

**Citizen Review Teams in Texas
Status Report as of September 2003**

PROGRAM PURPOSE

This report provides a summary of the activities by the Texas Citizen Review Teams from October 2002 to September 2003. It is being submitted as required by the Child Abuse Prevention and Treatment Act (CAPTA), Section 106 "Grants to States for Child Abuse and Neglect Prevention and Treatment Programs" [42 U.S.C. 5106a]. This information will be included in the Title IV-B Child and Family Services Plan (CFSP) for the Texas Department of Family and Protective Services (DFPS).

BACKGROUND

There are multiple Citizen Review Teams (CRTs) as established by Texas Family Code (TFC §261.312). Four of these teams are designated as meeting the requirements of CAPTA, Appendix I. This report consists of information concerning the issues addressed only by the four CAPTA teams (CRT/CAPTA). All four teams were incorporated as CAPTA teams as of June 1, 1999. They are located in Amarillo (Region 01), Fort Worth (Region 03), Austin (Region 07), and El Paso (Region 10). These sites represent a mixture of urban and rural communities, and reflect the broad range of issues encountered by Child Protective Services (CPS) statewide.

STRUCTURE

As required, the CRT/CAPTA team members are volunteers who represent a broad spectrum of their communities. The members are nominated locally and approved by the Commissioner of DFPS, Thomas Chapmond. CPS state office staff provide assistance in the areas of coordination, team development, training, and statewide distribution of team reviews and recommendations. Local CPS staff facilitate the exchange of case-specific information, ensure that confidentiality is maintained, perform the required background checks on nominated members, and arrange for meeting space and clerical support.

REPORTING PROCESS

To coincide with the federal fiscal year reporting period, this report covers the period from October 2002 to September 2003. Information that is presented consists of data gathered by the CRT/CAPTA teams. The teams utilize the Citizen Review Team Reporting form, a standardized form that was developed by CPS state office for the teams, put into use in April 2000, and modified to be more user-friendly in the automated environment in July 2003.

AGENCY RESPONSE

In order to ensure a statewide forum for the CRT/CAPTA recommendations, the state Child Safety Review Committee (CSRC) reviews CRT/CAPTA recommendations to identify statewide implications for CPS policy, practice, and training. The CSRC was established in 1999 to consider policy implications resulting from an internal review of child fatalities. The CSRC meets quarterly and has representatives from the professional development division, child-care licensing, legal department, statewide intake, risk directors, regional program administrators, the Texas Council on Family Violence, and CPS state office.

The state CRT coordinator compiles an ongoing report listing the CRT/CAPTA recommendations and any action items identified by the CSRC. This report is used by the CSRC to record progress on agency initiatives related to CRT/CAPTA recommendations. Regional CPS program administrators review updates to this report at statewide program administrator meetings on a

regular basis. The CPS program administrators then distribute the report to regional CPS staff.

The CRT/CAPTA teams often have recommendations for the local CPS field staff about actions they would like to see taken in a particular case. These case-specific recommendations are communicated during the CRT meeting to the CPS representatives who are present and are recorded on the standardized report form. Actions on case-specific recommendations are handled at the regional level.

Due to budget restrictions, legislative duties that began in September 2002 and continued over a longer-than-usual-period due to two special sessions in 2003, and agency reorganization, the CSRC last met in September 2002. The results of that meeting – minutes, recommendations, and accomplishments over the last year – were distributed statewide in December 2002. Nonetheless, CRTs statewide continued to meet and submit their reports. CRT recommendations continue to be reviewed by state office program staff, and those recommendations are considered when developing policy and procedure recommendations. It is anticipated that the regular review process will be functioning again by May 2004.

It is also anticipated that the changes mandated by modifications to CAPTA can be implemented by June 2004 as required with very few changes to the protocols in effect now. We are looking at how to use our agency's electronic systems to solicit general public input in addition to the input provided by local CRTs.

Panel Activities

The four CRT/CAPTA teams submitted information utilizing the Citizen Review Team Reporting forms for cases reviewed during the following meetings through September 2003:

- Region 01 (Amarillo/Potter County) — February 2003 and April 2003.
- Region 03 (Fort Worth/Tarrant County) — December 2002 and March 2003 (cases reviewed). Meetings in January 2003 and in April 2003 (2 meetings this month) were not case-specific; they were follow-up meetings regarding issues facing foster parents.
- Region 07 (Austin/Travis County) — October 2002 and January 2003.
- Region 10 (El Paso/El Paso County) — November 2002, January 2003, March 2003, May 2003, and September 2003.

