TEXAS
Department of Family
and Protective Services

2018-2019 Citizen Review Team Report

May 1, 2020

Table of Contents

Background 1
- Structure 1
- Reporting Process 1
- Agency Response 1
- Panel Activities 2
- Analysis 2

Region 1 3
- Case Issue 3
  - Recommendations 3
  - DFPS Response 4
- Case Issue 4
  - Recommendations 4
  - DFPS Response 4
- Case Issue 5
  - Recommendations 5
  - DFPS Response 5
- Case Issue 5
  - Recommendations 5
  - DFPS Response 5
- Case Issue 5
  - Recommendations 6
  - DFPS Response 6

Region 3 East 6
- Case Issue 6
  - Recommendations 6
  - DFPS Response 6
- Case Issue 6

Recommendations 7
DFPS Response 7
Region 3 West 7
Case Issue 7
Recommendations 7
DFPS Response 7
Case Issue 7
Recommendations 8
DFPS Response 8
Case Issue 8
Recommendations 8
DFPS Response 8
Case Issue 8
Recommendations 8
DFPS Response 9
Case Issue 9
Recommendations 9
DFPS Response 9
Case Issue 9
Recommendations 9
DFPS Response 9
Region 4 9
Case Issue 9
Recommendations 10
DFPS Response 10
Region 5 10
Case Issue 10
Recommendations 10
DFPS Response 10
Region 8 10
Case Issue 10

Recommendations 10
DFPS Response 11
Case Issue 11
Recommendations 11
DFPS Response 11
Case Issue 11
Recommendations 11
DFPS Response 12
Region 9 12
Case Issue 12
Recommendations 12
DFPS Response 12
Region 10 13
Case Issue 13
Recommendations 13
DFPS Response 13
Case Issue 13
Recommendations 13
DFPS Response 13
Case Issue 13
Recommendations 13
DFPS Response 14
Region 11 14
Case Issue 14
Recommendations 14
DFPS Response 14
Case Issue 14
Recommendations 14
DFPS Response 15

Background

The Texas Family Code (TFC §261.312) requires that each region have at least one Citizen Review Team. Five of these teams are designated as meeting the requirements of Child Abuse Prevention and Treatment Act (CAPTA), Appendix I. The CAPTA teams are in Region 1, Region 3, Region 6, Region 7 and Region 11. These sites 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 five Child Abuse Prevention and Treatment Act teams.

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 assist 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 2018 through September 2019. Information presented consists of data gathered by all Citizen Review Teams, including the CAPTA Citizens Review Teams. This year the teams reviewed near-fatality cases using the Near-fatality Reporting Form developed by the DFPS Office of Child Safety and the Alternative Response Reporting Form developed by the Child Protective Investigations Alternative Response Division.

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/.
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 focus on near fatality cases continued through March 2019. In April 2019 the teams changed focus to reviewing Alternative Response cases where a need for case reviews was identified.

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.

Analysis

During FFY 2019 the Citizen Review Teams reviewed a total of 24 cases from 10 regions. In 13 (54%) of those cases the teams indicated that all policies were followed, and no recommendations about policy or practice were made.

No statewide issues around policy, practice, or training emerged as a result of the case reviews. However, on a case by case, situational basis several training needs for caseworkers and supervisors were identified. These training needs included:

- Person characteristics
- Motivational interviewing
- Trauma informed care
- Utilizing the Forensic Assessment Center Network (FACN)
- Parent Child Safety Placement (PCSP) assessment and agreement
- Child safety decision making
- Support for adult victims of domestic violence including safety planning and referrals to local family violence programs
- Structured decision making

DFPS has training available on each of these issues for the staff who need additional training or refresher training.

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. Two of the Citizen Review Teams made recommendations on issues that impact the child welfare system in Texas. One team highlighted the need for additional training for judges on substance abuse and addiction, and another team expressed a need for more community resources for children with special needs. These issues point out that the child welfare system includes more than one organization and are areas where DFPS continues to work with our partners to provide for the safety, well-being, and permanency of Texas children

Region 1

Case Issue

A young child suffered a near fatal injury.

Recommendations

The team was concerned that the child's injury would have been avoided if the worker had been granted approval to place the child in foster care

instead of a relative placement. The caseworker had staffed the case and recommended that the child be removed but the DFPS attorney thought it was unlikely that the judge would approve the removal. It was the team's recommendation that the attorney let the judge make the final decision regarding removing the child.

