorandum of understanding (MOU) with each local Child Advocacy Center when a child is to be forensically interviewed.

Recommendation 10

Priority 1 intakes that involve a non-verbal child should never be downgraded and should require a staffing with a program director.

Response 10

Currently CPI assesses and evaluates each intake for child vulnerability regardless of age or developmental level. DFPS policy identifies when a priority one can be downgraded by receiving additional information from collaterals and reviewing local records.

See: 2154 Changing the Priority of a Report about Abuse or Neglect

Recommendation 11

Law enforcement and/or emergency medical services calls to the home should be summarized and documented in every case. This will help ensure there is a clear picture of the number of times first responders have been to the home, and the outcome of each call, as these may not have resulted in a referral to the department. This is critical information, specifically in cases where domestic violence is or has been a concern.

Response 11

In the initial CPI Training Academy, new employees are required to complete trainings related to when to contact law enforcement, per policy, and document a law enforcement and/or emergency medical services call was made to the home along with uploading any copies of policy reports or emergency medical services run sheets into OneCase (the department's database where external documentation for a case is located), depending on the local jurisdiction.

See: 2230 Investigation Tasks

CPS Policy 1430 requires caseworkers to document information provided by collaterals, the court, and legal parties. Information received by law enforcement and/or emergency medical services calls would be included in this documentation requirement.

See: 1430 Documentation in the Case Record

The regular assessment for law enforcement and medical calls for assistance for any family working with the agency is a sound recommendation. These professionals are often trained how to recognize the use of domestic violence and child abuse and their records may provide useful information for the department in determining the danger to family members, as well as identifying the person using violence. However, the initial assessment they performed if not a full danger assessment may not have looked at the history or taken into account the risk of reporting to them when the person using violence can readily retaliate, so DFPS staff need to remain vigilant in assessing ourselves for the use of violence and abuse.

Recommendation 12

A Texas Integrated Eligibility Redesign Project (TIERS) search should be done on every case.

In the case reviewed, a TIERS search could have linked the sibling to this family. His interview and information about his brother and the lack of supervision could have been beneficial in assessing safety of the deceased child, prior to the fatal event occurring.

Response 12

Currently a TIERS search may be completed at the start of the investigation or after first contact is made as to allow for additional information to be gathered on the family. Instead of adopting this recommendation as a policy, DFPS regional leadership will communicate to staff about current practices and protocols for running a TIERS search when applicable. The communication is currently in development.

Recommendation 13

A legal staffing should be mandatory every time a family becomes uncooperative, and there are allegations of substance abuse, and a child is under the age of five.

Response 13

There are current policies in place that instruct the caseworker to immediately staff with their program director to discuss legal intervention when a family becomes uncooperative and there is a concern for child safety or high risk.

See: 2292.3 Requesting Legal Orders See: 3220 Taking Legal Custody of a

Child

Recommendation 14

Policy should be updated to ensure there is clear communication between the department, Mexico's Desarrollo Integral de la Familia (DIF), and the department's DIF liaison to obtain information from contacts made by DIF during an open investigation.

In the case reviewed, a DIF referral was sent in an attempt to contact the family caregivers and infant in Mexico, but the department did not follow up to determine the outcome of DIF's actions.

Response 14

Instead of adopting this recommendation as a policy, current practice is for the CPI DIF Liaison to send a letter to DIF to follow up and check on the family, if the location is known. DIF will attempt to make contact with the family and depending on the nature of the identified concern, DIF may or may not provide an update to DFPS. DFPS does send an inquiry as to the status of the contact with the family, and a response may be received from DIF within one to four weeks. DFPS does not have jurisdiction to require DIF to respond to inquiries or requests.

Recommendation 15

Policy should be updated to require follow up contacts with relatives that were given permanent managing conservatorship (PMC) of children to ensure the child remains safe and under their care after the department is dismissed.

Response 15

This is beyond DFPS jurisdiction. Once an individual has been granted PMC of a child and the department has been dismissed by court order, the department lacks the legal authority to have continued involvement and monitoring of the family. The court also lacks the authority to continue to conduct the review hearings that are required when a child is in the department's care.