The four CRT/CAPTA teams reviewed a total of 13 cases. During this reporting period, the teams reviewed the following stages of services within the 13 cases:

- 1 Intake,
- 12 Investigations (four deaths and one near-death),
- 0 Family-Based Safety Services (FBSS), and
- 2 Substitute Care.

SUMMARY OF FINDINGS

The following information is organized according to the formatting structure of the Citizen Review Team Reporting Form that is designed to cover Intake, Investigations, Family-Based Safety Services, and Substitute Care issues.

POLICY ISSUES

Intake and Initial Response

For the case that was reviewed, the concern expressed by the team was that information from the Juvenile Probation Department should have been readily accessible to CPS, as terms of probation and existing court orders were important to the family dynamics and to the safety of the victim. This information had to be gathered during the investigation in a very cumbersome manner.

Investigations

In the 12 investigations reviewed, teams reported that most agency policies were appropriately followed. However, the following are specific examples of policy areas requiring improvement:

- Number of collateral contacts conducted during an investigation could be increased;
- Documentation could better reflect timelines and additional materials contained in the case record;
- Efforts could be made to address previous abuse and neglect allegations to strengthen risk assessments, particularly if the child and family have moved frequently, especially during previous investigations;
- Concern about both internal and external pressures to place children prematurely with relatives when it is not clear that the relatives have the commitment and/or the ability to protect the child, especially when the child is very young and in cases of sexual abuse;
- Concern that criminal prosecutions of alleged perpetrators of serious abuse do not go forward because it is unclear as to who is the alleged perpetrator of a specific incident in households with several caretakers, and the prosecutor requires either a clearly identified perpetrator and/or a confession;
- Lack of coordination with law enforcement, prosecutors, and local probation authorities;
- Insufficient attempts to locate and engage biological fathers; and
- Concern regarding cases that extend over several years, and what factors are considered when caseworkers and supervisors make decisions about safety, risk, and case closure where there is chronic neglect. Though concerns were expressed about the case reviewed, the team was supportive of the most recent actions taken by CPS and of the policies regarding Risk Director reviews of cases that have multiple referrals.

Family-Based Safety Services (FBSS)

These teams reviewed no FBSS stages.

Substitute Care

The areas identified for improvement in the substitute care stages reviewed were:

- The need for foster parents and caseworkers to act as a team;
- Foster parent training should be more consistent, more specialized to the individuals in the class, and have better-trained trainers;
- Addressing the needs of children adopted from DFPS who subsequently require extensive therapeutic intervention;
- Training for both CPS staff and foster parents on communication with school personnel regarding how discipline policies are applied to foster children, how to effectively participate in ARD (Admission, Review, and Dismissal) meetings, and how school policies and procedures are applied in light of the physical, medical, and medication needs that foster children face; and

- Evaluation of relatives for their ability and commitment to protect children and to understand and truly meet their needs over an extended period.

FACTORS AFFECTING PROTECTION EFFORTS BY DFPS

The CPS/CAPTA teams identified the internal and external factors that may have affected the department’s ability to protect the child. Each factor is presented as it relates to the goals of the Adoption and Safe Families Act (ASFA). These goals include establishing safety, permanency, and well-being for children in contact with the child welfare system at the Investigation, Family-Based Safety Services (FBSS), and Conservatorship (CVS) stage.

- Safety refers to keeping children protected from abuse and neglect and safely maintained in their home whenever possible.
- Permanency refers to children having stability in their living situation, which involves the number and duration of placements. It also refers to preserving the continuity of family relationships and connections.
- Well-being refers to families having the enhanced capacity to provide for their children’s needs.

The following chart describes CPS actions that relate to CRT-identified issues. Each initiative reflects CPS’s efforts to respond to and improve the quality of the services it provides to the children and families of Texas.

