TEXAS
Department of Family and Protective Services

Investigations

Forensic Assessment Center Network (FACN) Resource Guide

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WHAT IS THE FACN?

The Forensic Assessment Center Network (FACN) is a coordinated group of physicians from six medical schools in Texas who are experts in child and adult abuse and neglect. The goal of the network is to ensure that medical professionals with expertise in maltreatment are more readily available to offer their advice and expertise to DFPS caseworkers. This network fills in gaps when no local medical experts are available. The network helps staff make better decisions about child and adult safety. The FACN provides

- Statewide access to forensic medical consultation services;
- Expert testimony regarding child abuse/neglect diagnoses in abuse/neglect cases;
- Ongoing training on the medical aspects of abuse and neglect to staff via in-person trainings, live electronic conferences, and web-based resources; and
- Specialty consultations to determine if a child's condition is due to a specific qualified unique health condition. Consultations may also include a blind peer review process for cases in which the physicians disagree on the cause or presence of the condition.

The FACN is managed by the University of Texas Health Science Center at Houston (UTHealth), which in turn contracts with UT Health Science Center San Antonio, UT Medical Branch at Galveston, UT Southwestern Medical Center at Dallas, Texas Tech University, Dell Children's Hospital, and Texas A&M University.

Network doctors are available 24 hours a day, seven days a week to answer questions and make recommendations on acute child maltreatment cases, and during regular business hours to discuss non-acute cases.

FACN medical experts in child abuse and neglect provide medical assessments which may include a review of records, a physical examination, diagnostic testing, and treatment if necessary. These evaluations can assist DFPS and the courts in determining the most appropriate case decision by determining whether:

- a physical injury or condition is likely to have resulted from abuse or neglect;
- a specific injury was inflicted or accidental;
- the injury is or is not consistent with the explanation;
- the condition/injury is or is not developmentally appropriate.

The FACN medical experts provide DFPS with recommendations that help determine appropriate services for the child or children, and also provide regional case consultation services in which FACN staff are available to informally discuss case scenarios. The dates and locations of regional case consultations are often coordinated with the CPS regional nurse. Regional case consultations may be conducted in person or via webinar. Any specific case(s) discussed at this meeting that results in a case consultation or written assessment that has not yet been referred to FACN prior to the meeting must result in an additional referral(s) to FACN.

HOW CAN THE FACN HELP ME?

Using the FACN can help you with your case work in a variety of ways. Most importantly, the FACN ensures that medical professionals are available to offer expert medical advice on cases.

Using the FACN when medical consultation is indicated can result in more accurate investigations and stronger dispositions. Information from the FACN can also support the Administrative Review (ARIF) process and State Office Administrative Hearings (SOAH). A designated perpetrator's right to a SOAH may be triggered years after the investigation is closed. Having documentation from the FACN physicians

in our files will be instrumental to the attorney that represents DFPS at the SOAH hearing in presenting the case and can help sustain the Reason to Believe (RTB) finding.

During a court hearing for a Suit Affecting a Parent Child Relationship (SAPCR), the judge and other parties will question the information gathered during the investigation and throughout the case. The lack of a consultation about a medical situation may weaken a court case and may result in a finding contrary to DFPS's position. Also, failure to gather enough information and obtain a medical consult when necessary could result in the children remaining in an unsafe environment.

Caseworkers are not medical experts, so you must rely on medical experts, when necessary, to assist you in determining your findings. You are unable to testify about medical findings without medical documentation or documented contacts, and the FACN provides a quick and thorough medical evaluation that may be used during a hearing. The FACN physicians specialize in abuse and neglect and will be able to provide valuable evidence that will assist in making a finding (RTB; Ruled Out - R/O; Unable to Determine - UTD). Your investigation information, and FACN consultation, can potentially be used in court. Hence, adding their information regarding the consultation in your court report will strengthen it.

WHO HAS ACCESS TO FACN SERVICES?

