

Citizen Review Team (CRT) Report September 2015 – August 2016

Region	Issue Addressed	Recommendations	CPS Response
Region 1	<p>The team reviewed a case where all the children were being adopted due to the parent's inability to meet their basic needs. The CRT felt the Department provided all appropriate services available.</p>	<ul style="list-style-type: none"> • Continued training for new staff on engaging families. • The Department needs to think outside the box when creating plans of service. 	<ul style="list-style-type: none"> • The CPS Practice Model was adopted in 2016 emphasizing engaging families, safety networks and working with the family to develop a service plan that meets their needs. All CPS staff are receiving training in the Practice Model.
Region 3	<p>The team reviewed the Investigation and Family-Based Safety Services stages in a case. They noted that during the investigation the child was not seen timely and the parents were not notified in a timely manner of the child's interview. Reasonable efforts to locate a parent were not made or documented. They thought that additional collateral calls were needed to determine if there was family violence or other concerns in the home. The team had concerns that during the FBSS staffing there were no unannounced visits and they were concerned that the children were never interviewed alone.</p>	<ul style="list-style-type: none"> • All efforts should be exhausted to locate and engage fathers. • All caseworkers need training on family violence, getting paramours to cooperate and the effects of family violence on children. 	<ul style="list-style-type: none"> • The CPS Practice Model adopted in 2015 places an emphasis on engaging family members, including fathers, as a way to obtain positive change. • Beginning in 2016, all new CPS workers attend a 12 hour training on domestic violence which includes modules on holding offenders accountable, engaging them for positive change and a component on the effects of violence on children. • In 2016 CPS and Contracts staff developed guidelines and processes for adding Batterer's Intervention and Prevention (BIPP) services to the Evaluation and Treatment client-service provider network to be used in all cases involving co-occurring domestic

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			<p>violence and child abuse/neglect. Beginning in 2017 BIPP services will be available for family support in these types of CPS cases.</p> <ul style="list-style-type: none"> • Beginning in January 2017, a Family Based Safety Services Quality Improvement Plan was implemented to address various trends and patterns noted in FBSS cases that could impact the safety of children in the home. • All FBSS Supervisors will be trained in quality casework and critical thinking skills at the FBSS Summit in July 2017. • Video trainings specifically for FBSS staff are being provided from March 2017 through June 2017. Training centers around development of critical thinking skills; gathering appropriate collateral contacts; engaging families; assessing protective capabilities.
Region 4	<p>The team reviewed the Intake, Investigation, Substitute Care (including contracted foster care placement and relative placement) and Adoption stages of a case where they determined that all policies were followed in a timely fashion.</p>	<ul style="list-style-type: none"> • The team made no recommendations. The CRT was extremely complimentary of the CPS investigator and the good relations with the domestic violence shelter that made the report. The team was also extremely complimentary of the CVS worker and the good relationship with the CASA worker assigned to the children and how well 	

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		<p>they worked together to ensure the child's protection and that the child's need were met. Finally, the CRT was extremely impressed with the cooperation between Texas CPS and the other state's CPS to ensure the child and adoptive parents received the care and treatment needed for a successful adoption. The adoption has been consummated.</p>	
Region 6	<p>The team reviewed a near-fatality case that involved neglectful supervision and domestic violence. The team noted that appropriate services were not provided to the family, "the psychological evaluation of the adults was minimal." There was a lack of documentation and poor quality documentation from the case worker and the therapist. There was not a return home safety plan regarding domestic violence.</p>	<ul style="list-style-type: none"> • More appropriate services needed for this family. • Staff and service providers need to provide more and higher quality documentation. • A domestic violence safety plan was needed for the adult victim. 	<ul style="list-style-type: none"> • CRT reports are to be sent simultaneously to the regional leadership and State Office. The service plan and documentation issues require local level improvement and would be addressed by regional leadership. • Beginning in 2016 all new CPS staff receive 12 hours of training on domestic violence which includes a focus on domestic violence safety planning with adult victims of domestic violence. • In 2016 CPS and Contracts staff developed guidelines and processes for adding BIPP services to the Evaluation and Treatment client-service provider network to be used in all cases involving co-occurring domestic violence and child abuse/neglect. Beginning in 2017 BIPP services will be available for family support in these types of CPS cases.

