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 CPS, CCL, and APS 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; and
- Ongoing training on the medical aspects of abuse and neglect to staff via in-person trainings, live electronic conferences, and web-based resources.

The FACN is managed by the University of Texas Health Science Center at Houston (UTHealth) who 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 evaluations 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 was or was not consistent with the explanation;
- the condition/injury is or is not developmentally appropriate, etc.
- as well as provide DFPS with recommendations that help in determining appropriate services for the child or children.

The FACN medical experts also provide regional case consultation services in which FACN staff are available to informally discuss case scenarios. The dates and locations of these 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.

WHO HAS ACCESS TO FACN SERVICES?

CPS

- All CPS 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

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?

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; 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 an act of abuse or neglect to a child who, without medical intervention, would likely have died as a result of the maltreatment.
See Appendix A Near Fatality Investigation Guidance for Medical Professionals and Child Treatment Investigators.

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.

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 be that 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 CPS/ CCL 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](http://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.

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.
APPENDIX A

A near fatality is defined by CAPTA under section 106 (b)(4)(A) as "an act [of child abuse or neglect] that, as certified by a physician, places the child in serious or critical condition." For example, if hospital records reflect that the child's condition is "serious" or "critical," this would be considered a "near fatality".

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

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

A near fatality is defined as an act of abuse or neglect to a child who, without medical intervention, would likely have died as a result of the maltreatment. "Medical intervention:" requires some form of:

- cardiopulmonary resuscitation (CPR) such as chest compressions, rescue breathing, removal of airway obstruction and/or intubation;
- medications to stabilize cardiac or respiratory status, blood pressure or critical electrolytes; and/or
- surgery to preserve brain function or prevent blood loss/infection (abdominal trauma).

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.

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:

Did the child need medical attention?

- YES
  - Possible near fatality
  - Did the medical professional treating the child or the child abuse pediatrician indicate that the child more likely than not would have died without medical intervention?
    - NO
      - Not a near fatality
    - YES
      - Possible near fatality
      - Did either the child abuse pediatrician or your investigation find that child abuse or neglect cause the issue that needed the medical intervention?
        - NO
          - Not a near fatality
        - YES
          - Near fatality
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).

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 | Trinity Mother Frances Hospital SANE Department |
| 1935 Medical District Drive, Dallas, TX 75235 | 611 S Fleishel, Tyler, TX 75701 |
| 214-456-6919 | 903-531-4214 or 903-531-4589 |

| Children’s Hospital of San Antonio, Center for Miracles | UTHSC at Houston, CARE Center |
| 315 N. San Saba, San Antonio, TX 78207 | 6410 Fannin Street, Ste 1425, Houston, TX 77030 |
| 210-704-3800 | 713-500-6064 |

| Cook Children’s Medical Center, CARE Team | TTUHSC, Pediatrics |
| 801 Seventh Avenue, Fort Worth, TX 76104 | 3601 4th Street, Lubbock, TX 79423 |
| 682-885-3953 | 806 743-2244 |

| Dell Children’s Medical Center CARE Team | CHRISTUS Hospital St. Elizabeth Forensic Nursing Department |
| 4900 Mueller Blvd., Austin, TX 78723 | 2830 Calder, Beaumont, TX 77702 |
| 512-324-0095 | 409-899-7100 |

| Driscoll Children’s Hospital CARE Team | Valley Baptist Medical Center CAART – Child to Adult Abuse Response Team |
| 3533 South Alameda, Corpus Christi, TX 78411 (361) 694-CARE (2273) | 2101 Pease, Harlingen, TX 78550 (956) 389-4NSC (4672) |
| | |

| El Paso Children’s Hospital Center for the Prevention of Child Abuse | Big Bend Regional Medical Center Emergency Department |
| 4845 Alameda, El Paso, TX 79905 | 2600 N Highway 118, Alpine, TX 79830 |
| 915-521-7024 or 915-521-7732 | 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, HIPAA prevents FACN physicians from requesting the radiographs themselves; this has to be done by the DFPS worker. Mailing addresses for all of the FACN sites can be found on the FACN web system on the partners page.