Internal and External Factors	CPS Actions Related to CRT Issues
Safety Issues	
<p>Working cases effectively is difficult when there is reluctance by law enforcement and prosecutors to pursue investigation and possible criminal charges in serious cases of abuse, when there is no clearly identified perpetrator at the beginning and/or there is not a confession.</p> <p>CPS and law enforcement should conduct joint investigations of serious cases; should coordinate efforts continuously until a case disposition is determined; and CPS should be able to express concerns and offer suggestions to prosecutors regarding the terms of probation when that would affect how a parent on probation is offered services.</p>	<p>The FPS Court Improvement Project is working with the Texas Center for the Judiciary on conducting a multidisciplinary conference in May 2004 that will bring together judges, CPS staff, CASA, medical personnel, and other representatives from child welfare to interact and improve professional relationships.</p> <p>During the 2003 Legislative Session, a law passed that mandates joint investigations by CPS and law enforcement of Priority 1 (response time is 24 hours or less) physical and sexual abuse allegations. This has prompted many areas to formulate or to strengthen existing agreements between CPS and law enforcement. CPS is also conducting an evaluation of the effect of joint investigations on parents, children, law enforcement, and the casework process. This evaluation is being conducted in Williamson County, where there is a strong relationship between CPS and law enforcement and where, like almost all areas in Texas, there is no co-housing of the agencies. This law may go far in bringing together law enforcement, CPS, and local prosecutors in positively resolving cases in both the civil and criminal arenas.</p> <p>In the past two years, the number of Children’s Advocacy Centers has gone from 51 to 58. These centers are dedicated to multidisciplinary collaboration on child abuse investigations.</p>

	<p>CPS, law enforcement, prosecutors, medical personnel, and the therapeutic community are involved in this multidisciplinary effort across the state.</p>
<p>CPS should have clearer guidance for staff about how many and when to contact collaterals.</p>	<p>As of September 2003, Best Practices Specialists in the districts and at State Office have been tasked with coordinating efforts to improve casework policy and practice across the state. This effort includes examining practices such as the role of collateral contacts in achieving the best possible investigation result in terms of child safety and case disposition.</p>
<p>There are external and internal pressures to place children prematurely with relatives before enough is known about their ability to protect the child.</p>	<p>Current CPS policy and practice emphasizes placement of children with relatives only after at least preliminary background checks are conducted and preferably after a more complete home study can be completed.</p> <p>Several major initiatives described below are designed, among other outcomes, to support relative placements and to ensure that those placements are safe.</p> <p>Cluster Courts and Specialized Courts: To promote effective communication among the parties involved, the judiciary, in coordination with CASA, prosecutors, and FPS, developed Cluster Courts (15 as of 2/2/04) to ensure that all the child's representatives are thoroughly informed about their respective cases. CPS cases are handled exclusively utilizing a traveling judge who hears cases in a cluster of counties. Cluster court judges thus develop expertise regarding the types of recommendations made, the duties and requirements of CPS, and the perspective of the various parties. FPS is actively encouraging further development of cluster courts throughout the state.</p> <p>In larger jurisdictions, there are often family court judges who specialize in hearing CPS cases and who also develop the expertise described above.</p> <p>Kinship Care Initiative: The Legislature provided the authority, through an appropriation Rider, to utilize up to \$250,000 from the foster care allocation in order to fund one kinship care support initiative in the South Texas District during the FY 2004-05 biennium. The initiative is also being supported by Casey Family Programs. Each of the remaining four districts has developed a kinship care support initiative in at least one area of the district. Community support in these areas will be especially crucial to start-up as well as to ongoing</p>

service delivery. Two staff positions were allocated to each district as core CPS positions dedicated to this project, beginning in December 2003.

The proposed kinship support program in the districts will be accomplished through an expansion of the FPS CREST Project that has been running in Bexar County for more than 6 years. Kinship care staff will be able to expeditiously conduct studies of potential kin caregivers as identified in the case planning process. The kinship projects in the districts will be used in conjunction with the FGDM and Texas UNITES initiatives described below.

Family Group Decision Making (FGDM):

The Texas Department of Family and Protective Services (TDFPS) initiated Family Group Decision-Making in multiple sites across the state in December 2003. The concept behind this initiative is that families, communities, and government must partner to ensure child safety and well-being. When CPS intervention becomes necessary to protect a child from abuse/neglect, the child's family is invited to participate, along with extended family and trusted friends, in a facilitated conference. The goal of the conference is to craft a plan to assure safety, permanency, and well-being for the child while maintaining family placement or support. Presented to the family group are agency and community resources that the family may include as an aspect of the plan. However, the power of the plan is that the families, and the community supports enlisted by the family, are actively involved in the plan's formulation, execution, and success.

