



**TEXAS**  
Department of Family  
and Protective Services

# **2017-2018 Citizen Review Team Report**

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## Background

There are twelve Citizen Review Teams as established by the Texas Family Code (TFC §261.312). Five of these teams are designated as meeting the requirements of Child Abuse Prevention and Treatment Act, Appendix I. This report consists of information concerning the issues addressed by the five Child Abuse Prevention and Treatment Act (CAPTA) teams. They are located in Region 1, Region 3, Region 6, Region 7 and Region 11. The Houston (Region 6) team focuses on issues concerning disproportionality. These sites represent a mixture of urban and rural communities, and reflect a broad range of issues encountered by CPS statewide.

## 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. CPS state office staff provide assistance in the areas of coordination, team development, training and statewide distribution of team reviews and recommendations. Local CPS staff facilitate the exchange of case-specific information, ensure that confidentiality is maintained, perform the required background checks on nominated members, and arrange for meeting space and clerical support.

## Reporting Process

To coincide with the federal fiscal year reporting period, this report covers the period from October 2017 through September 2018. Information presented consists of data gathered by all Citizen Review Teams, including the CAPTA Citizens Review Teams. The teams review near-fatality cases using the Near-fatality Reporting Form developed by DFPS Office of Child Safety.

## Agency Response

CAPTA Citizen Review Team recommendations are placed on the DFPS public website after approval of each Annual Program and Services Report. In the next fiscal year, recommendations from all teams will be published. The Web page for recommendations contains a Citizen Review Team specific mailbox that the public can use to comment on the recommendations. That Web page is: [http://www.dfps.state.tx.us/Child\\_Protection/CRT/](http://www.dfps.state.tx.us/Child_Protection/CRT/).

State office program staff review Citizen Review Team recommendations and those recommendations are considered for policy development, training and procedures. The Citizen Review Teams often present recommendations for local CPS 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 CPS representatives who are present and recorded on the standardized reporting form. Actions on case-specific recommendations are handled at the regional level.

## **Panel Activities**

Having begun an emphasis on cases with domestic violence in 2014, teams continued to review domestic violence policies and cases through March 2016. The teams, at that time, began reviewing near-fatality cases as this was an area where a need for case reviews was identified. During FY 2017 the teams continued their focus on reviewing near fatality cases.

The Citizen Review Team coordinators work to establish local and statewide strategic planning, frequent and regular meetings of active teams, and formation of new teams. The Citizen Review Team coordinators meet regularly with state office program staff to discuss better ways to engage the community in the review process. A Citizen Review Team coordinator's manual has been developed and is available as a resource for each team.

The CAPTA Citizens Review Team coordinators continue to work with their communities to engage and encourage volunteers to become involved in efforts to gain feedback from the public.

## **Region 1**

### **Case Issue**

A toddler in critical condition due to an accidental gunshot injury to the head. All policies and protocols were followed.

### **Recommendations**

- The communication with law enforcement and medical staff was exceptional.
- Overall the staff did an excellent job ensuring child safety and providing adequate and timely services to the family.
- There is a need for a medical professional on the CRT.

### **DFPS Response**

- Efforts have been made to recruit a nurse or nurse practitioner for the CRT.

## Region 2

### Case Issue

Parent's substance abuse contributed to a near-fatality of a newborn.

### Recommendations

- The investigation was thorough and clearly documented. Throughout the case there was good communication between staff and with medical providers.
- The team expressed concern that the services offered to the substance-abusing parent were "cookie cutter" rather than specific and comprehensive.

### DFPS Response

- CPS is directed to provide service planning for families that meet the individual needs of the family. To assess family needs, CPS uses a tool called the Family Strengths and Needs Assessment (FSNA) to develop the Family Plan of Service (FPOS).
- The FSNA is part of a suite of tools called Safety Decision Making (SDM). SDM helps caseworkers make safety decisions and develop plans with families that meet the family's unique needs. CPS staff use the FSNA with families after a safety decision has been made to remove the child from the home due to present danger. The FSNA requires the caseworker to meet with the family in person to discuss strengths and concerns in the areas of resource management, coping skills, mental health, parenting skills, support system, intimate partner violence, physical health, cognitive abilities, and substance use/abuse. The FSNA also considers the characteristics and needs of each child in the household.
- CPS contracts and collaborates with service providers and community agencies throughout the state to ensure that families can access the most appropriate services for their needs, and provides the detailed information for those services on the plan of service. For example, the FSNA may indicate that the parent needs mental health assessment and services. The caseworker would then outline in the plan of service the name, location, contact information, and target date for completing the service, and separately ensure the provider has authorization and payment from CPS to complete the service.
- CPS policy states that the caseworker must work with the family to reduce the risk of abuse or neglect so that the child can return home. Policy also directs staff to regularly evaluate the progress and needs of the family. During ongoing case contacts, the caseworker continuously assesses the family and each caregiver's progress. Because assessment

is ongoing, caseworkers often identify other needs during the life of a case.