Recommendation 16

There were numerous recommendations related to the need for the department to provide staff with updated direction and policy guidelines with regard to substance use/abuse concerns and drug testing. This would include:

- Criteria on which type of drug test is appropriate for the caregiver based on the circumstances and concerns reported.
- When to complete the initial testing and follow-up testing.
- Having the substance abuse specialists train staff on how different illicit drugs impact a parent/caregiver's functioning and ability to care for children
- Determining child safety if parent/caregiver declines to submit to drug testing.
- Standardized disposition guidelines for parent/caregiver that is unwilling to drug test.

Response 16

Currently, the DFPS Substance Abuse intranet page has an entire subpage dedicated to recovery resources in Texas: <u>Texas Recovery Resources</u>. This page includes information about Outreach Screening, Assessment and Referrals (OSAR), recovery support services, Oxford House, and prevention and intervention resources available through the Health and Human Services

Commission. This webpage also includes numerous one-page resources on a variety of substance use related topics, including recovery and treatment, that can be printed and provided to families in need.

The DFPS substance use program specialists provide one on one consultation as requested by staff to provide guidance and expertise on any topic related to substance use, including proper use and interpretation of drug testing. They also provide regular training on Drug Testing Basics which includes how to use specific types of testing, what each test indicates, testing timeframes, what information can be determined from each kind of drug test, when to use each type of drug test, and what else to look for to make an assessment regarding drug use.

The substance use program specialists assist the field with connecting families with appropriate supports including Alcoholics Anonymous and Al Anon, and Peer Recovery Coaching. Most regions and counties have a resource list that can be provided to families during the investigation process if requested by the family. There are some areas that do not have access to many resources for families, this is more common in rural areas. There are also specific resources listed in "A Guide to a Child Protective Investigation/Alternative Response" which is provided to all parents/legal guardians at the start of the investigation.

Substance use policy and the resource guide were revised January 2024. The resource guide includes information on assessing for child safety with substance use concerns, drug testing, engaging children regarding drug use, treatment resources, and other relevant topics.

See: Substance Use Resource Guide

CPI is collaborating with the National Center on Substance Abuse and Child Welfare through its In-Depth Technical Assistance (IDTA) program to continue to develop up-to-date support and guidance on parental substance use, with a focus on parental marijuana use, for DFPS as well as community partners.

Recommendation 17

The department should request patient records and notes from service providers to search for patterns in treatment, see what clients are telling service providers, and see if any progress is being made. If, after review of notes, no progress is being made, treatment efficacy needs to be considered. Request to have a statutory change with regard to communicating with professionals about cases. Staff should be able to speak openly and have free conversations without having to worry about violating confidentiality. This should extend to all providers to include private providers. The department should have access regionally to a "subject matter expert" or psychiatrist/psychologist who staff can utilize to help evaluate mental health treatment plans for effectiveness. If treatment is not efficient or working, this subject matter expert could assist in helping to identify a more helpful treatment plan which would help to facilitate true change within the individual and family.

Currently, CPI staff do not review all medical records and notes from providers to determine if treatment plans are being addressed but do review the medical records to address specific allegations of abuse or neglect. CPI staff can also consult mental health program specialists to assist with connecting families with appropriate supports including behavioral health supports for families through the Local Mental Health Authority. Behavioral health support can be found under the Forms and Resources heading of the Mental Health intranet page. Most regions and counties have a resource list that can be provided to families during the investigation process if requested by the family. There are some areas that do not have access to many resources for families, this is more common in rural areas. There are also specific resources listed in "A Guide to a Child Protective Investigation/Alternative Response" which is provided to all parents/legal guardians at the start of the investigation. Additional DFPS resources may include the regional nurse and the DFPS medical director.

Mental Health policy and resource guides were revised in February 2024. Lunch and Learn webinars are now complete regarding the policy update. Staff continue to receive training and education on these subject matters.