DFPS Response

- From DFPS Legal: After review of the case by the county and regional attorney and subsequent denial for removal, the caseworker should have elevated the case to the Managing Attorney for the region for further staffing and to determine whether there were legal grounds for removal. Without reviewing the affidavit, it is hard to tell whether grounds did in fact exist. The documentation that we could find doesn't support the immediate danger required for a removal.

Case Issue

A child with diabetes had a health crisis due to lack of consistent care.

Recommendations

- The team recommended the CVS worker reach out to the regional nurse to ensure the child received adequate treatment. The team also felt that the medical staff should have provided an insulin pump which could have prevented many of the problems with insulin instability.
- Counseling could have also helped the child deal with peer pressure and diet compliance.

DFPS Response

- Policy 11411 and 11412 directs staff on serving children with special medical conditions which includes diabetes and how to address the medical needs of the child including access case management services from Star Health.
- Policy 11410 and 11412 directs staff on serving children with special medical conditions, which include diabetes, and how to address the medical needs of the child including accessing case management services from STAR Health. CPS staff can consult with the Nurse Consultant regarding any question, concern, or issue that may arise related to the medical needs, treatments, medications, or medical recommendations pertaining to the children on the CPS staff caseloads.
- The regional nurse was consulted and involved in the child's first case in 2018. Counseling and additional retraining for the child and family were recommended. The CVS worker did outreach to the nurse in 2019. The

regional nurse requested additional information and scheduling of a meeting with worker, parents, and adolescent. In the future, the regional nurse may implement a reminder system to follow-up with requesting worker after initial contact if no response is received from the field staff.

- Use of an insulin pump is intensive work and requires willingness to do so. An insulin pump is not the answer for patients who demonstrate limited diabetes education and/or poor self- management or for patients who expect the pump to "take over" diabetes care. In the prior case in 2018, this child's endocrinologist did not feel that the patient was a candidate for insulin pump use due to noncompliance and parents' poor compliance with monitoring.

Case Issue

Children were seriously harmed due to parent's substance abuse.

Recommendations

- The team indicated that all policies and procedures were followed.
- The CRT members expressed concern that the case indicated a need for more judicial training on drug abuse and addiction. Recommended that DFPS attend and present at the annual judicial conferences.

DFPS Response

- The DFPS Substance Use program specialist and other substance use subject matter experts currently provide information to Judges on drug use and addiction at the annual conferences. In addition, Judges have a drug use guide that was developed particularly for sitting Judges with basic information on drug testing, community resources, and drug use.

Case Issue

The team reviewed a near-fatality case of a young child.

Recommendations

- CRT members indicated that all policies were followed, and they had no recommendations.

DFPS Response

- No response.

Case Issue

The team reviewed an Alternative Response case.

Recommendations

- All policies were followed, and no recommendations were made

DFPS Response

- No response.

Region 3 East

Case Issue

A 4-year-old was emaciated with extreme cachexia due to malnutrition.

Recommendations

- Language was identified as a barrier in working with this family. The team noted that although there was a language barrier, the worker's understanding of the cultural differences played a major role in ensuring that the mother got the support she need to care for her child and helped her get connected and engaged with services.
- The team recommended that the agency improve the identification of non-English speaking families and the pairing of bilingual workers with Spanish speaking families. The team also recommended that the agency have a process for hiring and retaining bilingual workers. Finally, the team suggested offering Spanish classes for interested staff.

DFPS Response

- DFPS currently offers a 6.8 increase in pay for bilingual workers once they have been hired and passed all necessary exams. In some areas the need for bilingual staff is more prevalent so the job posting will be posted with the mandatory requirement for the applicant to be bilingual. Due to workloads and staff availability it is not always possible to pair staff with non-English-speaking families. DFPS does contract with a translation service and have translators available to accompany workers to visits with Spanish speaking families. DFPS does not currently offer Spanish classes for staff.

Case Issue

Alternative Response case where there were concerns about substance abuse.

Recommendations

- The CRT suggested utilizing more outside trainings for DFPS staff on topics such as training on motivational interviewing and trauma-informed care.
- The team indicated that the family seemed more open to services with the Alternative Response approach and felt like this could have a ripple effect with other families and cases.