## **Region 3 East**

### **Case Issue**

A young child suffered bruising, internal injuries and bone fractures as a result of physical abuse by the parent's paramour.

### **Recommendations**

- The team noted that the cooperation between the special investigator (SI) and the investigator worked well. The SI's social work skills coupled with a law enforcement background was key in the interview process and in the alleged perpetrator admitting to abusing the child.
- There was a previous CPS investigation of the parent and the team was concerned that childhood history of abuse was not taken into account in regards to risk factors and services offered. The team recommended that childhood history of abuse should have a higher rating on the risk assessment.

### **DFPS Response**

- In September 2015, DFPS implemented the Structured Decision Making® Risk Assessment tool. This tool and the items on it have been statistically shown to be valid indicators of risk of future maltreatment. One item on this tool is childhood history of maltreatment. CPS did not use this tool in the previous investigation because that investigation was initiated before September 2015.

### **Case Issue**

Young child required surgery due to subdural hemorrhage and bleeding around the brain.

### **Recommendations**

- The biggest issue in the case was that the hospital did not notify the department about the injury until two days after the child was brought to the hospital.
- The team noted that when the department was made aware of the injury to the child the investigator did a good job gathering history on the family, the staff worked well with the family on applying safety measures, and the family was referred to FBSS and cooperated with services.



## **DFPS Response**

- No Response

## **Case Issue**

Physical abuse of a young infant who sustained an intracranial injury.

## **Recommendations**

- The team noted that there was good communication with law enforcement about this case and a previous near fatality with an older child.
- The team had concerns about the non-custodial parents' rights and how they were treated as non-offending parents. The department did not attempt to reunite either child with the respective non-custodial parent.

## **DFPS Response**

- It is CPS policy that staff assess each household/parent. For non-custodial or absent parents, CPS is directed to make continuous efforts to identify, locate, and engage. CPS may change the permanency plan or decline to place a child with a non-custodial or absent parent if there are other safety concerns that emerge after identification and location. The policy regarding searching for absent parents and the priority of family reunification in permanency planning can be found here: <http://www.dfps.state.tx.us/handbooks/CPS/default.asp> in sections 5232, 5233, and 6234.
- CPS staff have a number of practice tools to use in this process. Tip sheets, practice guides, and specialized staff are available to assist caseworkers in their efforts. Of particular relevance, the department has a unit of staff called Family Inquiry Network Database Research System (FINDRS). The primary mission of FINDRS is to assist DFPS staff in locating and identifying parents, relatives, and others to support placement solutions for children and adults in need. FINDRS also helps staff search databases and social media platforms for people entitled to notice and services regarding children in our care.
- The following resource guides are available to assist staff and guide practice:
  - [Finding Families](#)
  - [Incarcerated Parents Resource Guide](#)
  - [Court Related Issues Guide](#)
- CPS specialized staff, including subject matter experts in fatherhood and parent collaboration, are also available to consult with field staff and engage with parents.

## **Case Issue**

A young infant was found unresponsive and had multiple head injuries.

## Recommendations

- The CRT members were concerned that the services offered were “cookie cutter, and that although a psychological evaluation was court ordered, other services were also ordered without consideration of the results of the psychological evaluation. They questioned whether services are being used to create the best plan to prevent future incidents of abuse.
- The team suggested a multi-disciplinary team (MDT) approach to review the family system to create plans with more effective treatment, and family plans to significantly reduce the risk for future child abuse.