- All investigative staff and managers (includes Special Investigators and Master Investigators)
- Alternative Response caseworkers and supervisors
- FBSS caseworkers and supervisors
- CVS Caseworkers and Supervisors
- Program Directors
- Program Administrators
- Regional Directors
- Child Safety Specialists and Lead Child Safety Specialists
- CLOE Training Specialists
- PCSP Specialists and Supervisors
- Nurse Consultants
- Resolution Specialists
- Administrative techs/Human Service Technicians (HSTs)

CCL/RCCL

- CCL/RCCL Specialists and Supervisors
- CCL/RCCL Managers
- CCL Training Specialists
- CCL Investigations/Compliance Generalist
- RCCL Specialists and Supervisors
- RCCL Investigations and Compliance Specialists

WHEN IS A REFERRAL APPROPRIATE?

When and When Not to Use the FACN

- In most instances, staff should consult the FACN about the original incident of abuse that was investigated or assessed. For instance, if FBSS staff working on a case identifies additional information about the original incident, and needs clarification from the FACN, it would be appropriate for FBSS staff to consult the FACN.
- Staff should also consult the FACN when expert court testimony related to a medical diagnosis of abuse or neglect is needed during a court hearing.
- It is also appropriate to consult the FACN when staff has general ongoing medical questions about specific cases.
- Staff may not use the FACN for direct examinations of children or for medication services to children in DFPS conservatorship. Since the FACN is comprised of a group of physicians that DFPS contracts with, there may be instances where a child has been examined in a hospital or clinic by a physician who is also a part of the FACN. In these cases, the examination portion of the care is entered into the FACN system by the FACN physicians.

Suggestions for when to obtain an FACN evaluation:

1.) Acute or Chronic Physical Abuse

(a.) Determining the plausibility of the parent's or caretaker's explanation for any injury (e.g. bruise, wound).
(b.) Interpreting whether bruises or marks are the result of normal childhood activities. Certain characteristics of bruises raise particular concern for abuse/neglect in young children: bruises on vulnerable areas of the body such as on the head, torso, genitalia, and buttocks; any bruise on a child who cannot yet walk or who is immobile; and patterned mark or bruises.
(c.) Understanding whether significant bruising (such as multiple or extensive bruises) are the result of normal play, a medical condition, or abuse/neglect.
(d.) Interpreting fractures and whether they are the result of abuse and/or neglect, normal childhood activities, or a medical condition.
(e.) Evaluating head injuries. Any concerns for a head injury in an infant or young child should be evaluated by a medical provider. This includes allegations that a child was shaken, hit, or fell and sustained head trauma. Head trauma evaluations can include children who are alleged to be victims of shaken baby syndrome (which may also be referred to as abusive head trauma, non-accidental trauma, and other terms).
(f.) Understanding if a burn is a result of abuse, neglect/lack of supervision, or accidental means.
(g) Abdominal trauma
(h) Any case involving complex medical findings such as medical neglect or medical abuse (including cases previously referred to as Munchausen's Syndrome by Proxy).

2.) Neglect

(a.) Evaluating and interpreting developmental delays in a child.
(b.) Evaluating and interpreting delays in a child's growth (e.g. failure to thrive).
(c.) Assisting with the interpretation of behavioral concerns and recommending appropriate referrals.
(d.) Evaluating untreated or inadequately treated medical conditions which have had a negative impact on the child's overall health or physical development.

(e.) Assessing children when an investigation of the home environment reveals a lack of basic necessities to ensure a safe and healthy environment for the child.

3.) Sexual Abuse

(a.) Concerns for sexual abuse which includes fondling, penetration, and exposure to sexualized materials (e.g. pornography).
(b.) Trauma or bleeding in the genital or rectal area.
(c.) Sexually transmitted diseases in all prepubertal children, and in post-pubertal children who may have been abused.
(d.) Children who have sexualized behaviors including those who put foreign objects in the vagina, urethra, or rectal cavity.
(e.) Statements made by children to a caregiver, teacher, or other individual regarding possible sexual abuse.
(f.) Pregnancy.