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Region 8	<p>The team reviewed the Intake, Investigation, and Family-Based Safety Services stages of service.</p> <p>For the Intake stage the CRT noted that pertinent information was gathered from the reporter(s). In the Investigation stage the interviews were completed. However, collateral contacts were poor; interviews were not individualized or detailed enough to determine accurate circumstances. An adult relative was approved to be a safety plan despite having CPS history that would have been a bar from assisting in this capacity.</p> <p>For FBSS, the team noted no services for the children despite the need for therapy since drug use and domestic violence had arguably had an impact on the children. No Early Childhood Intervention (ECI) referral was completed for age appropriate children.</p>	<ul style="list-style-type: none"> • Further training to ensure that staff is acutely aware that their impact on a family is far-reaching - or has the potential to be. The more information that is obtained and analyzed the more CPS can provide effective interventions that more adequately ensure the well-being of the children we serve. • Collateral contacts are crucial to understand how well the services are impacting the family. Documentation and/or measurement of change is needed. • Investigation staff should read the case history before going out to begin the investigation. • FBSS staff should read the case history before completing a family assessment. 	<ul style="list-style-type: none"> • Beginning in January 2017, a Family Based Safety Services Quality Improvement Plan was implemented to address various trends and patterns noted in FBSS cases that could impact the safety of children in the home. • All FBSS Supervisors will be trained in quality casework and critical thinking at the FBSS Summit in July 2017. • Video trainings specifically for FBSS staff are being provided from March 2017 through June 2017. Training centers around development of critical thinking skills; gathering appropriate collateral contacts; engaging families and assessing protective capabilities.
Region 9	<p>The CRT reviewed the Intake Investigation and Family-based Safety Services stages of service involving a case of neglectful supervision.</p>	<ul style="list-style-type: none"> • The team had no recommendations; they felt both Investigator and FBSS workers did a good job. 	

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	<p>The team found that the case was initiated timely and all policies were followed.</p>		
Region 10	<p>The team reviewed one case where they saw strengths in the very thorough interviews of the children.</p>	<ul style="list-style-type: none"> • The team expressed concern that there was a gap of 6 weeks between contacts with children. Also, they thought there should have been more follow-up with the attorneys in this case. • The team recommended that the case history contain more information. 	<ul style="list-style-type: none"> • The need to make contact with children depends on the needs of the case. Specific issues associated with a case are handled by the caseworker's regional leadership. • There is work being done with the update of the CPS IMPACT (computer) system that would make changes in the way history is displayed, making it easier for caseworkers to review history.
Region 10	<p>The team reviewed two cases and was impressed with the documentation. The case investigation was thorough and they like the flow of documentation and the inclusion of the police reports. In the second case they thought the FBSS services were appropriate and timely.</p>	<ul style="list-style-type: none"> • The team had no recommendations in this case. 	
Region 11	<p>The team reviewed a case involving domestic violence and noted that there were several red flags evident in the case.</p>	<ul style="list-style-type: none"> • CPS should have ensured that a family member obtain guardianship for the children in order to protect from further abuse. • A protective order could have been/should have been filed by CPS for the children to protect them from should the offending parent return to 	<ul style="list-style-type: none"> • This would involve the work of a private attorney. CPS will make referrals to any appropriate legal services resources in the community. • Beginning in 2016 all new CPS staff receive 12 hours of training on domestic violence which includes a

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		<p>the country illegally, as had happened in the past.</p> <ul style="list-style-type: none"> • There was an issue with the AP/Parent being arrested by law enforcement for family violence and turned over to ICE. The investigation worker assumed the AP had been deported, although this was not the case. The AP was in custody pending the case being set before a judge. Therefore, there was time to file for an emergency protective order since the AP could have been served. • Case was closed with a Reason to Believe - Factors Controlled. The team felt the factors were not controlled as the AP would probably return to the country and continue to place the children at risk. • The team recommended that CPS staff receive training by the DA's office to include issue such as protective orders, ICE detention, service of protective orders to individuals in jail, and other related issues. • The team cited a need for a national data base to track if parents have had CPS history in other states, as was the case in this situation. 	<p>focus on domestic violence safety planning with adult victims of domestic violence.</p> <ul style="list-style-type: none"> • In 2016 CPS and Contracts staff developed guidelines and processes for adding BIPP services to the Evaluation and Treatment client-service provider network to be used in all cases involving co-occurring domestic violence and child abuse/neglect. Beginning in 2017 BIPP services will be available for family support in these types of CPS cases. • CPS is open to receiving training by DA's Offices and will share this recommendation with the DA's office. • The feasibility of this has been studied. https://aspe.hhs.gov/report/report-congress-feasibility-creating-and-maintaining-national-registry-child-maltreatment-perpetrators

