



TEXAS
Department of Family
and Protective Services

2021-2022 Citizen Review Team Report

July 2023

Table of Contents

- Background 1
 - Structure 1
 - Reporting Process..... 2
 - Agency Response 2
 - Team Activities 3
 - Analysis..... 3
- Chapter 1 - Safety and Risk 4
- Chapter 2 - Policy and Practice..... 6
- Chapter 3 - Training Needs..... 14
- Chapter 4 - Coordination with External Entities..... 19

Background

Pursuant to the Child Abuse Prevention and Treatment Act section 106, each State to which a grant is made shall establish not less than 3 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 the Child Abuse Prevention and Treatment Act 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 Child Abuse Prevention and Treatment Act regions.

The Child Abuse Prevention and Treatment Act 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 6 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 Child Abuse Prevention and Treatment Act 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 reporting period, this report covers the period from October 2021 through September 2022 (FFY 2022). Information presented consists of data gathered by all Citizen Review Teams, including the Child Abuse Prevention and Treatment Act Citizens Review Teams. In FFY 2022, the teams reviewed child fatalities that met criteria for a Regional Child Death Review Committee.

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

- The child's death has been determined by Child Protective Investigations (CPI) 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 CPI or Child Protective Services (CPS) 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 CPI case within the last 3 years; or
 - the deceased child has been an alleged or designated victim in a CPI case within the last 3 years; or
 - the deceased child was a principal in a Family Based Safety Services and/or Conservatorship stage of service within the last 3 years.

If there was not a child fatality case meeting criterion to review in the quarter, another case was selected. 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. Reports of the meetings were documented on the DFPS Notification of Child Fatality – 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 present, and recorded on the standardized reporting form. Required actions relating to case-specific recommendations are handled at the regional level.

The Citizen Review Teams also present recommendations with a statewide scope. These recommendations are presented to the Child Safety Review Committee throughout the year and to

DFPS leadership for consideration of policy development, training, and coordination with external entities.

All Citizen Review Team recommendations are placed on the DFPS public website after approval of the annual Report. The DFPS public website contains a Citizen Review Team specific mailbox that the public can use to comment on the recommendations.

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 Accountability act as the Citizen Review Team coordinator within their assigned Region of responsibility. The Citizen Review Team coordinators meet regularly with State Office program staff to discuss better ways to engage the community in the review process.

In an effort to gain essential feedback from the public, the Citizens Review Team coordinators and the Child Protective Investigations and Child Protective Services Regional Leadership continue to work with their communities to engage and encourage volunteers to become involved in these Teams.

Analysis

During FFY 2022, the Citizen Review Teams reviewed 92 child fatality or serious injury cases. At the time of the fatality of these cases, 13 had an open Investigation, one had an open Family-Based Safety Services case, four had an open Conservatorship case, and one case was open in Conservatorship and Investigations. No recommendations were given in 34 of these reviews. Recommendations that were given or concerns noted as part of the other reviews were in the following areas: Safety and Risk, Policy and Practice, Training Needs, and Coordination with External Entities.

If the recommendation or concern was case specific, it was referred to regional management. Those that were noted to have a statewide scope are listed below.

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. Overall, teams felt DFPS was doing well and acknowledged the Department's ongoing efforts in staff development and casework improvement.

Chapter 1 - Safety and Risk

Recommendation 1

The Department should consider more stringent safety plans when someone is monitoring the children in person 24/7. In addition, field staff should provide more clear direction to the family when it comes to what supervision entails when documenting the safety plan. Further there should be training on safety planning as it relates to how to appoint a family monitor and how to monitor if a Supervision Plan is being followed appropriately.

DFPS Response 1

Safety planning is utilized solely for the purposes of supervision, and as a result, the terms safety plan and supervision plan are often used interchangeably. When implementing any safety plan, the case worker must outline what the parameters for supervision entail and discuss the expectations of supervision with the family and monitor.

Child Protective Investigations policy indicates that a safety plan must specify what actions the family will take to protect the child from any dangers identified in the home. The caseworker must ensure each person signing the Safety Plan understands and agrees to the following:

- His or her responsibilities.
- The potential consequences of non-compliance.
- The actions or circumstances necessary to eliminate the need for the safety plan.

In May 2023, DFPS policy was updated to list out the requirements for being a safety monitor and what the expectations of a safety monitor are. Staff are also receiving training and continuing education on safety plans. The training rollout will conclude at the end of August 2023.

See [3210 Safety Plan](#)

Family-Based Safety Services follows the same guidelines when implementing safety plans as those in Child Protective Investigations. DFPS' current policy requires caseworkers to use a safety plan only when there is an immediate danger to a child that requires 24-hour supervision provided by someone not involved in the safety concerns or requires a child be with their parent but away from the danger. The plan is created with the family and written in a manner the family can understand. The caseworker fills out the safety plan form which includes the need for a safety plan, how the child needs to be kept safe, who is responsible for ensuring each action, and the timeframe of the intervention and actions. The safety plan is reviewed with each parent and safety monitor and signed by all parties, indicating they agree and understand the safety plan. Each party is then given a copy of the safety plan. DFPS monitors the safety plan by contacting individuals who know the family for information surrounding the safety plan and conducting unannounced visits to the family's location. Staff receive training on safety planning during CPS Professional Development.

Recommendation 2

Staff need to thoroughly assess individuals used for Supervision/Placement based on the current situation versus assuming a person is appropriate because they were used in the past. Staff should

also assess individuals on an ongoing basis to ensure they continue to be an appropriate monitor/supervisor.