4.) Drug exposure cases involving contested laboratory results

5.) Near fatality cases

For the purpose of Texas child abuse and neglect investigations a near fatality is defined as a case where a physician has certified that a child is in critical or serious condition, and a caseworker determines that the child's condition was caused by the abuse or neglect of the child.

See Texas Family Code §264.5031.

See also Appendix A: Near Fatality Investigation Guidance for Medical Professionals and Child Treatment Investigators.

6.) Specialty Consultations for Certain Unique Health Conditions

(a) Determining whether the child's injuries may due to a unique health condition such as rickets, Ehlers-Danlos Syndrome, osteogenesis imperfecta, vitamin D deficiency, and other metabolic bone diseases or connective tissue disorders, including use of a blind peer review process when the physicians disagree on the cause or presence of the condition.

MAKING A REFERRAL TO THE FACN

If you are involved in an acute situation requiring immediate medical consultation, call the on-call FACN staff at 1-888-TX4-FACN (1-888-894-3226).

All other referrals should be made online at www.facntx.org. DFPS staff members can log in to the FACN website using the same user name and password that are used to login to IMPACT.

When making a referral to the FACN, in IMPACT under "Contact Information", there is a purpose code for "FACN Consult" that should be used as you document your work in IMPACT.

Required Training

Prior to entering the first referral in the web based system, a DFPS staff member must complete the "How-To" videos as an introduction to the FACN web-based system: These videos will help staff learn how to use the system effectively.

These trainings can be found on the FACN website: https://www.facntx.org.

**After viewing the FACN '"How-To"' videos, please email Kelly.Bolton@uth.tmc.edu to receive your Certificate of Completion.

If you experience FACN Log-in issues, please call the DFPS Customer Service Center (CSC) at:

1-877-642-4777

When making an on-line referral, you will be asked to provide some demographic information about the child, as well as your work contact information. You will be able to attach documents and pictures directly to your case, and you can stop and save your work at any time. Please note that the physician's initial response may indicate further information or supporting documentation is needed. This may include items such as medical records or X-rays, information concerning the child's developmental capabilities, laboratory test results, and photographs in order for the physician to have sufficient information to provide an accurate and complete report. **Remember the physician's determination can only be as good as the information made available to him/her!** Please see Appendix B for more information concerning forensic photography and radiographs (e.g. X-rays, CT and MRI scans).

Some FACN cases do not require that the worker make an on-line referral. This occurs when an FACN physician reports a child to DFPS for suspected abuse or neglect that he or she has examined in a hospital or clinic. In these cases, you need only go to www.facntx.org, where you can search for the case by the child's name or FACN case number.

CONTENTS OF THE WRITTEN EVALUATION

The FACN evaluation is designed to respond to the specific questions asked by the referring caseworker. The evaluation report will contain a summary of the following information, based on a review of the records submitted by the caseworker, or when applicable, a physical examination and interview conducted by an FACN staff member:

1) A summary of the relevant aspects of the medical history;
2) The results of an interview with the child, if available, whose age and developmental level will allow for a diagnostic interview to be performed;
3) The results of a thorough physical examination, if applicable;
4) Any significant physical exam findings, their interpretation, and whether they represent signs of abuse and/or neglect;
5) Any concerning or unusual responses from the child and/or non-offending caregiver present for the examination;
6) A determination as to whether the conditions or injuries that are present could have: a) resulted from the causes alleged by the parents or caretakers or b) be the result of other medical or non-abusive conditions; and
7) A determination as to whether any current condition or past injuries are/were the result of abuse and/or neglect.

HOW LONG DOES THE REFERRAL AND EVALUATION PROCESS TAKE?

You will receive a reply from an FACN physician within the following time frames, according to the type of referral:

Routine Referral - seven (7) calendar days. This is any referral that is not an emergency or complex referral.

Emergency Referral - three (3) calendar days. DFPS determines the case is an emergency. Examples include but are not limited to:

- a child that is not expected to survive;
- a child that is in intensive care;
- a child that is in immediate risk of serious physical injury or sexual abuse; or
- when a written assessment is needed to support the removal of a child from the home.