See: Mental Health Resource Guide

DFPS is currently able to request patient records for adult clients. However, the adult client must give DFPS permission through a release of records, or DFPS must seek a court order. In a conservatorship case, the caseworker is required to monitor the client's service plan and progress towards completion of services as well as behavioral changes that result from services so a child can be safe with the parents. Caseworkers are responsible for evaluating the effectiveness of services and progress towards safety and family reunification on an ongoing basis, and service plans can be amended by DFPS and/or the courts throughout the case.

Youth who are in DFPS conservatorship are usually covered by STAR Health, the managed care organization who administers Texas Medicaid for foster youth. STAR Health provides an avenue to review efficacy of treatment for youth in foster care. STAR Health conducts Psychotropic Medication Utilization Reviews (PMUR) when it is requested or when prescriptions are found to be outside of established parameters. These PMURs are reviewed by board-certified child and adolescent psychiatrist and clinical pharmacist and often include conversations between the prescribing and reviewing clinician. Discussions include any manner of treatment options being utilized and additional information regarding prescribing activities. STAR Health also conducts weekly behavioral health rounds where utilization of services by youth in foster care is discussed. DFPS staff also have access to a medical director and nurse consultants who can provide guidance and support related to the efficacy of treatment modalities for youth in foster care. All of these methods do allow for an open discussion as they do not violate confidentiality when discussing with their caseworker or medical consenter.

Recommendation 18

The department should have a formal process in place when cases are transferred from one county or region to another to ensure a staffing and/or certain communication occurs.

In March 2024, policy was published which provides a formal process for requesting a transfer and requires a staffing between the caseworkers and supervisors in the receiving and sending counties.

See 2249 Courtesy Requests and Transfer Requests

Chapter 3 - Coordination with External Entities

Recommendation 1

The department should establish clearer guidelines when working fatality cases with law enforcement as it relates to contacting the family, as there should not be a delay in interviews being conducted and overall safety being assessed.

In the case reviewed, the department was asked by law enforcement not to interview the home members, which delayed the department obtaining information about the surviving siblings and potential relatives for placement. The team understood that interviewing the family about the allegations could interfere with the criminal investigation, however interviewing for social history should still be allowed.

Response 1

Instead of adopting this recommendation as a policy, DFPS will communicate to staff about current practices and protocols for working a joint investigation with law enforcement and what to do when law enforcement requests a delay of interviewing principals in an investigation. The communication will be completed by end of FY24. Current memorandum of understanding (MOU) between law enforcement and DFPS require both agencies develop protocols for a joint investigation and identify each agency's role. The MOU is completed with individual law enforcement agencies.

Recommendation 2

There should be procedures or a system in place to alert or notify the department when a parent has had previous removals or is missing and has a new child.

In the case reviewed, the mother was pregnant and did not have any of her children in her care, however the timeframe for notification as a Vital Statistics case had passed. There is local protocol in place (for one county in this team's area) where a pregnant individual can be placed on the "watch list" with the local hospitals, however, the team recommended something similar be done across the state, so the department is alerted when a new child is born into a family with concerning history or is at high risk of abuse and neglect. This would also include improved communication with hospitals and medical staff to make a report when a high-risk for abuse/neglect mother gives birth.

There is a process in place called Helping through Intervention and Prevention (HIP) between the Department of State Health Services (DSHS) and DFPS in which birth records are matched against DFPS records. An intake is generated when a new baby is born to a mother or father who has been found responsible for a previous child fatality or has had their parental rights terminated within the last two years. DFPS and DSHS entered into this memorandum of understanding in 2014 to allow for data exchanges between the agencies. However, any statutory change would need to go through the Texas Legislature.

There is not a current statewide notification system to place a person on a "watch list." Each parent is evaluated by hospital staff regarding any concerns for suspected abuse or neglect of the newborn child. To establish a statewide system, outside of the vital statistic protocol reports, would require each of the hospitals to have access to all medical records. This is outside of the scope of DFPS' responsibility.