The initiative is present in at least one site in every district. The goal is to have FGDM available throughout the state.

Texas UNITES: Texas UNITES, a Health and Human Services Commission-led initiative, will devote full-time staff in five sites (Lubbock, San Antonio, Port Arthur, Cleburne, and Angleton) to secure appropriate state agency services for families whose children have come into state care. Based upon information obtained from parents within the first two weeks of a child coming into protective custody, the Texas UNITES worker will coordinate with representatives from other Health and Human Services agencies to identify services the family is eligible to receive. The available services will

	<p>be identified at the family group meeting, so that the family can incorporate these resources, as needed, into their family plan.</p>
<p>Case documentation should be clearer; training on completion of mandated paperwork may make subsequent interventions more effective when previous history, services, and results are easily accessed and understood.</p>	<p>FPS rolled out the web-based IMPACT system to replace the former automated case documentation system in 2003. This system contains multiple documentation and navigational enhancements that are expected to result in clearer, more easily accessed information throughout the case.</p> <p>To enhance the risk assessment system, the Risk Directors' Database is fully operational. About 20,000 investigations have been entered, and approximately 13,000 high-risk cases have been read. Reports with recommendations to field staff have been generated by the Risk Directors since January 2002.</p>
<p>Follow-up is needed on past reports of abuse that were incompletely addressed.</p>	<p>In 2002, an almost total re-write of the sections of the CPS policy handbook that deals with investigations was rolled out. The sections regarding families that move during an investigation to a location that cannot be determined despite staff's best efforts, making a complete assessment impossible, and those dealing with follow-up on other previously unresolved allegations were greatly enhanced and couched in risk assessment protocols.</p> <p>In 2004, FPS committed to altering the way dispositions are entered to include indication that a previous investigation was unresolved. This disposition will trigger a Priority 1 designation by Statewide Intake when a subsequent report is received on the family. This commitment will require changes to the Texas Administrative Code, to the automated IMPACT system, and to CPS policy. These changes will be in effect September 1, 2004.</p>
<p>High caseloads contribute to high staff turnover, to the inability of CPS staff to adequately address risk factors, and to lost opportunities to serve families and children in the most effective manner possible.</p>	<p>Leadership Initiative: As part of the efforts to retain tenured staff, to maintain effective services, and to ease the burden of staff turnover that is a major factor in high caseloads, FPS is pursuing leadership initiatives on multiple levels. A partnership between Casey Family Programs and FPS has resulted in extensive leadership development. Casey Family Programs funded a Child Welfare Leadership Development Program, provided by APHSA, during July 2003. Participants in the program included the CPS Leadership Team (CPS District Directors and CPS state office</p>

	<p>leadership), CPS Program Administrators, and Program Development Division leadership. Based on that training, Casey Family Programs next funded a CPS Leadership Team retreat in September 2003 for the CPS Leadership Team in which key vision and values complementing the FPS guiding principles were developed. A subsequent part of the Leadership Development program is scheduled for April 2004.</p> <p>The Vision and Values were delivered to all CPS staff statewide by January 2004. These concepts are also introduced to new CPS staff on an ongoing basis and are used as a part of the foundation for program development and new initiatives.</p> <p>FPS Professional Development has also initiated a leadership-training program that combines traditional classroom training with a statewide mentoring program of staff in supervisory positions.</p> <p>Additional Staff: During the 2003 session the Texas Legislature allocated additional CPS field staff positions in order to address the caseload issue. These positions are being added every quarter during the 2004-2005 biennium until approximately 350 additional field staff are in place.</p>
<p>Need for training for caseworkers and supervisors regarding chronic neglect cases and development of a way to quantify neglect using some sort of abuse standard. CPS should be aware of red flags that exist in a family and consider the total of the case, not just the most recent history when making a risk finding and determining whether or not to close cases of chronic neglect.</p>	<p>In addition to the Risk Directors' review of cases mentioned above, FPS has several ways to address practices related to risk and safety.</p> <p>Best Practices Specialists positions were created in the districts and in State Office in September 2003. These specialists determine ways in which national, regional and local best practices can be made statewide practices. This includes training and practice related to addressing chronic neglect.</p> <p>We anticipate that FGDM will play a role in stopping the cycle of chronic neglect by enlisting committed family and community supports to come to the aid of families.</p> <p>The state also continues to conduct regional reviews modeled after the federal Child and Family Service Reviews being conducted nationwide. These reviews help regions to identify areas where improvement is needed in how safety is addressed, along with permanency and well-being, and to develop specific action plans and timelines related to identified areas.</p>