Complex Referral - within a mutually agreeable time period. This type of referral may involve voluminous information, for example:

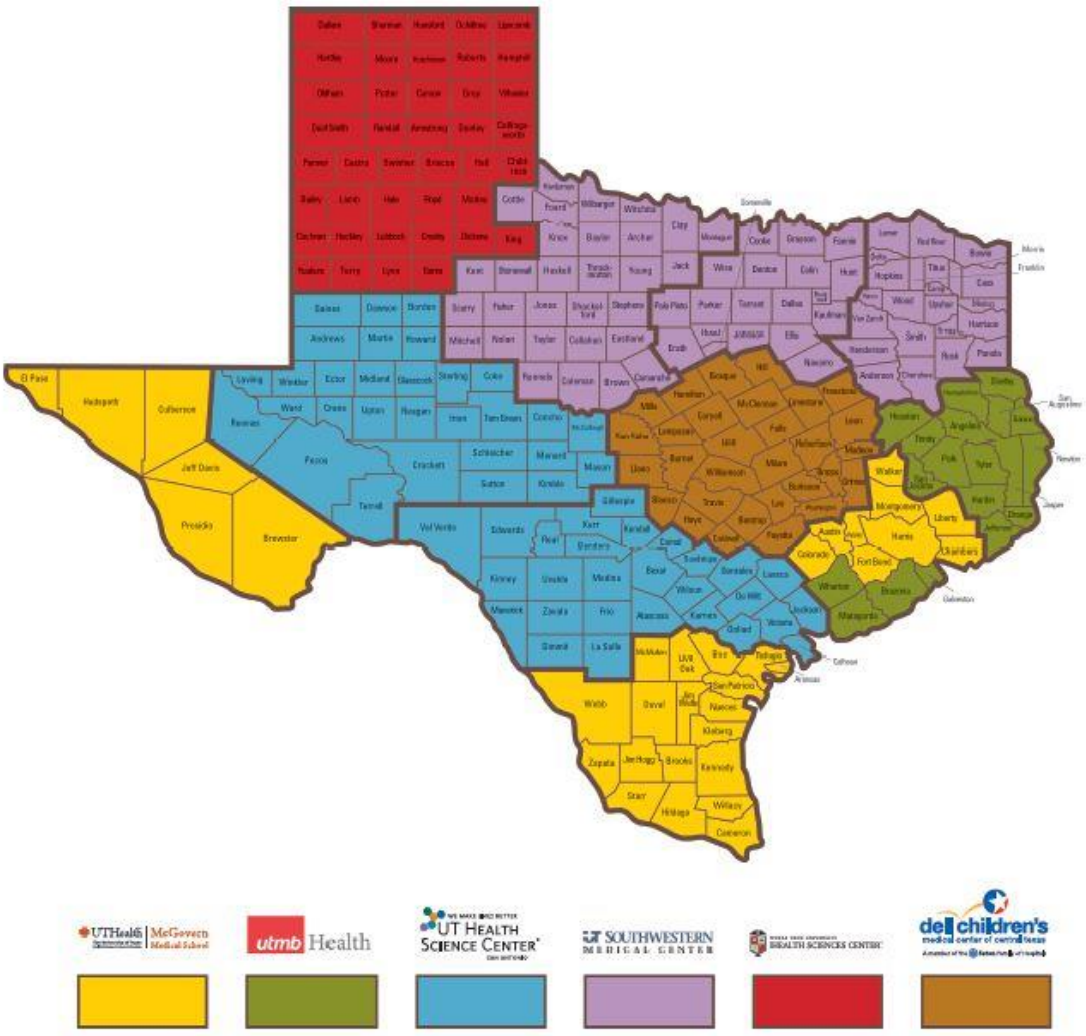
- a case involving multiple records spanning several months; or
- a case involving three (3) or more children who have suffered serious injuries or prolonged neglect.