Case specific: CPI approved an individual based on their role as a supervisor of parent-child contact in a prior case; however, sufficient checks/assessments were not completed in the new Investigation and after the case was transferred, on-going stages did not complete their own assessments.

DFPS Response 2

Staff are trained to assess families based on the current case dynamics regardless of that individual's role as a supervisor in a prior case. Case workers must articulate why the identified individual currently meets the qualifications to serve in a capacity as a supervisor or placement based on the needs of the current case.

As of May 2023, policy will be updated to list out the requirements for being a safety monitor and what the expectations of a safety monitor are. Staff also receive training and continuing education on safety plans.

Caseworkers are not permitted to utilize a previously used safety monitor who had a criminal history and child abuse history check in a previous case without re-running the checks on the person for the new case. While DFPS would consider an individual with positive history as a child caregiver, the potential caregivers should always be thoroughly assessed including criminal background, DFPS records checks, social history interviewing, and calling collateral contacts (references) each time they are asked to be a supervisor or placement. DFPS continues to assess individuals while they are providing supervision/placement by conducting unannounced visits and collateral contacts (reference).

Recommendation 3

The Department should put something in place for multi-level checks and balances that goes above the worker and supervisor level to ensure safety and timely review of case actions. It was recommended that the Department's case management system IMPACT (Information Management Protecting Adults and Children), add an alert for the next level of management (Program Director) to notify them that the required review is outstanding.

Case specific: The 15-day review that is required by policy was not completed, and there currently is not a Data Warehouse report or IMPACT alert provided to management that notifies them that this task has not been completed by the Supervisor.

DFPS Response 3

Current practice is for a supervisor to review a caseworker's case at the 15th day after stage progression or when a danger has been identified during the investigation. Supervisors use a variety of data warehouse reports to track case actions and these reports are utilized to help identify which cases require a 15-day review. A program director may review an investigation within their program at any time at their discretion. These reviews may be part of a quality control review or when staff have requested additional support on an investigation. Therefore, no

additional alerts are needed beyond the Supervisor level. In addition, DFPS is currently working with the data team to add an additional component to the Data Warehouse report that identifies if the Safety Assessments have been completed per policy.

Recommendation 4

Forensic interviews through the Child Advocacy Center should be requested and attempted when there are surviving siblings as they might yield more information. In addition, it connects families to services at a different level than the Department can provide.

Case specific: Surviving siblings were under 4-year-old, and documentation reflected they had limited verbal skills. The team indicated that even with limited vocabulary, a forensic interview may have been able to provide additional information regarding the abuse that occurred.

DFPS Response 4

Current practice requires that case workers investigate serious physical injury cases, including fatalities, jointly with law enforcement. A referral to a Child Advocacy Center would be made on all of these cases unless DFPS and law enforcement determine such an interview would negatively impact the surviving children, or the children could not be qualified for a forensic interview due to limited verbal or comprehension skills. When a forensic interview does not take place, the case worker would interview any children in an age-appropriate manner to gather the required information.

Chapter 2 - Policy and Practice

Recommendation 1

When a child has a medical related diagnosis, the worker must contact medical professionals and obtain the official diagnosis, treatment plan, and compliance information. If referrals are made, the worker should follow up with service provider/agency prior to closure of the stage of service, as this would help mitigate risk factors. In addition, there should be something in place where additional efforts must be made to identify/confirm a family support for these families prior to case closure.

Further, it was recommended that DFPS expand the Primary Medical Needs (PMN) staffing required for children in Conservatorship to include PMN children involved in Investigations or Family-Based Safety Services as way to ensure all supports and medical care is being followed.

DFPS Response 1

In August 2022 DFPS updated trainings for investigative staff to provide additional guidance on when a case should be referred to the Forensic Assessment Center Network (FACN). This includes complex medical cases in which a child may have a serious medical condition or diagnosis. Child Protective Investigations policy requires a caseworker to contact the (FACN)

when seeking medical professionals' expertise in evaluating a child's medical history, reviewing diagnosis, treatment plans and compliance with all medical requirements.

See [2233 Making a Referral to the Forensic Assessment Center Network](#)

DFPS is also working on a medical resource form that would be completed by the parent or caregiver for all complex medical cases. The form would list out of the medical providers along with their contact information. The case worker would be required to contact all listed medical providers to confirm current diagnosis, caregiver compliance with treatment, and medical needs. The form is still under development and review with an unknown completion date.

In the May 2021 CPS Meeting in a Box, all Family-Based Safety Services (FBSS) staff were instructed to conduct monthly PMN staffing's that involve children on their caseload with serious and/or complex medical conditions or multiple medical diagnoses. Those monthly staffings are to begin upon the opening of the FBSS case as soon as the condition/diagnosis is identified or if the children come into Conservatorship. The staffing's must include DFPS' medical staffing team to include the Nurse Consultants and DFPS Medical Director, Program Administrator, Program Director, Supervisor, and Caseworker and continue until the case closes. Caseworkers are to contact healthcare professionals each month to discuss any concerns or progress with the children and caregivers. Families and caseworkers are also encouraged to have a Family Group Conference to discuss support and future medical needs before closing the case. While held in every region for all cases, the format of the staffings vary in each region.

The Director of CPS Field Support will be recommending to CPS Leadership in July 2023 that the PMN staffings be added to Family-Based Safety Services (FBSS) policy. If approved, estimated policy update would be by the end of calendar year 2023.