DFPS Response

- Agree with recommendations. This will be brought to the attention of the Alternative Response coaches so they can assist with this follow-up during the technical coaching of staff.

Region 3 West

Case Issue

A young child sustained injuries due to safe sleeping guidelines not being followed.

Recommendations

- All policies were followed.
- The team suggested that talking to emergency first responders and reviewing their records as part of contacting collaterals in a case would be helpful.

DFPS Response

Contacting the first emergency responders would have been helpful information. The caseworker did excellent work speaking with multiple medical staff. Since this is situational and not regional, we recommended to leadership that the caseworker and approving supervisor complete the online Forensic Assessment Center Network computer-based training. (Forensic Assessment Center Network CPS0002).

Case Issue

A young child had a brain bleed, evidence of previous bleeds, and bruising on the back, belly, and neck.

Recommendations

- The team indicated that documentation and communication were major strengths in this case.
- One of the parents was incarcerated because of the injuries to the child and the team stated that they thought DFPS should have pursued termination of that parent's rights to prevent future access to the children.

DFPS Response

DFPS policy is clear on what should be considered to pursue termination and each case must be weighed individually when considering the best interest of the child.

Case Issue

A pre-teen was hospitalized due to chronic medical non-compliance.

Recommendations

- The team indicated that documentation and communication were strong in this case.
- The CRT members expressed concern that it took 4 cases involving the same issues with this child before the department decided to remove the child and find a placement with a willing caregiver. They would have liked to see more urgency from the department and stated that the documentation showed that the hospital staff was much more concerned about the child that department staff appeared to be.
- They felt it was clear after the first 2 cases that the parent was unwilling or unable to care for child with special needs.

DFPS Response

- Since this is situational and not regional, we recommended to regional leadership that the caseworker and approving supervisor complete an online computer-based training (PCSP Assessment and Agreement in IMPACT Training 0003582) and work closely with regional leadership on how to ensure safety and permanency.

Case Issue

An Alternative Response case where a pre-teen was experiencing some mental health problems.

Recommendations

- Communication with the family was good and documentation was thorough and complete.

- It was clear that the caseworker was very involved with the family and made sure that necessary services were obtained. The work with family was strength based and solution focused.
- There were no recommendations.

DFPS Response

No response

Case Issue

An AR case involving a parent and a teen with special needs who were experiencing homelessness.

Recommendations

- The CRT noted that the caseworker worked with various community organizations to get them housing.
- There were no recommendations.

DFPS Response

No response

Case Issue

An AR case with low risk concerns about neglectful supervision.

Recommendations

- The team expressed concern that the amount of time the case was open did not provide enough time for follow-up. Team members thought the family needed to develop a back-up plan in case the approach they agreed on didn't work out.

DFPS Response

The family has a plan with community partners and is waiting on post-adopt services. It is unclear that having the case open longer or coming up with another plan would have made a difference, as their plan is viable.

Region 4

Case Issue

A child had a head injury and broken bone that required surgery.

Recommendations

- The CRT noted that policies were followed, communication with DFPS staff, law enforcement and medical providers was timely and effective.
- The CRT was most impressed with the case transition and documentation of the investigation report.

DFPS Response

- No Response

Region 5

Case Issue

An infant was born to a drug-addicted mother who tested positive for opiates and amphetamines at the time of delivery.

Recommendations

- In this case the physician or other medical staff did not document anything in the medical records to support the near fatality. The team recommended that DFPS staff ensure that appropriate medical findings are documented in the records prior to classifying the case as near fatality. The case was listed in IMPACT as a near fatality, but upon further review a request was made to remove the near fatality ruling.

DFPS Response

- The director of field and regional director will be notified of the need to reassess this case.
- Since this is situational and not regional, we will recommend to leadership to have further conversations with the caseworker and approving supervisor surrounding the importance of Person Characteristics.

Region 8

Case Issue

A young child was hospitalized due to a gunshot wound to his abdomen.

Recommendations

- The team noted that there was good communication throughout the investigation and information was gathered and shared between law enforcement, medical staff, collaterals, the caseworker and the special investigator.

DFPS Response

- No response

Case Issue

A young child with special needs was left alone in a bath and sustained serious injury.