Case Extension

At CPI we work hard to make sure our cases are completed timely. But some cases are complicated and sometimes it takes a little bit longer to make sure you are doing a thorough investigation or assessment and making the right decision to ensure the child is protected. Using the FACN is one of the approved reasons that you can use to request an extension on a case.

See 2291 Submitting an Investigation for Approval.

The Forensic Assessment Center Network



APPENDIX A

Near Fatality Investigation Guidance for Medical Professionals and Child Treatment Investigators

Texas law defines a near fatality as “a case where a physician has certified that a child is in critical or serious condition, and a caseworker determines that the child’s condition was caused by the abuse or neglect of the child.”

See Texas Family Code §264.5031.

For example, if hospital records reflect that the child's condition is "serious" or "critical," this would be considered a "near fatality".

See also 42 U.S.C. §5106a(b)(4)(A) and Federal Child Welfare Policy Manual, CAPTA, 2.1A.4.

DETAILED DEFINITION OF NEAR FATALITY FOR TEXAS CHILD ABUSE AND NEGLECT INVESTIGATIONS

Since "serious" and "critical" conditions are not universally defined, a workgroup was formed between the Texas Department of Family and Protective Services, along with several leading child abuse pediatricians with University of Texas Health San Antonio, Cook Children's Hospital – Fort Worth, and the University of Texas Health Science Center at Houston (UTHealth). The goal of this workgroup was to have a consistent definition and to provide guidance on determining a near fatality.

In order to aid in the determination of whether a child is in critical or serious condition, a physician should ascertain whether, without imminent medical intervention, the child would likely have died as a result of the maltreatment. “Imminent medical intervention” must be performed by a licensed medical professional and requires some form of:

- Cardiopulmonary resuscitation (CPR) such as chest compressions, rescue breathing, removal of airway obstruction and/or intubation;
- Medical interventions or surgery to preserve brain function or to prevent impending circulatory collapse or respiratory failure.

In most circumstances, the child will have been admitted to an intensive care unit, including neonatal intensive care units, pediatric intensive care units, and trauma units.

The follow certifications of the child’s condition from the physician meet the criteria for a near fatality:

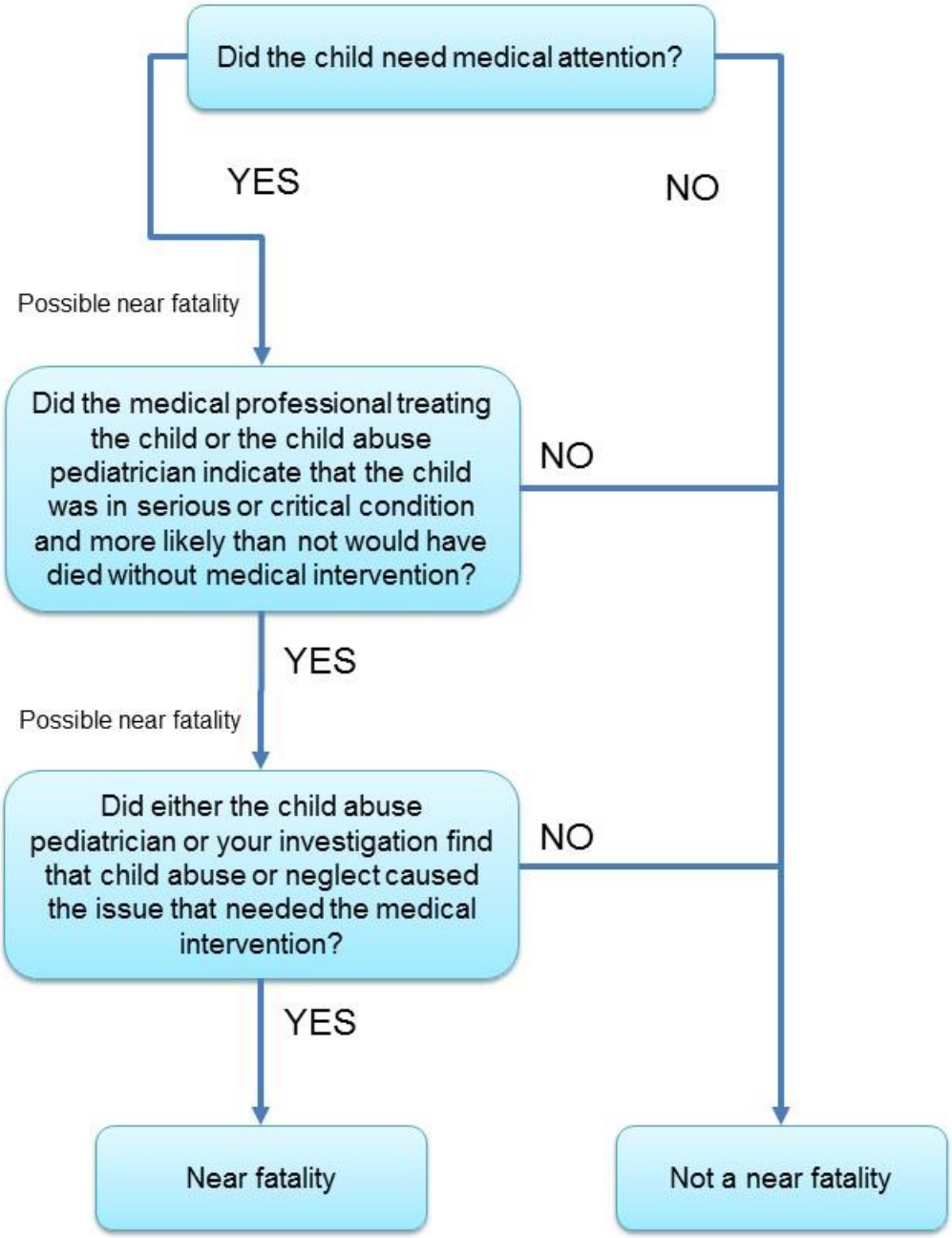
- The attending physician says the child is in serious or critical condition in the medical records and we document this in the investigation report.
- The attending physician says the child is in serious or critical condition orally to the caseworker or investigator at the hospital and it is documented in the investigation report.
- The attending physician tells the child’s nurse or social worker that the child was in serious or critical condition and we document that in the investigation report.
- The FACN physician determines that the child was in critical or serious condition upon review of the child’s medical records for consultation with DFPS.

DETERMINING NEAR FATALITY – CHILD ABUSE AND NEGLECT INVESTIGATION STAFF

When a child needs medical attention and the cause is unknown or is suspected to be from abuse or neglect, it is critical to discuss with the treating physician(s) the level of intervention needed, the underlying issue that required medical attention, and the role that abuse or neglect played in the issue

that required treatment. A child abuse pediatrician should be consulted -- either through the Forensic Assessment Center Network or a MEDCARES Centers for Excellence (see below) -- if the treating physician is not a child abuse pediatrician. If the issue(s) that required medical attention is determined to be caused by/related to abuse or neglect, then you need to work with the child abuse pediatrician to determine if it meets the definition of a near fatality. Medical records should be requested and reviewed.

Decision Tree Outline:



FACN / MEDCARES Contact Information:

DFPS investigation staff can utilize the FACN 24 hours a day through both an online system (www.facntx.org) or by phone (1-888-TX4-FACN). The phone should be used primarily for emergencies.

More information is available online at:

http://intranet.dfps.txnet.state.tx.us/CPS/Investigations/Forensic_Assessment_Centers.asp

Medical Child Abuse Resources and Education System (MEDCARES) are hospitals or academic health centers with expertise in pediatric health care specifically addressing the assessment, diagnosis, and treatment of child abuse and neglect. Many are also involved with FACN as well.

More information is available at: https://www.dshs.state.tx.us.