Recommendation 2

Child death cases should be automatically referred for a Multiple Disciplinary Team (MDT) staffing.

DFPS Response 2

DFPS is already required by law to refer all child fatality cases in which there are surviving children in the deceased child's household or under the supervision of the caregiver involved in the child fatality to a MDT. If a county is not served by a center that has executed an interagency memorandum of understanding, DFPS can refer a case for an MDT to a center in an adjacent county. Additionally, Child Advocacy Centers may refer other cases for a MDT staffing if they deem the case to be appropriate. The current practice is that DFPS follows recommendations for the MDT, and attends all meetings.

See TFC 264.4061. [MULTIDISCIPLINARY TEAM RESPONSE REQUIRED.](#)

Recommendation 3

Criminal history checks should be among the first things to occur when initiating an investigation to ensure staff is aware and able to discuss criminal history in the initial assessment of the family.

DFPS Response 3

Criminal history checks are completed as part of the initial investigation tasks in accordance with policy. The policy requires that checks be completed within 10 calendar days of the date of the intake as long as enough information is available to complete the check. It is best practice that criminal history checks be completed prior to making initial contact on an abuse or neglect investigation. The case worker runs and reviews criminal history on all adult alleged perpetrators and any person 14 years or older living in the victim's home. These checks allow the caseworker to discuss with the family any discrepancies or concerns identified with these checks.

See [2230 Investigation Tasks](#)

Recommendation 4

CPI should assign cases where there is extensive history to staff that have more experience in recognizing trends/patterns or who have developed skills to ensure higher risk cases get the level of attention needed.

DFPS Response 4

Current CPI practice is a supervisor reviews an intake to determine if the intake meets the statutory definition of abuse or neglect before stage progressing to an investigation. The supervisor may assign an investigation to a specific caseworker depending on the complexity of the intake and subsequent history on the family. Additionally, some counties have specialized units that handle cases involving sexual abuse allegations or serious injuries. In those areas, those complex cases are routed to those units.

CPS considers a variety of factors when making case assignments. The family's history is one of those factors but is not a sole determinant of case assignments.

Recommendation 5

The Department should look at drug testing all individuals who are utilized to care for the children as a safety plan supervisor or those whom the family has chosen as a Parental Child Safety Placement. It was suggested a small pilot study could be done to see how often the potential supervisor is no longer approved.

Case specific: The caregivers selected were also using illegal substances; however, all their background checks and references cleared them per policy.

DFPS Response 5

Child Protective Investigations and Child Protective Services policy requires a caseworker to have cause to believe, based on credible evidence, that a parent or caregiver is using substances, and the use threatens a child's safety before administering or referring a person for a drug test. In addition, Texas Family Code §264.902(a)(5) DFPS can include any term necessary for the safety and welfare of the child as an element of the placement agreement. However, if the caseworker suspected a safety plan caregiver or Parental Child Safety Placement (PCSP) caregiver was using drugs or under the influence of drugs, DFPS would not utilize the proposed caregiver as a safety plan supervisor or PCSP.

If the caseworker is unaware through criminal history checks, collateral calls, or other information of any possible drug use by the supervisor/caregiver, the caseworker would not have reason to request drug testing. Drug testing is a tool that is not used alone but is one component of assessing child safety and caregiver capacity.

Recommendation 6

Hair strand drug testing should occur on cases where there are ongoing allegations of drug usage in the home to ensure child safety.

DFPS Response 6

Current practice is for DFPS to utilize hair strand testing when it is deemed appropriate. Hair strand testing captures historical use (use from approximately 10 days prior to collection to approximately 100 days prior to collection) and is limited on the number of substances captured (Marijuana, Cocaine, Amphetamines/Methamphetamines, Opiates, and PCP). Urinalysis testing is capturing current use (typically within the last 3-5 days) and has a broader number of substances detected (in addition to the substances captured by the hair strand, the urinalysis test will also capture Benzodiazepines, Methadone, Oxycodone, Barbiturates, MDA analogues, and Propoxyphene). Hair strands are valuable tools that are utilized when appropriate. Due to the time it takes various drugs to metabolize and reflect in hair strand testing, it is difficult to determine a parent/caregiver was under the influence while caring for a child when using this test.

Recommendation 7

The Department should do more to notify and evaluate the absent parent to prevent removal.

DFPS Response 7

Child Protective Investigations policy requires the caseworker to make reasonable efforts to locate both parents of each alleged victim. This is accomplished by completing a diligent search for the absent parent, asking the child when they last spoke to the absent parent, reviewing case history for any information on the absent parent, or asking known relatives for the absent parent's contact information. DFPS policy requires that the absent parent be notified, or attempts

be made to notify the absent parent within 24 hours of making contact with an alleged victim of abuse or neglect.

Recommendation 8

If the Court has ruled and dismissed the Department from a legal case, there should be a policy exception to making on-going contact with the family while the Investigation is still open. As well, the Department should explain to the Court and all legal parties that even though the legal case is dismissed the Department still has an open investigation and will be continuing to make contact monthly with the family until case closure. This provides the Court an opportunity to determine if they no longer wish for the Department to contact the family any further.

DFPS Response 8

Current practice is once a legal case has been dismissed or the department's request for legal intervention is denied by the court, DFPS discontinues the investigation against the family. Instead of adopting this recommendation as a policy, DFPS would reeducate staff about current policies of working with investigation staff during an open conservatorship episode, as well as, how to articulate any concerns about the investigation to the overseeing Court. CPI will develop a communication to be sent to all CPI staff or a webinar that is available to all.