Permanency Issues

More effort should be made to locate and engage fathers from the beginning of a case.

In addition to the FGDM and Kinship Care initiatives described above, both of which have strong father involvement emphasis, CPS is using several other methods to encourage father involvement. Several are described below.

Parent Collaboration Group Video: A casework training video was made by members of the Parent Collaboration Group that depicts a parent perspective in going through the Child Protective Services System. It prominently includes the perspective of the fathers in the group, all of whom are current or former CPS clients.

It was finalized and ready for distribution in December 2003. The video was given to the Director of the Professional Development Department, to the CPS District Directors and Program Administrators, to the Protective Services Training Institute, and to others as requested. Feedback has been very positive, and requests for the video continue. It has been used in training with new CPS workers as well as in ongoing training, shown at unit meetings, used by professors of social work at our PSTI sites, and for local parent advisory group recruitment efforts.

IMPACT: The structured narrative in IMPACT (CPS automated information system) will be reformatted to require mother and father's names as well as other information typically obtained about the mother. The safety plan will be revised to reflect both parents and require both parents to sign.

Policy and Training: Current policy directs staff to contact and engage both parents in the service planning process, but re-emphasis and on-going training on this issue are critical to its success. In March 2004, a CPS Action Memo was sent to remind staff of existing policy and offer guidelines to encourage father involvement. CPS program will also request the Professional Development Division and the Protective Services Training Institute to add an emphasis on engaging and including fathers and paternal family in all case planning processes. The target date for revision of training materials is August 2004.

<p>Children should be placed with relatives who are able and willing to protect the child. If a child is going to live with a relative for an extended period, CPS staff should take steps to ensure that those relatives are truly able to make that commitment.</p>	<p>In addition to the Cluster Court Project and the FGDM and Kinship Care initiatives described above, CPS is embarking on a faith-based recruitment initiative that may serve to help relatives who become licensed foster parents, and perhaps even aid those who do not become licensed through enhanced community awareness and support.</p> <p>The program goals are to (1) recruit and verify two families per congregation who can provide foster care services and (2) develop supportive services from within the congregation for the verified families. SB 1489, which was signed into law during the 2003 Legislative Session, requires FPS to work with the faith-based community in its foster home recruitment program.</p> <p>A further description of this initiative is described below in the Well-Being section.</p>
<p>DFPS policies are not adequate to address the therapeutic needs of children who are adopted from DFPS and subsequently require intensive services.</p>	<p>FPS is involved in several ongoing projects to improve therapeutic interventions and casework services for children in substitute care. While improving services to children in care, the effects of these services are designed to aid children and families once they are no longer involved with CPS. It is often this same network of services that is called upon to serve children who are adopted from FPS and are subsequently in need of further therapeutic interventions</p> <p>Advancing Residential Care (ARC): The Level of Care system was converted from six levels of care based on the child's behavior to four service levels based on the needs of the child. Focusing on the needs of children rather than on what behaviors can be managed in care allows for service provision and resource development geared to addressing children's needs over a continuum wherever they may be placed. This can only improve the therapeutic interventions available to all CPS clients.</p> <p>Dedicated Staff Positions: As of September 1, 2003, FPS has dedicated core positions in each district aimed at enhancing substitute care interventions. These positions are the Disability Specialists, the Education Specialists, and the Residential Treatment Placement Specialists. Staff in these positions will work to improve casework quality, substitute care interventions, and community support in the critical areas of education, services to children with disabilities, and quality assurance in residential care.</p>