Recommendation 3

There were numerous recommendations made regarding providing training to external partners. The trainings would discuss when and how to report to the department, joint investigation procedures when a serious injury or death occurs, general investigation procedures and timeframes, what services and supports are provided by both agencies, and overall goal to improve relationships and collaborative training. The external partners mentioned included:

- Medical personnel in hospitals and clinics
- Home Health agencies
- Law Enforcement agencies
- Domestic Violence partners
- District and County Attorney offices

Response 3

Currently, DFPS can provide a training to external entities regarding when and how to make a report of suspected abuse or neglect of a child. DFPS staff are available, upon request, to provide a presentation to these types of organizations within their regions/community. This information is available on the DFPS public website. DFPS cannot require these entities to participate in our trainings.

Chapter 4 - Training Needs

Recommendation 1

Training should be developed to emphasize writing skills, and how the investigation narrative should read to ensure that complete sentences are being used and to help cut down on the excessive grammatical errors.

Response 1

CPI is currently developing documentation guidelines and training for all CPI staff with a planned roll out in the Fall of 2024.

Recommendation 2

There were numerous recommendations regarding the need for critical thinking training. This would include:

- Training regarding the importance of gathering and documenting detailed information versus generic information.
- Training for management level staff regarding how to mirror the information that staff provides to them during staffings to promote critical thinking.
- Training on how to ask follow-up questions.

Response 2

DFPS staff receive training on the above listed topics as new employees. They continue their development in these topics through required courses as part of their certification process and through ongoing trainings and staff meetings with their leadership, and various subject matter experts, to include child safety specialists with the Office of Child Risk and Safety. Training curriculum is updated on a regular basis to be enhanced with current content, policy, and protocol revisions, and to address current trends.

Currently, CLOE trains new hires on the importance of gathering and documenting detailed information versus generic as well as the importance of follow up and probing questions during the CPI Training Academy and CPS Professional Development programs. In addition, these topics are continued in caseworker certification courses: Advancing Interview Techniques, Family Violence Intervention, and Practice Model and Developing Your Own Critical Thinking Skills.

For management level staff, CLOE offers Practice Model and Developing Workers' Critical Thinking Skills, Strengths-Based Supervision for DFPS, and in the new supervisor course Foundations of Supervision.

Lastly, CLOE is in the process of developing two courses that incorporate these skills as a key component. A course on Advanced Substance Use will be offered to all staff, and one related to managing Domestic Violence cases will be offered for supervisor level staff.

Recommendation 3

Staff need more training on the topics to discuss with families with young children. This should include, but not limited to:

- Hygiene
- Daily routines such as how often diapers are changed, what does bath-time look like, how often is the child fed (include what is a typical meal), is bedtime consistent, etc.
- How to educate parents on the basics as staff should not assume a parent knows what or how to care for an infant.

Response 3

CLOE offers an online course on child cevelopment that includes the need for structure and health care.

CLOE will discuss the need for additional training addressing the above mentioned topics with CPI and CPS in May 2024.

Additionally, staff receive ongoing development through meetings with their leadership and staffings and trainings with various subject matter experts, to include child safety specialists with the Office of Child Risk and Safety.

Recommendation 4

There were several recommendations regarding the need for more training on how to research, read, and use information learned from DFPS history to help make informed decisions in the family's current case.

Response 4

A previous training "History the Search is On" was a one day course taken during the first four weeks of training in CPS Professional Development from 2015 to 2020.

In 2020, the course was updated to "The Search for History DFPS and Beyond". The foundation of the update was a competency breakdown of how to search history completed by a team outside of CLOE and presented to CPI for use. At the time, CPI advised that it would be useful in training, but did not see an application in field. So, CLOE built a new version of how to search and assess history training using it. This course material is currently incorporated in curriculum for both CPI and CPS new hires.

In April 2021, using the same content, CLOE created a virtual course offering for tenured staff called "History Search for Mentors 0003941". The audience was originally for mentors, but it could apply to any group of staff. When creating the course, we targeted mentors to hopefully reinforce what protégés were being taught in classroom.

CLOE will discuss the need for additional training with CPI and CPS in May of FY2024.