If the Court has ruled and dismissed DFPS, in this sense, the Court is dismissing the Cause number associated with the Conservatorship (legal) case, which typically spans 12-18 months. As such, DFPS, through the Conservatorship staff, has no legal standing or necessity to remain involved with the family.

Recommendation 9

CPI should consider a more standard practice of having all children under the age of 4 seen by a doctor at the beginning of the case, specifically if the allegations are medical neglect or physical abuse when bruising is observed

DFPS Response 9

Child Protective Investigations policy permits a medical, psychological, or psychiatric assessment of the child during a DFPS investigation. To obtain authority for a medical, psychological, psychiatric, or similar assessment, the caseworker must, in the following order of preference, obtain parental consent or a court order permitting the assessment, which will only be issued if good cause is shown. Furthermore, the cost of having a child seen at doctor's office that is not tied to abuse or neglect may fall to the parents.

Recommendation 10

Staff should refer to bruising/injuries as physical abuse (versus excessive discipline) so as not to downplay the abuse that has occurred; promote the use of referrals to the Forensic Assessment Center Network; and ensure that medical examinations are completed on young children as not all injuries will be visible when they are internal.

DFPS Response 10

A caseworker may contact Forensic Assessment Center Network to seek a medical professional's expertise in child abuse and neglect to determine if the injuries sustained by the child are concerning for abuse or neglect. A caseworker is trained to assess if the injuries sustained are from reasonable forms of discipline versus excessive discipline.

Additional medical evaluations are determined on a case-by-case basis based on the child's outcry, collateral concerns, and the caseworker's assessment on the family.

Recommendation 11

When vulnerable children are identified as having been present during an incident of domestic violence, they should be referred to the Child Abuse Resource and Education (CARE) Team for evaluation to ensure no injuries.

DFPS Response 11

Current practice is to refer a vulnerable child to the Child Abuse Resource and Education (CARE) Team based on the multiple factors in the case. There are often high number of cases in which a child may have been present during a domestic violence incident so additional criteria may need to be developed to ensure that CARE teams can address the danger and risk factors identified in the case.

For areas without a CARE Team, the FACN's may be able to assist.

Recommendation 12

Children who have witnessed any form of domestic violence in the home should be referred to counseling/therapy.

DFPS Response 12

Current practice is to refer a vulnerable child to therapy/counseling based on the needs of the family. The caseworker discusses with the parent, when working with adult victims of domestic violence, on what services are available to the family and what best fits the needs of the family.

When it is determined that children know there is a person using violence or have witnessed any form of domestic violence against a parent, caretaker, or other family member a referral for supportive services by a professional knowledgeable of domestic violence dynamics should be considered and if exhibiting distress perhaps also referred to counseling/therapy. Many children

who have knowledge or have witnessed the use of domestic violence bounce back quickly when intervention results in safety for adult and child victims and changes in the behavior of the person who has used violence. Some may need counseling if they have been harmed and continue to be afraid or feel guilty for not being able to stop the person using violence and are taking on too much responsibility.

Recommendation 13

The attorney representing the Department must present all information gathered by the Department to the court/Judge. This should include juvenile criminal records.

DFPS Response 13

Courts in child protection cases are required to consider extensive evidence presented by DFPS throughout the entirety of the case and must do so in accordance with the Texas Family Code, Rules of Civil Procedure, and Rules of Evidence. The statutory framework governing these cases is designed to keep courts and the parties informed about why DFPS is involved and the ongoing events in the case.

This begins with when DFPS seeks legal intervention or removal of the child, which is governed by Texas Family Code chapter 262. DFPS must provide an affidavit with a Petition seeking to affect the parent-child relationship, which details the reasons for the Department’s involvement, the Department’s concerns, and a listing of prior criminal and CPS history. Additionally, the court must conduct a hearing to determine whether the Department should receive the relief they seek, evidence must be presented, and the court must make explicit findings to support its orders. For more details, see [Texas Children's Commission Benchbook - Removal](#).

Additionally, the statutory framework governing child protection cases under Texas Family Code, Chapter 263 requires the trial court conduct numerous hearings throughout a case, including a “Status Hearing” to review the family plan of service, and numerous “Permanency Hearings” to review the status of the children and progress of the parents on their services. DFPS is required to file a court report prior to each Permanency hearing. In every one of these hearings, the trial court hears testimony and must make findings that it has reviewed the reports, service plans, and other information submitted to the court, which often includes independent reports produced by CASA.

Further, during the case and prior to trial, the parties are entitled to request “Discovery”, which can involve producing the entire case record for the case and answering legally binding questions about the case.

See [Child Protection Attorneys Guide - Section 6 - Discovery](#)

Ultimately, the case must be resolved within a year (with the possibility of a six-month extension) of when DFPS received temporary custody of the child/children. At trial, the Department has the burden of proof to offer evidence to the court supporting the relief it seeks.

Regarding juvenile records, these are not records kept by DFPS and would have to be obtained from the Texas Juvenile Justice Department. To the extent that the Department has these records, the Department is unauthorized by law to release the records absent a court order, as there are state and federal laws prohibiting the release of these records. See TAC 700.204(b); Government Code section 411.114; Government Code section 411.1141.

Recommendation 14

It should be required that all affidavits filed with the court are uploaded to One Case for further review by others as needed.

DFPS Response 14

Current practice is for staff to upload all affidavits into One Case. Additionally, this will be included in policy around documentation guidelines that is scheduled to roll out in Fall of 2023.