	<p>Each district has hired an Intensive Adoption Coordinator to aid the staff and prospective adoptive parents in the matching process. Part of this process is ensuring that the long-term therapeutic needs of children are addressed.</p> <p>There has been a concerted effort to revamp the adoption subsidy negotiation process. Adoption subsidy specialists work with prospective adoptive parents to ensure that subsidy negotiations focus on future needs of children.</p> <p>Collaborative Adoption Project: The CAP adoption opportunity grant continues to help more children get into adoptive placements through public/private collaborations. These collaborations also help communities build capacity for development of therapeutic interventions and supports for foster and adoptive children and families.</p>
--	--

Well-Being Issues

<p>CPS staff and foster parents should work as a team.</p>	<p>Faith-Based Recruitment: The Statewide Recruitment and Retention Plan now includes a faith-based approach to foster parent recruitment. It is anticipated that this initiative will bring together foster parents, the faith community, and CPS into a team that ensures support of foster families and foster children on multiple levels.</p> <p>The program goals are to (1) recruit and verify two families per congregation who can provide foster care services and (2) develop supportive services from within the congregation for the verified families. The support services may include respite care, tuition for daycare services, transportation, and celebrations for special occasions.</p> <p>The project sites are Houston, Brownwood, Bryan, Arlington, Victoria, Uvalde, and San Antonio.</p> <p>Service Levels: The level of care descriptions were converted from six levels of care based on children's behaviors to four service levels based on the needs of children. The new service levels that became effective on September 1, 2003 also included permanency as a key concept and were structured to provide the opportunity for home-based care for children with Intensive Service Level needs.</p>
--	---

<p>CPS staff and foster parents should be trained on how to effectively interface with the education system in their communities so as to better meet the needs of foster children.</p>	<p>In FY 2004, FPS created positions for trained specialists to work with FPS foster children to improve educational outcomes and to obtain services for children with developmental disabilities.</p> <p>Along with the Best Practices Specialists in each district, the Education and Disability Specialists will concentrate on the following efforts:</p> <ul style="list-style-type: none"> • Increasing staff knowledge of special education resources, education resources, and resources for children with disabilities and the relationship to overall case planning; • Establishing a network of local services and resources that provide for the educational needs and services to foster children, especially those with developmental disabilities; • Providing consultation to field staff regarding available educational services and services for children with disabilities; • Providing assistance to field staff regarding specialized placements and what educational resources are available in the community; • Providing training to staff regarding interfacing with the education system – this training is also available to foster parents. There is currently training for foster parents on how to become a surrogate parent and what the duties are that come with that designation in the school system; • Assisting staff and foster parents regarding Admission, Review and Dismissal meetings; • Coordinating special education needs of children with the administrative review and case planning process; • Reducing moves during the school year of children in substitute care and, when a move is required, improving the transfer of all educational records; • Assisting with assessment, planning, and documentation related to children’s special educational and developmental disabilities needs; and <p>Advocating for needed education services and developmental disabilities services in the school and community settings through development and participation in local and statewide collaborations.</p>
---	---

Training Issues	
<p>Foster parent training should be more consistent, more specialized to the individuals in the class, and have better trained trainers.</p>	<p>In addition to cross-collaboration with private child-placing agencies and the use of Mini-Pride as appropriate to improve foster parent training, the transition to a service level system based on children's needs will also lead to improvements in foster parent training. This is based on the concept that focusing on meeting needs across a continuum of service levels in order to limit the number of placements a child must experience brings with it the imperative to improve foster parent skills along that same needs continuum.</p> <p>In other training areas, the CPS Education and Disability Specialists are tasked with:</p> <ul style="list-style-type: none"> • Developing Texas Education Agency (TEA)-approved surrogate parent training that results in surrogate parent status for trainees. • Ensuring that surrogate parent training becomes a part of PRIDE in-service training and making that training available to Court Appointed Special Advocate (CASA) volunteers. • Creating region-specific information of available medical resources for use by regional staff, parents and foster parents.

CONCLUSION

The CRTs are an important component in the department's attempt to improve Texas' child protective system. Members voluntarily take time to review the cases with care, always upholding the high standards of the agency. By considering innovative ways the community can work together with CPS for child protection, members have shown that improvement of the system is possible and needed. The issues identified and recommendations made by the CAPTA/CRT teams are critical to identifying opportunities for statewide improvements in CPS policy, practice and training.