Additionally, staff receive ongoing development through meetings with their leadership and staffings and trainings with various subject matter experts, to include child safety specialists with the Office of Child Risk and Safety.

Recommendation 5

Training regarding Post-Partum Depression to include how to recognize symptoms which may affect safety, interventions, and how to safety plan with family members.

Response 5

Currently, DFPS does not have any specific training related to recognizing Post-Partum Depression. Staff are able to utilize the mental health program specialists to assist the field with connecting families with appropriate supports and community resources. Behavioral health support can be found under the Forms and Resources heading of the Mental Health intranet page. Most regions and counties have a resource list that can be provided to families during the investigation process if requested by the family. There are some areas that do not have access to many resources for families, this is more common in rural areas. When a gap is identified, the regional contract manager can assist in contacting licensed professionals in the area requesting assistance and support the professionals through completing the contracting process.

CLOE will discuss the need for additional training with CPI and CPS in May 2024.

Recommendation 6

Specialized training on interviewing collaterals as staff need to learn how to identify relevant collaterals and interview them in a systematic, purposeful manner to help staff make informed safety decisions.

Response 6

Training on identifying and contacting collaterals is a critical task trained in CPS and CPI new hire curriculum. CPS Professional Development Core and Specialty training incorporates sections within the curriculum that focus on interviewing relevant collaterals and gathering critical information to assess safety. CLOE will discuss the need for additional training specialized on this skill with CPI and CPS in the 3rd quarter of FY2024.

Additionally, staff receive ongoing development through meetings with their leadership and staffings and trainings with various subject matter experts, to include child safety specialists with the Office of Child Risk and Safety.

Recommendation 7

Staff should receive training on how to gather sufficient information which includes any medication taken by the child and/or caregiver and be able to assess how it may impact their functioning.

Response 7

Currently, CLOE trains new hires on the importance of gathering and documenting detailed information versus generic as well as the importance of follow up and probing questions during the CPI Training Academy and CPS Professional Development programs. CLOE will discuss the need for additional training specialized on this skill with CPI and CPS in May of FY2024.

DFPS staff are able to consult with their regional nurse, the DFPS medical director, or FACN when reviewing medication to determine the level of impact on a child's functioning. CPI created a Medical Resource form that is completed jointly by the parent or caregiver and the caseworker for all complex medical cases, including primary medical need cases. The form lists out all of the child's medical providers along with their contact information. A release of information signed by the parent or legal guardian must accompany the form. The case worker is then able to contact all listed medical providers to confirm current diagnosis, caregiver compliance with treatment, and medical needs. The form went into effect in April 2024.

CLOE and the Medical Services team are currently developing a training for medication administration that will include gathering information from the prescribing physician or Star Health for their determination on how the prescribing medication may impact a child's functioning. Additionally, the following courses are offered that address this topic:

- Mental Health First Aid
- Youth Mental Health First Aid

Additionally, staff receive ongoing development through meetings with their leadership and staffings and trainings with various subject matter experts, to include child safety specialists with the Office of Child Risk and Safety.

Recommendation 8

Investigation workers and Supervisors should be adequately trained on the steps to take when they are investigating serious abuse cases including learning when young children need to undergo additional evaluations or full skeletal exams when there is history of abuse.

Response 8

CLOE is currently developing guided training aids for mentors to use while working with protégés on tasks within their Individualized Training Plan related to referring children, to include siblings of alleged victims, for skeletal exams. CLOE is working with members of the DFPS Medical Services team so they may provide content and guidance as subject matter experts. The project includes reference to policy and the use of the child protection application

available to staff as well as tip sheets staff can use in the field, when working with families. The expected completion of these guides is the end of April 2024.

CPI staff were provided a refresher on FACN referrals in May 2023. FACN offers this curriculum to each region as requested. Policy and training address circumstances when a referral to a child advocacy center multidisciplinary team must be made. CPI has established regional memorandums of understanding with each local Child Advocacy Center when a child is to be forensically interviewed.

Additionally, staff receive ongoing development through meetings with their leadership and staffings and trainings with various subject matter experts, to include child safety specialists with the Office of Child Risk and Safety.