Recommendation 15

The Department needs to have at minimum, the preliminary autopsy findings before a Reason to Believe – Fatal disposition is determined, and the Reason for Death is chosen as Abuse/Neglect related.

DFPS Response 15

Current practice is to obtain all information available before reaching a disposition of reason to believe. However, autopsy reports are generally not readily available to DFPS within established DFPS timeframes to complete an investigation. Furthermore, most medical examiners will not provide a “preliminary” autopsy report beyond the generic finding of “pending” for the cause and “pending” for the manner of death. This is particularly true on infant and toddler fatalities due to pending toxicology results.

Child fatalities that are determined to be the result of abuse or neglect are supported by a preponderance of evidence to support the disposition even if the case is closed prior to receiving the final autopsy report. The caseworker assigns the Reason to Believe disposition to an allegation if, based on the preponderance of evidence gathered during the investigation, the caseworker concludes that the alleged abuse or neglect occurred, and the alleged perpetrator is responsible for it. Once DFPS learns of the autopsy report that is not consistent with the disposition, DFPS would request an administrative review to determine if a change to the disposition findings is needed.

Recommendation 16

Staff need to verify a person's identity by requesting proof of identity.

DFPS Response 16

Child Protective Investigations policy requires a caseworker to identify the person they are speaking with by reviewing their government issued ID or request the person state their DOB and SSN so the caseworker can compare against any information already available.

See [2248.4 Obtaining Demographic Information from Principals](#)

Recommendation 17

All families should be provided with local resources that could assist and help them in the future upon closure of an investigation.

DFPS Response 17

Current practice is, while not mandated in policy, for all caseworkers to be encouraged to provide families with local community resources that can be utilized by the family in the future.

Chapter 3 - Training Needs

Recommendation 1

The Department should provide its staff with ongoing and more consistent statewide training regarding family dynamics in households where domestic violence is occurring. There should be an annual number of required training hours for all levels of staff. Different levels of training are needed for newer versus more tenured staff in order to build upon prior knowledge and understanding. This would enhance staffs' ability to gather information needed to ensure child safety in a home where violence is taking place in addition to learning how to better engage the non-offending parent.

DFPS Response 1

Staff receive training on family dynamics where family violence is occurring, assessing for family violence, dispositions, partnering with victims, and complete activities that educate on the long-term effects of family violence with children and into adulthood.

Caseworkers must complete a certain number of training hours on various topics for each certification level. The trainings that are offered after initial training and part of certification requirements include in-person and online trainings related to family violence. There are currently more than 10 courses related to family violence available to staff on an ongoing basis.

Center for Learning and Organizational Effectiveness (CLOE) will advise both CPI and CPS Leadership that they are able to do the following upon their request:

Create a course that is based on actual cases (deidentified) where supervisors are required to identify dynamics of family violence, substance use, or mental health. The course would be

geared toward supervisors and PDs when discussing cases with their staff, reviewing documentation, and approving cases.

CLOE will approach CPI/CPS program with the listed suggestion by May 31st to discuss a time frame for development of a project plan for each requested training topic.

Recommendation 2

Training regarding bottle propping and how to speak to families regarding the dangers of bottle propping, much like staff speak of the dangers of co-sleeping, should be provided to all staff. Additionally, more in-depth conversations should be completed with families about co-sleeping, to include questions such as why they choose to co-sleep as opposed to reading off the handout that is required per policy.

DFPS Response 2

Current practice is for a caseworker to educate parents on appropriate forms of bottle feeding. Current policy requires all caseworkers to ask about co-sleeping/safe sleeping, observe the location where the child sleeps, and in some instances photograph the location of where the child sleeps (children 0-5).

Training to staff includes content on keeping children safe with in depth discussion about resources that are available to families about car seat safety, storing chemical hazards, swimming pools and co sleeping. The dangers of co-sleeping are discussed in depth as well as how to have those conversations with parents/caregivers. Staff receive training on assessing the home environment which includes co sleeping. Staff also receive training on interviewing families and asking solution focused questions. Although bottle propping is not specifically focused on this can be added to the next curriculum update or create a video that demonstrates how workers can discuss this with families. Center for Learning and Organizational Effectiveness (CLOE) will approach CPI/CPS program with these suggestions by May 31st to discuss a time frame for development of a project plan for each requested training topic.

Recommendation 3

Staff should be educated regarding when siblings of an injured child need skeletal exams; knowing what to ask for when scheduling forensic exams (to include providing medical information from the pediatrician); and knowing the difference between the various Child Abuse Resource and Education (CARE) teams.

DFPS Response 3

Staff are given instruction on types of abuse that includes fractures, serious injuries, burns, and bruising indicative of physical abuse. Staff are trained on collaborating with Forensic Assessment Center Network (FACN) and complete a required training on utilizing the FACN. Staff are also required to learn about the child advocacy centers in their area and the services

provided. Another training staff receive is “Investigations of serious injuries and child deaths”. Training provided is regarding investigation of critical incidents as it relates to child injuries and deaths.

Center for Learning and Organizational Effectiveness (CLOE) will advise both CPI and CPS Leadership that they are able to do the following upon their request:

Create Guided Training Aids for mentors to use while working with proteges on ITP tasks. Topics mentioned in the notes include:

- When to refer children/siblings for forensic interviewing
- When to request skeletal exams

CLOE will approach CPI/CPS program with the listed suggestion by May 31st to discuss a time frame for development of a project plan for each requested training topic.