Recommendations

- Team members noted that the SDM tool was not followed correctly and a danger indicator was missed.
- The caseworker did a great job communicating with the family and with all medical parties throughout the case. However, communication between the caseworker, special investigator, and supervisor was lacking and there was no documentation that a 15-day staffing was held.
- The caseworker dispositioned the case a near fatal, but there is no documentation in the record that the physician considered it to be a near fatality.
- The team thought that staff needs additional training regarding handling cases involving children with special needs and that more resources for special needs children and families need to be identified in the community

DFPS Response

Since this is situational and not regional, we will recommend to leadership to have the caseworker and approving supervisor complete the online computer-based trainings surrounding child safety decision-making as it relates to children with complex needs.

Case Issue

An AR case where there was a history of domestic violence and concerns about neglectful supervision.

Recommendations

- Some key deadlines were missed or not documented, including the 7-day initial contact and the 15-day staffing. The team thought more effort could have been made to schedule an initial face to face meeting with the mother and children. When the first contact did occur, it was a phone call with the mother and an unannounced visit at school to see the children. The team would have liked to have seen the caseworker encourage the mother to invite her support system to the first meeting.

- The caseworker established good rapport with the mother and also did a good job documenting multiple law enforcement calls to the home and the mother's protective actions in response to the father's use of violence. The team noted however that the mother was not given information about or a referral to domestic violence resources in the area.
- There was no documentation of a risk assessment done with the father. The team felt there appeared to be a lack of communication with the father and that he should have been involved in the creation of the family plan.
- In this case there was no safety planning after the agency became involved. There was no discussion of or with a support system for the family. There was no documentation that any family members were notified of the case closure.

DFPS Response

- Agreed with recommendations. This will be brought to the attention of the Alternative Response Coaches, so they can assist with this follow-up during the technical coaching of staff.

Region 9

Case Issue

A young child was hospitalized with a gunshot wound to the head.

Recommendations

- The team indicated that there were several errors in assessment and engaging the family, there was no documentation of services offered or discussed with the family, and no interviews with the children until the child was shot.
- There were concerns that the Structured Decision-Making tool was used incorrectly and that a child safety specialist should have been involved in staffing and reviewing the case.

DFPS Response

- Since this is situational and not regional, we will recommend to leadership to have the caseworker and approving supervisor complete the online Structured Decision Making computed-based training (SDM Household Updates 0003697).

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

Case Issue

Child had life threatening injuries including head injury, broken bones, bruising caused by shaking, squeezing and hitting. Child was also malnourished.

Recommendations

- The CRT noted that there was great communication at all levels throughout this case, that good information was obtained to assess the family and situation, and appropriate safety actions were taken quickly to get the children placed in a safe environment.
- They also noted that the workers did an excellent job getting the family and child engaged in appropriate services.

DFPS Response

- No Response

Case Issue

An infant was born with serious health problems as a result of mother's drug use.

Recommendations

- The team noted that out of state history checks were needed and would have been helpful in this case. Otherwise, all policies were followed in a timely fashion.

- The investigator did an excellent job referring the case to Family Based Safety Services without delays, providing other referrals and following up with family.

DFPS Response

- No Response

Region 11

Case Issue

A young child was stabbed in the chest in an attempt to kill him.

Recommendations

- The team stated that casework and communication throughout the case were strengths. Staff communicated timely and effectively with all involved parties, including law enforcement, medical staff, relatives, attorneys and others.
- The CRT recommended that legislation be considered in an effort to ensure access to mental health records in order to be able to assess risk and ensure appropriate measures are taken to ensure child safety.

DFPS Response

- As conservator, DFPS, in the role of either the medical consenter or back up medical consenter, can obtain mental health records. DFPS can ask for a release at any time to gain access to a parent's medical record. If consent was refused DFPS could petition for a court order to release the records, although there is no guarantee that a judge will issue such an order.
- This recommendation will be passed along to appropriate state office staff for consideration as a legislative initiative.

Case Issue

An Alternative Response case with concerns about physical abuse.

Recommendations

- The caseworker worked to engage the parent in services despite the parent's resistance. DFPS staff need to continue to develop skills in using solution focused questions and planning.
- Due to scheduling difficulties, the initial counseling appointment was not scheduled until after the deadline for case closure. As a result, the case was closed without confirmation that the parent attended the initial

assessment appointment to determine if counseling services were recommended. The team questioned if it was an option to request an extension to ensure the parent did attend the initial appointment.

DFPS Response

- Agreed. No further action needed. An extension could have been requested to accommodate the later start date and allow for conversations with community partners.