Children's Medical Center Dallas, REACH Program 1935 Medical District Drive, Dallas, TX 75235 214-456-6919	Trinity Mother Frances Hospital SANE Department 611 S Fleishel, Tyler, TX 75701 903-531-4214 or 903-531-4589
Children's Hospital of San Antonio, Center for Miracles 315 N. San Saba, San Antonio, TX 78207 210-704-3800	UTHSC at Houston, CARE Center 6410 Fannin Street, Ste 1425, Houston, TX 77030 713-500-6064
Cook Children's Medical Center, CARE Team 801 Seventh Avenue, Fort Worth, TX 76104 682-885-3953	TTUHSC, Pediatrics 3601 4th Street, Lubbock, TX 79423 806 743-2244
Dell Children's Medical Center CARE Team 4900 Mueller Blvd., Austin, TX 78723 512-324-0095	CHRISTUS Hospital St. Elizabeth Forensic Nursing Department 2830 Calder, Beaumont, TX 77702 409-899-7100
Driscoll Children's Hospital CARE Team 3533 South Alameda, Corpus Christi, TX 78411 (361) 694-CARE (2273)	Valley Baptist Medical Center CAART – Child to Adult Abuse Response Team 2101 Pease, Harlingen, TX 78550 (956) 389-4NSC (4672)
El Paso Children's Hospital Center for the Prevention of Child Abuse 4845 Alameda, El Paso, TX 79905 915-521-7024 or 915-521-7732	Big Bend Regional Medical Center Emergency Department 2600 N Highway 118, Alpine, TX 79830 432-837-0427
Texas Children's Hospital CAP Program 6621 Fannin Street, Houston, TX 77030 832-824-5507	

APPENDIX B

Photographs-A picture is worth a thousand words!

Photographs:

- facilitate review of the findings by multiple people;
- provide a standard for comparison during other evaluations;
- are a valuable tool used in court to describe abusive findings and condition of the abused child.

Photographs cannot, however, replace the written and diagrammed description of the injuries. Cameras and photographers are not foolproof. The techniques used to photograph the child, including the camera, lighting, and background, will affect the quality of the photograph.

FORENSIC PHOTOGRAPHY TIPS

- Place a child identifier (name or record number) and date with each picture.
- Include photograph of the child's face to establish the photographic record and identity link.
- Include views with and without a measuring device. If an ABFO (American Board of Forensic Odontology) 90-degree scale is not available, then a ruler should be photographed both parallel and perpendicular to the mark in question.
- In addition to close-up shots, images should be taken that include anatomic landmarks, such as a knee, elbow, or belly button.
- Straight-on views of an injury demonstrate its extent, whereas views taken from an angle better show depth and texture.
- Because the appearance of acute injuries often changes over time, additional photographs on subsequent days are sometimes needed to document the healing process. This is particularly helpful for acute injuries that may be confused with permanent body marks, e.g. a bruise that may initially resemble a birthmark.
- Use a measuring device if possible. Something as simple as a penny would provide context related to the size of the injury.
- Document that photographs were taken and by whom.
- Make sure that your photographs are in focus.

Radiographs (X-rays, CT scans, MRIs)

In maltreatment cases involving head trauma, abdominal trauma, or fractures, the FACN physician typically needs to review the actual images rather than a radiology report. Most medical facilities will burn the images onto a disc upon request, though a few places still use old-fashioned X-ray film. The disc or films need to be mailed to the FACN physician for review. Photographs of radiographs are never sufficient – the physician must be able to review the images directly. Unfortunately, some health care facilities will not release a child’s records directly to another physician. In those cases, the DFPS worker should request the records from the original treating physician and provide them to the FACN physician. Mailing addresses for all of the FACN sites can be found on the FACN web system on the partners page.

APPENDIX C – COMMON TERMINOLOGY THE MEDICAL SPECIALISTS MAY USE

Dorsal – back side

Frontal – front side

Lateral – outside surface (further away from the center of the body)

Medial – surface closer to the center of the body

Palmer – palm side of the hand

Plantar – sole of the foot

Hematoma – bruise of collection of blood (can be outside or inside of the body)

Laceration – cut

Abrasion – scrape

Erythema – redness

Erythematous – red

Violaceous – purple

Linear – in a line