Recommendation 4

Ensure children are being forensically interviewed when criteria are met or when staff feel that it would be beneficial to do so. Perhaps a case study could be utilized as a training tool to show staff where alternative case decisions could have been made or to point out red flags/signs they should look for.

DFPS Response 4

CPI/CPS Professional Development was updated in 2021 and real cases and examples were incorporated into the training. Staff receive instruction on interviewing which entails elements of forensic interviewing, when a forensic interview is required, and what a forensic interview consists of. Training models require staff to demonstrate competencies of interviewing adults and children. Staff practice interviewing adults and children with a mentor before being assigned cases on their own and must also pass competency-based evaluations. There is also an advanced interviewing course offered to staff as part of their certification requirements. This course includes benefits of a forensic interview and when these are required.

Center for Learning and Organizational Effectiveness (CLOE) will advise both CPI and CPS Leadership that they are able to do the following upon their request:

Create Guided Training Aids for mentors to use while working with proteges on ITP tasks. Topics mentioned in the notes include:

- When to refer children/siblings for forensic interviewing
- When to request skeletal exams

CLOE will approach CPI/CPS program with the listed suggestion by May 31st to discuss a time frame for development of a project plan for each requested training topic.

Recommendation 5

Several teams identified the need for staff to be aware of resources within the community that can provide additional support to families who have children with special needs (autism, medically fragile, Intellectual or Developmental Disability, significant mental health, etc.) outside of the Department's involvement. This would include services such as respite, education, and coordination of care services. This is especially needed in rural areas.

DFPS Response 5

In September of 2021, CPS Behavioral Health and Medical Services staff initiated rotating trainings for CPI/CPS stages of service on a monthly basis. The trainings continue to occur, and each cover topics such as how to access mental health and medical services for children with special needs, as well as services like YES Waiver program and Medicaid benefits. CPS Behavioral Health and Medical Services have developed regionally specific resource presentations that are delivered as requested to staff in all CPI/CPS stages of service on topics such as accessing emergency services. These trainings remain available to staff (CPI/CPS and Community Based Care staff) on an ongoing basis. Staff are also informed that services for children with autism, intellectual/developmental disabilities, and mental health can be accessed through the Local Mental Health Authorities and the Local Intellectual/Developmental Disability Authorities. This is available even in rural counties and are the gateway to wraparound services and intensive case management services outside of DFPS involvement. This information is easily accessed through the HHSC website, which is continuously updated and provided to staff. County-specific information about mental health resources available in the community and emergency response services can be easily identified online on the HHSC website. The website includes an interactive component. A Meeting in a Box presentation on accessing the HHSC county-specific resources was distributed in October 2022 for both CPI and CPS staff.

Recommendation 6

More collaboration and joint trainings with community agencies/resources that could assist with legal/custody issues.

DFPS Response 6

Current practice is for DFPS staff to provide and participate in collaborative trainings with various stakeholders, particularly Court Appointed Special Advocates (CASA), HHSC, and school systems with a focus on child welfare cases including where to seek legal advice.

Recommendation 7

There needs to be more community resources that offer parent/child conflict type assistance that focuses on older children.

Case specific: Suicide by teenager placed with relative. There may have been more that the Department could have done during a conservatorship case such as notifying the courts how

detrimental the situation was and/or could get worse without the children attending counseling. The providers could have spoken to the courts on how serious the situation was and emphasize the need to place the children back in care. The Department's method of measuring risk in the home needs to be looked at since it was based on the grandmother's household (that didn't have much history) therefore rated moderate. With the current rating, the grandmother's case didn't require services. There may need to be some training with the courts to discuss these types of cases that involve teenagers participating in risk taking behaviors and how dangerous that can be. The Department's staff may need this same training, so they are better prepared in presenting their cases to the courts. We need to change how teenagers with mental health issues are perceived.

DFPS Response 7

Effective September 19, 2022, HHSC Child Care Regulation (CCR) adopted a model suicide prevention, intervention, and postvention policy for use by residential child-care facilities. The statute also requires each residential child-care facility to adopt either the CCR model policy or another suicide prevention, intervention, postvention policy that has been approved by Executive Commissioner of HHSC.

The model requires employees to complete annual training to include risk factors, protective factors, and warning signs of suicide; understand safety planning; and understand suicide screening. The training consists of an online portion (estimated 1 hour maximum), as well as an instructor led portion (30 minutes).

This training is currently being provided to all CVS, FAD and ADO staff in both legacy and SSCCs. CPAs are also required to provide to their staff.

Recommendation 8

Provide further training regarding:

- Domestic Violence
- How to address gun safety and knowledge of local resources for free/low-cost gun safety courses
- Signs of mental health
- The root causes of behavior and impact of early trauma
- How to communicate more effectively with service providers
- How to thoroughly assess for substance abuse (What does addiction look like?)
- Drug testing tools and what we are trying to test for
- Working with teens and pre-teens – useful interventions
- “How to be an FBI Detective” – for CPI staff
- Importance of case merging

DFPS Response 8

Staff currently receive training on the listed topics. Training curriculum is updated on a regular basis to be enhanced with current content, policy, and protocol updates, and updated to address current trends. The next review will include assessing the amount of information and instruction for these topics and any identified adjustments will be implemented.

Chapter 4 - Coordination with External Entities

Recommendation 1

Sufficient resources should be made available to assist the non-offending/protective parent, who wants to seek legal custody, but cannot afford it or does not have the knowledge to go through the civil legal system themselves. This could include legislation that would protect a parent financially or setting up specialized court dockets for these parents as the Department cannot legally intervene, but legal orders are needed to ensure child safety and permanency. Expand upon legal programs and pilot projects across the state that do assist families in these situations, to include expansion of legal financial resources.