## DFPS Response

- CPS is directed to make efforts to provide service planning for families that meet the family’s individual needs. To assess family needs, CPS uses a tool called the Family Strengths and Needs Assessment (FSNA) to develop the Family Plan of Service (FPOS).
- The FSNA is part of a suite of tools called Safety Decision Making (SDM). SDM is designed to help caseworkers make safety decisions and develop plans with families that meet the family’s unique needs. The FSNA is used with families after a safety decision to remove the child from the home due to present danger. The FSNA requires the caseworker to meet with the family in person to discuss strengths and concerns in the areas of resource management, coping skills/mental health, parenting skills, support system, intimate partner violence, physical health, cognitive abilities, and substance use/abuse. The FSNA also considers the characteristics and needs of each child in the household.
- CPS contracts and partners with service providers and community agencies throughout the state to ensure that families can access the most-appropriate services for their needs, and provides the detailed information for those services on the plan of service. For example, the FSNA may indicate that the parent needs mental health assessment and services. The caseworker would then outline in the plan of service the name, location, contact information, and target date for completing the service, and separately ensure that the provider has authorization and payment from CPS to complete the service.
- CPS policy states that the caseworker must work with the family to reduce the risk of abuse or neglect so that the child may return home. CPS policy also directs staff to regularly evaluate the progress and needs of the family. During ongoing case contacts, the caseworker continuously assesses the family and each caregiver’s progress. Because assessment is ongoing, often other needs are identified during the life of a case. While psychological evaluations are useful, there may be other relevant information CPS uses to direct case and service planning.

## Region 3 West

### Case Issue

Child sustained significant non-accidental injuries, including fractured bones, bite marks, burns, bruises and abrasions.

### Recommendations

- Services offered were appropriate and the caseworker maintained good communication with collaterals, service providers, caregivers, and medical providers.
- The team was concerned about the placement with relative caregivers due to concerns about the caregiver. There was a significant history and pattern of abuse in the family and family members were not truthful about their history and minimized the concerns. The team believed CPS staff should have considered family history more before the placement.

### DFPS Response

DFPS policy on case planning with relatives and other kinship caregivers can be found [here](#).

### Case Issue

A toddler was hospitalized due to internal abdominal injuries resulting from physical trauma.

### Recommendations

- Documentation and communication with the family were the two top strengths in this case. Although services were provided to the family, there were areas of discord that could have benefitted from family counseling as well.
- The team expressed concern that communication between law enforcement and DFPS needs to improve, but noted that the department cannot require law enforcement to file charges to pursue a criminal case.

### DFPS Response

DFPS Child Investigation Divisions employs Special Investigators who have a law enforcement background and experience in criminal investigations. Special investigators offer advice on high-profile or high-risk DFPS cases that may require joint investigation with law enforcement. Information about the Special Investigators can be found [here](#).

## **Case Issue**

The team reviewed a case of an infant suffering a near-drowning in the bathtub.

### **Recommendations**

- Documentation and communication with the family were the two major strengths in this case.
- The lack of services provided to the family was the major concern throughout this case. There weren't long-term services offered this family. The alleged perpetrator (AP) was interested in resources to help build strategies to improve parenting but there was no documentation of services being offered. The team believed services should have been provided as this was a traumatic incident for the parent.

### **DFPS Response**

- The alleged perpetrator was provided with resources for counseling. It appears that the AP was able to access these resources independently and that further help from the department was not needed.

## **Case Issue**

The case involved a young child who was taken from the home by a non-related person, assaulted, and left outside in the cold until being discovered.

### **Recommendations**

- The team also recommended that investigators receive more training on identifying discrepancies and confronting principals about differences in their accounts.

### **DFPS Response**

In 2017 the DFPS Investigations Division initiated a forensic interview class that covers items such as observing physical cues to interview responses, and identifying possible deception. After the initial offering the course is being revamped and is scheduled to be made available statewide. The class will focus specifically on interviewing adults and one component of the training will cover dealing with discrepancies and pursuing the correct information.

The course will be made available in August 2019 and will be required for all Special Investigators who did not attend the training in 2017 and for all supervisors in the Investigations Division.

## Region 4

### Case Issue

A case involving substance abuse and neglectful supervision that resulted in a toddler sustaining permanent brain injury from drowning.

### Recommendations

- The team complimented CPS staff and the work on this case. They noted that investigation skills and timely collaboration with peers, law enforcement and medical staff helped keep safety of the victim a priority.

### DFPS Response

- No Response

## Region 5

### Case Issue

Near-fatality case involving an infant with bi-lateral, chronic subdural hematomas that could have been caused by any kind of head injury or shaking.

### Recommendations

- The CRT expressed no concerns about the handling of this case. Appropriate and timely communication with law enforcement, medical providers, and the family continued throughout the case. The team was assured that all steps had been taken to ensure the victim's safety.

### DFPS Response

- No Response

### Case Issue

Near fatality resulting from physical abuse of a young child.

### Recommendations

- The team expressed concern that staff only attended to part of the Forensic Assessment Center Network (FACN) assessment indicating that one injury was consistent with the explanation and did not pay attention to other information that other injuries were indicative of abuse. Staff did not identify parent's paramour as a possible perpetrator nor follow-

up on that in the investigation. Staff missed critical information on the FACN report that could have resulted in safety for this child.