Recommendation 9

The department needs to provide training to ongoing services staff (i.e., Family-Based Safety Services and Conservatorship) on how to enter legal actions in the documentation and to clearly document the actions of the final court orders (i.e., who has legal custody, what type of custody the legal guardian has, were the rights of the parent's terminated, what type of contact was ordered between the child(ren) and parent, and etc.).

Response 9

A webinar called Legal Action and Legal Status Entry was rolled out to all staff in January 2023. A recording is available to all levels of staff in all stages and is provided to the Single Source Continuum Contractor (SSCC)/Community-Based Care (CBC) Stage II providers. The training addressed documentation in the Legal tabs (using the comment boxes) and the contact narratives within the agencies web-based case management application Information Management Protecting Adults and Children in Texas (IMPACT), as well as the importance of uploading the orders into OneCase.

Chapter 5 – Miscellaneous

Recommendation 1

Look into the hiring criteria for caseworkers, as it relates to the prerequisites and qualifications. Specifically, working to recruit social workers for Child Protective Investigations.

Response 1

Talent Acquisition Group (TAG) recruits and hires the most qualified applicants in Child Protective Investigations. The team is always looking for talented social workers to join the department. The team currently recruits on the social media platforms Handshake, Indeed, and LinkedIn. The team also attends job fairs and speaking engagements at colleges and universities across Texas and surrounding states including the schools of social work to engage current and

former students. The department allows for a pay increase for newly hired employees with a master's degree in Social Work.

Recommendation 2

Track data regarding family members not reporting concerns or not following safety plans that result in bad outcomes (perhaps add to notification of child fatality form or utilize local Child Fatality Review Teams to collect data that can be used).

Response 2

Currently DFPS does not have the capability to track this level of data. Using the notification of child fatality form or Child Fatality Review Teams' information would still require manual case reads and user input to track this data.

Recommendation 3

More positive stories in the news and on social media about the department. This could educate the community on the services and supports the department can offer and clarify any misconceptions. Specifically, there is a need to reach the current generation, who depend on alternative social media outlets for information, via those outlets.

Response 3

Media Relations continuously develops proactive coverage of the agency both in the news media and on social media.

In the 1st quarter of FY 2024, Media Relations had more than 400 contacts with the news media. With every contact, we take the opportunity to talk about the work of our agency and the individuals who are dedicated to it. Through media ride-a-longs and interviews with DFPS staff on a variety of topics, we share valuable safety information for vulnerable Texans and - at the same time - humanize our staff by allowing their voices to be heard. This recent story out of Abilene featuring veteran Child Protective Investigator Melissa Mason is just one of many examples:

Drug abuse causing the number of children in foster care to continuously rise (ktxs.com)

DFPS uses all the major social media platforms including Twitter (X), Linkedin, Facebook, YouTube. Follow us at:

Twitter @TexasDFPS

Linked In https://www.linkedin.com/company/texasdfps/

Facebook https://www.facebook.com/TexasDFPS

YouTube https://www.youtube.com/@TexasDFPS

Social media continues to evolve into a key avenue for telling DFPS's story and empowering vulnerable Texans with information. In the 1st quarter of FY 24, we focused on attracting

qualified applicants for job openings, sharing positive news about our staff, celebrating adoptions, addressing fentanyl safety, and providing important agency updates - like Community-Based Care Expansion. The 1st quarter saw our social media following grow by 2,100 new followers, propelling our total audience to just over 75,000 users, each with the ability to view, like and share our content.

We also use social media strategically to feature our staff, shining a light on the challenging work they do day in and day out. Here are three examples of employee profiles we're prominently featuring on social media.

https://www.youtube.com/watch?v=2ET0_WknfJ0 https://www.youtube.com/watch?v=aLHK-Lkzp6I https://www.youtube.com/watch?v=hNhYbiLpa94

We are dedicated to continuously searching out and telling DFPS's story through the news media and social media and are continuing to grow our audience through creative storytelling and engagement.