DFPS Response 1

The creation of specialized court dockets or funding for attorneys for parents not involved in DFPS-initiated Suits Affecting the Parent Child Relationship (SAPCR's) is solely within the purview of the Legislature. Courts can only appoint attorneys if it is authorized under the law. Indigent parents who appear in opposition to DFPS initiated SAPCR's seeking conservatorship of children have the right to a court appointed lawyer under Texas Family Code, Section 107.013. This same right to appointed counsel does not extend to indigent parents in private SAPCR's.

There are already resources that may be helpful to these parents. Legal Aid offers pro bono attorneys statewide for qualifying low-income individuals.

[Legal Aid](#)

[2023–2024 Referral Directory - Legal Services and Other Resources](#)

For people who do not qualify, Texas Law Help offers resources and information that are helpful in navigating the legal process.

[Texas Law Help](#)

Recommendation 2

Collaborate with local Law Enforcement to provide training/resources to staff about the drugs they are seeing in the community.

DFPS Response 2

Current DFPS practice has Substance Abuse Program Specialists in both Investigations as well as Ongoing Services that provide trainings on substance use related topics including trainings about drugs seen within specific areas. DFPS also has Special Investigators which have law enforcement experience and within the Special Investigations division there is a training team that has developed and presented trainings on drug awareness.

DFPS is also taking a strong approach to public awareness campaigns such as “One Pill Kills” and other substance abuse awareness trainings. In April 2023, CPI and CPS employees were informed of the requirement to complete the training ‘Facing Fentanyl: A Caseworker’s Guide’. This training will also be added to the DFPS certification training plan for FY24. Expectations included that Regional administration discuss the One Pill Kills campaign with all direct reports in May. Subsequently, all DFPS caseworkers will be expected to discuss and provide information on One Pill Kills! during all in-person contacts with children and families. The concerns around fentanyl will also be discussed during all Family Group Conferences, Circles of Support, Parent Collaboration Groups and with all children in child watch placements. There will also be posters at all child watch locations to ensure that youth have access to the information at all times. DFPS Newsletters and broadcasts will also discuss Fentanyl awareness and resources.

The Department collaborates with law enforcement on a regular basis and staff are encouraged to attend as many trainings as possible to maintain current with trends.

Recommendation 3

Educate/train hotel personnel on what to look for/refer to SWI, specifically for those children not of school age or not attending school.

DFPS Response 3

To provide this level of community education and outreach would require a community training program or division within DFPS, specifically dedicated to providing community education regarding when to report concerns of abuse/neglect. This training would be available to any place of business where children might be present (shopping areas, restaurants, etc.). Currently, regional staff have provided presentations of when to report concerns or abuse/neglect to various community organizations upon request.

Recommendation 4

The Department should provide education to local law enforcement (for example, cadet training or police academies, etc.) regarding when to make a referral as well as the Department policies, joint investigations, forensic assessment center network, forensic interviews, multiple disciplinary team meetings, etc.

DFPS Response 4

Current practice is for our Special Investigators to serve as Law Enforcement Subject Matter Experts and liaise with local law enforcement agencies. Special Investigators provide Mandatory Reporter training for various Law Enforcement agencies and academies across the state. The Special Investigators are available to provide the training as requested or when the offer is accepted by law enforcement. Special Investigators also co-present with the Texas Department of Public Safety during their “Interdiction for the Protection of Children” course across the state.

Recommendation 5

Report lawyers and individuals who do not report suspected abuse/neglect to the appropriate entity (Law Enforcement or District Attorney’s Office) for criminal prosecution. Report attorneys to the State Bar of Texas.

DFPS Response 5

DFPS encourages reporters who have a good faith belief that abuse or neglect has occurred to a child to report. Currently there is no policy to require reporting/referring attorneys or other individuals who are professional mandatory reporters if they do not report abuse or neglect; however, there is no policy that would prohibit such report/referral either. It would not be common for DFPS to gain the knowledge or evidence that an attorney or other professional reporter has not reported abuse/neglect.

Recommendation 6

In general, there should be Memorandum of Understandings between the Department and state parole/probation officials. There should be a statewide contact person or access to a database in which CPI/CPS would be able to obtain information regarding a person’s probation/parole status.

DFPS Response 6

CPI/CPS is already able to obtain information regarding a person’s probation/parole status. A person’s community service (probation) or parole status is indicated on the criminal history check (CHH) that DFPS already obtains from law enforcement. In addition, staff can also obtain conditions of community service or conditions of parole through the District Clerk’s office. While a statewide database may be a faster process, building and/or accessing a database would take the incorporation of the 254 Texas counties’ information into one central database for access to information that can already be obtained through other methods and would require the buy-in of Texas counties.

Recommendation 7

The team discussed the barriers in policies and practice with regards to different county judicial system requirements, for example the Court requiring the family's initial plan to be Family Reunification despite the Department's recommendations or case circumstances.

Case specific: The team felt that this policy was not protective of the children and asked questions about who would be held accountable if the family was reunified and another child died.

DFPS Response 7

Texas Family Code, Section 153.002, states “The best interest of the child shall always be the primary consideration of the court in determining the issues of conservatorship and possession of and access to the child.” Additionally, all courts considering child protection cases are required to follow the Texas Family Code, which establishes specific hearings that are required in every case, what courts must consider at each of these hearings, and the explicit findings that courts are required to make at each hearing. Descriptions of these hearings and the final trial are contained in the links below.