### **DFPS Response**

- DFPS now has a two-hour online computer-based FACN training that is required for all Investigation, Alternative Response, and Family-Based Safety Services staff. The training is also available for all staff.
- In the past year, DFPS partnered with the FACN and our regional nurses to provide more classroom training on the FACN.
- CPS added policy on referrals to the FACN in February 2018, and the DFPS FACN Resource Guide was published in March 2018. The resource guide can be found [here](#).

## **Region 7**

### **Case Issue**

A near fatality case involving a young child who was left in the bathtub with another young sibling.

### **Recommendations**

- The CRT indicated a lack of programs for teen parents who age out of CPS care, specifically information about prevention of abuse/neglect. The CRT suggested parenting classes as a part of Preparation for Adult Living (PAL). They also suggested that having a family liaison at the beginning of a case involving former foster youth would help overcome teens' negative attitudes toward the department and improve engagement.

### **DFPS Response**

- Information about PAL, including a list of topics covered can be found [here](#). This curriculum is based on federal and state requirements as well as best practices for working with youth and young adults.
- Youth who age out of care have several options available to them including transitional living services and extended foster care. More information about these options are available [here](#):
- PAL staff can also refer youth and young adults to parenting classes in their community.

### **Case Issue**

Near fatality involving physical abuse of an infant.

## Recommendations

- Team noted a lack of programs for young/teen parents as well as a need for more training for CPS staff on engaging these parents. There is a lack of transportation help to get parents to services. There is a need for service providers who work after hours and on weekend or can do more non-traditional counseling, such as by phone or video conferencing. More pay to those who are willing to go outside of normal business hours could increase provider network.

## DFPS Response

- DFPS now recruits and trains volunteers who provide transportation to parents and caregivers for appointments, court hearings and visits. Information about volunteering in this role can be found [here](#).
- DFPS is training investigative staff to provide the same level of family engagement that is used in Alternative Response cases. This level of engagement focuses on using solution-focused practice. Solution-focused practice has been demonstrated to be beneficial, however, it is not easily learned and will take time to fully implement. Some areas of the state are already working toward fully implementing solution-focused practice with the goal of rolling it out statewide.
- The Evaluation and Treatment Services contracts that provide for assessment and counseling services is located [here](#).
  - The scope of work for these contracts includes requirements that service hours must be flexible and include afternoon, evening, and weekend hours to accommodate working clients. The Contractor must accommodate school-age children by scheduling services at times that do not interfere with school attendance and participation in school activities, preferably outside of school hours.
  - The Contractor is required to coordinate a therapeutic location for services. These counseling services require that the Contractor can substantiate and provide a therapeutic environment for specific goals and objectives.
  - Services provided outside of the Contractor's location must be requested in writing by the CPS caseworker as documented in the Comments Section of the Valid Service Authorization, Form 2054 (Form 2054) or in referral information received from the CPS caseworker. Alternate acceptable and billable locations are as follows:

- **Home-based services** are provided in the client's home. Battering Intervention and Prevention Program (BIPP) is not allowed as a home-based service.
- **Out-of-office services** are delivered in a location other than the Contractor's primary or satellite office or the client's home.
- **Underserved County.** DFPS may reimburse for travel on a mileage basis for services delivered in a county designated by CPS as underserved.

## Case Issue

A child's parent had not been giving the child necessary anti-seizure medication for many months and this resulted in a near fatal seizure.

## Recommendations

- The CRT was concerned that it appeared that a prior investigation was incident-driven and that a checklist was completed, but a more global assessment was not conducted. The team believed that the importance of global assessments must be reiterated with staff.
- CPS did not follow policy regard safety planning after a previous domestic violence incident.
- CPS did not follow near-fatality policy as staff did not contact a physician to confirm that the incident met near-fatal criteria.
- The CRT members discussed the importance of law enforcement checks on all cases to ensure that CPS is making accurate assessments regarding all areas.

## DFPS Response

- The CRT is correct that staff did not follow DFPS near-fatality policy and case documentation does not reflect that the elements for a near-fatality were met.
- This case did not meet the statutory definition of a near-fatality because a physician did not certify that the child was in critical or serious condition.
- Additionally, the FACN protocol manual provides guidance on the elements necessary to determine that a situation meets the near fatal severity code. Case documentation does not reflect that these elements were met so we are unclear as to whether or not this situation actually rises to that level of severity.
- DFPS corrected the case record and this case is no longer coded as a near-fatality.



## Region 8

### Case Issue

A young child suffered a near-drowning requiring hospitalization due to neglectful supervision and parent substance abuse.

### Recommendations

- The team suggested that it would be good practice for the agency to start tracking trends and patterns for near fatalities to compile a list of best practice tips for staff.
- The team also suggested that the caseworker would benefit from a technical report-writing training. Additionally, caseworkers would benefit from contracted service providers coming into the agency to train on their specialties.

### DFPS Response

- The DFPS Prevention and Early Intervention Division publishes an annual report on child maltreatment fatalities and near fatalities. The 2018 report can be found [here](#).
- Regions regularly conduct resource fairs for caseworkers to talk with service providers and learn more about services they provide.

### Case Issue

A case involving a child who was shot when a rifle discharged in the vehicle he was riding in. Injury resulted in severe blood loss and an amputation.

### Recommendations

- CPS followed all policies and protocols. Documentation was clear, the case was worked collaboratively, and the caseworker did a great job communicating with everyone involved throughout this case.
- However, the team determined that the caseworker initially missed a danger indicator on the SDM safety assessment that would have resulted in a safety plan being put into place. Staff would benefit from more SDM training.
- Further, the team believed that staff should have followed up with the family regarding the future plan for the child in terms of medical needs and services since the incident resulted in amputation.

## **DFPS Response**

- The child safety specialists in the regions conduct regular refresher trainings on Structured Decision Making and monthly practice tips are provided to caseworkers.
- This year CPS created a statewide staff workgroup on safety assessments and decision making. The workgroup's goals include:
  - Reviewing policy and practice to determine if any changes are needed.
  - Identifying major obstacles and barriers to effective safety decision making practice.
  - Developing a plan for initial and ongoing staff training and development
  - Restructuring staff performance reviews to clearly support the identification of staff competencies in conducting safety assessments.

## **Case Issue**

The team reviewed a case involving a young infant who was medically fragile and experienced medical neglect.

## **Recommendations**

- The team expressed concern that there was a lack of knowledge regarding what questions to ask and information that needed to be gathered in cases involving children who are medically fragile.
- The team recommended more staff training on special needs children and forming a specialized unit that works with special needs children. The team suggested that CPS develop a reference guide on questions to ask parents who have children with special needs, as well as items the caseworker should look for in these types of cases.

## **DFPS Response**

- Safe Alliance in Austin has grant funding for developing a computer-based application (an app) to assist caseworkers and investigators in working and communicating with children and youth with a disability.
- Over the past year, Child Protective Services and Child Protective Investigations have updated DFPS policies in this area. Additionally, the Working with Persons with Disabilities Resource Guide has been updated with input from the Office of the Governor Committee on People with Disabilities and Disability Rights Texas and will be published in 2019. This resource guide provides up to date information on ADA requirements and

accommodations that should be made when a person has a disability, including during the investigation.

## **Region 10**

### **Case Issue**

A case involving a young infant with brain injury and multiple broken bones requiring hospitalization.

### **Recommendations**

- The team determined that the DFPS staff did a great job of communicating with all parties, especially since this was a complicated case involving numerous agencies. DFPS staff kept the focus on the child's safety and well-being and did a good job making appropriate case decisions and plans for the child's ongoing safety.

### **DFPS Response**

- No Response

## **Region 11**

### **Case Issue**

A case involving a toddler with numerous bone fractures in various stages of healing and other internal injuries that required hospitalization.

### **Recommendations**

- The original investigator resigned before completing the case and it was reassigned to a tenured investigator. The CRT noted that this case is a positive example of the importance of having tenured, experienced staff and emphasizing staff retention. Other strengths identified included involvement of a special investigator and the joint investigation process involving local law enforcement assigned to the corresponding criminal investigation.
- The CRT noted that it would be beneficial to have a process or procedure where the prosecutor's office would notify the department when the criminal case ends so DFPS staff could add the information to the case file.

### **DFPS Response**

- The Children's Advocacy Centers (CACs) throughout the state have multi-disciplinary teams (MDTs) that include law enforcement, prosecutors,

mental health professionals and CPS staff. Per the Texas Family Code, a CAC must have representation from DFPS on their MDT.

- The MDTs track cases and engage with investigative partners and the child and non-offending family members throughout the life cycle of both the civil and criminal cases, including prosecution, as applicable. The forensic aspects of a case, the forensic interview and sexual assault exams, typically occur at the front end of the CAC MDT's work with the child and family. MDT coordination and case review is part of the ongoing services provided throughout the life cycle of civil and criminal cases.