[Adversary Hearing Checklist](#)

[Status Hearing Checklist](#)

[Permanency Hearing Before Final Order Checklist](#)

[Final Hearing Checklist](#)

Regarding Family Reunification, DFPS’ policy puts reunification as “the preferred primary permanency goal for every child in substitute care who is in CPS temporary managing conservatorship.” The underlying reason for this policy is to keep families together and to afford parents an opportunity to work on service plans to alleviate the reasons the children came into the Department’s care. However, Family Reunification may not be an appropriate goal in certain circumstances, such as aggravated circumstances, in “particularly egregious” cases, when a parent has relinquished their rights, when a parent cannot be found despite due diligence, or when ongoing reunification efforts have failed. Further, DFPS can have a concurrent goal in addition to Family Reunification, and the permanency plan can change during a case if reunification efforts have failed.

See [6234.1 Family Reunification](#)

Recommendation 8

When legal denies and then a fatality or serious incident occurs, the Department should notify the attorneys of the outcome and discuss the case to find out what (if anything) we could have done to obtain legal intervention. Additionally, the Courts should be notified about cases where the Department did not agree with reunification/dismissal, but the Court did and then a fatality or serious incident occurred after case closure.

DFPS Response 8

Currently, Regional Attorneys and local county and district attorneys explore other legal interventions, such as motion to participate or aid to investigate orders should the facts of a case not satisfy the legal criteria for removal. Motions to participate asks courts to order parents to complete court-ordered services in circumstances where the evidence does not legally support the removal of the child from the parent. An Order in Aid of Investigation orders uncooperative parents to allow access to the child for interview, examination, and investigation, as well as the release of records that parents do not consent to release.

Should legal intervention be denied, and should a subsequent serious injury of death occur, Regional staff are advised if the removal was denied by Regional staff. If the removal is denied by a local county or district attorney, Regional staff do notify the local county or district attorney of the subsequent death or serious injury. In both scenarios, discussions are conducted to determine what, if any options for legal intervention might have been used. Regarding the courts, such notification would be an inappropriate ex-parte communication with the court. Additionally, high profile cases receive media coverage in the local communities.

Recommendation 9

The team would like to see a type of database for children at high risk of death from caregivers who meet certain criteria, such as previous child fatalities, serious injuries, or sexual abuse. This would be similar to how the Bureau of Vital Statistics deals with parents who have Reason to Believe – Fatal designation or rights terminated.

DFPS Response 9

DFPS continues to evaluate how to best engage families when they have had prior involvement with Child Protective Investigations or Child Protective Services, including termination of parental rights, serious injuries, or sexual abuse. All investigations completed by Child Protective Investigations include a risk and safety assessment as well as a severity determination with the disposition associated with the investigation. This information remains in IMPACT for all confirmed allegations to help inform any future involvement with the family to ensure ongoing child safety. Any expansion of the work with the Department of State Health Services (DSHS) would have significant impact, including the following: overall quality of data matching process; the number of staff needed for review, processing, and potential reporting to DFPS; possible increase in the number of CPI investigations and ongoing CPS services. DFPS remains committed to working collaboratively with families, communities, stakeholders, and other state agencies to enhance policy and practices surrounding investigations, interventions, and services provided to children, youth, and families.

Recommendation 10

Preventative services should be put into place for victim children in order to break the cycle of abuse in the family.

DFPS Response 10

Current practice is to refer victim children to therapy/counseling or additional assessments to determine what services and supports are recommended by licensed mental health providers. The caseworker discusses with the parent or caregiver the services that are available to the child and the family.

Recommendation 11

Develop mentorship programs to help families navigate CPI/CPS, such as expanding the Parent Collaboration Groups that are in Conservatorship to include Investigations and Family-Based Safety Services.

DFPS Response 11

DFPS is not in the process of developing a mentorship program at this time; however, the Department is in the process of re-energizing our Parent Collaboration groups (PCG) across the state and filling our Parent Liaisons vacancies. This includes quarterly brainstorming and information meetings with each region as well as consistent recruitment of new parent volunteers. There is also quarterly communication via email or newsletter with information regarding resources that can help parents in the system that include substance abuse, mental health, domestic violence, education, and basic needs.

Parent Collaboration groups are already open to any parent involved with the Department. They help parents navigate their open investigation, open Family-Based Safety Services case, or conservatorship case. This group is made up of parents who have been involved in the child welfare system.

The importance of filling the Parent Liaisons vacancies is to strengthen the parent voice and bring in a diversity of ideas and experiences. This allows the PCG to make the best recommendations for improving the child welfare system.

To fill the Parent Liaison vacancies, the Parent Program Specialist and Fatherhood Specialist are working in collaboration with the Faith-Based Specialist/Community Specialist, Stakeholders, Parent Liaisons, CPS Liaisons to re-energize the PCG and its recommendations. The plan is to have virtual and in-person meetings with key stakeholders in all the organizations that support children and families associated with child welfare.

Recruitment efforts are also being evaluated within each region to fill the vacancies of the Parent Liaisons. Through collaboration with agency and community stakeholders, the Parent Program Specialist will discuss current recruitment efforts and the result of these efforts as well as any areas that can be improved upon. They will coordinate with the DFPS Liaisons to implement any changes to the recruitment efforts and establish effective recruitment plans specific to each region's needs.