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Region 11	<p>The team reviewed a case where insufficient information and employee turn-over hampered the case. They team noted that time frames were not met for completing the investigation. Also, information from the hospital that the investigator didn't obtain would have changed the decisions made in the case.</p>	<ul style="list-style-type: none"> • Workers need to know how to do a thorough, non-incident driven investigation. Additionally, CPS needs to look at the effects of the abuse/neglect on the victims and provide services accordingly. Often the agency looks at how to fix the parents and ignores the victims. 	<ul style="list-style-type: none"> • Workers receive training on conducting investigations during CPS Professional Development. Additionally, Investigators are required to complete Advancing Interviewing Skills for CPS Investigator training within their first 9 months of employment. • Caseworkers and supervisors receive Trauma Informed Care training upon hire and are required to complete an annual refresher to ensure services to children and families address the trauma history and source of behaviors.
Region 11	<p>The team reviewed a case that had gone through the Administrative Review process. The Administrative Review upheld the disposition in this case which was seen as positive by the team.</p>	<ul style="list-style-type: none"> • No recommendations. 	
Region 11	<p>The team reviewed a case where they thought the case disposition did not reflect all of the issues going on with the case. They felt the staff were distracted by external factors and did not address allegations appropriately. The team's review found that the disposition on the case was not properly considered and not thoroughly</p>	<ul style="list-style-type: none"> • A referral was needed to the local family violence program to address ongoing family violence. • Referrals should have been made to agencies for parenting classes, behavior management. • A referral to the children's advocacy center was needed for these children. • The "special needs" label used in the case on the children was disputed. 	<ul style="list-style-type: none"> • Beginning in 2016 all new CPS staff receive 12 hours of training on domestic violence which includes a focus on domestic violence safety planning with adult victims of domestic violence.. • CPS has added Batterer Intervention and Prevention (BIPP) services to our Open Enrollment for procurement of services. We are actively seeking BIPP providers to work with CPS clients.

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	<p>assessed and that all allegations in the case were not explored.</p>	<ul style="list-style-type: none"> • The case was Ruled-out, however the case should not have been dismissed so readily and more efforts made to verify the initial outcry by contacting the reporter, teachers, and other school personnel such as the nurse, counselor. • More training is need on adverse childhood experiences and staff should become familiar with these and incorporate this knowledge when making case decisions. 	
<p>Region 11</p>	<p>The CRT reviewed the Investigation and FBSS stages of service. They expressed concern that the caseworker did not speak with the person living in the home and being used as a caregiver. They also noted that the documentation did not reflect all of the work completed by the Investigative worker.</p>	<ul style="list-style-type: none"> • A referral to Batterer's Intervention and Prevention Program (BIPP) in a case such as this to ensure offending adult male was able to learn and process the harm being done to the children by his use of violence. • A referral to Anger Management for the other parent so they could address their role in the on-going issues in the home and learn how the violence was affecting the children. • A finding of emotional abuse should have been considered as there was an allegation based on the effects of the parent's volatile relationship on the children. • A new allegation of neglectful supervision was being assessed as an Alternative Response case. The group questioned whether Alternative Response was the right stage of services based on the extensive 	<ul style="list-style-type: none"> • Beginning in January 2017, a Family Based Safety Services Quality Improvement Plan was implemented to address various trends and patterns noted in FBSS cases that could impact the safety of children in the home. • All FBSS Supervisors will be trained in quality casework and critical thinking at the FBSS Summit in July 2017. • Video trainings specifically for FBSS staff are being provided from March 2017 through June 2017. Training centers around development of critical thinking skills; gathering appropriate collateral contacts; engaging families; assessing protective capabilities. • CPS has added Batterer Intervention and Prevention (BIPP) services to our Open Enrollment for

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		<p>previous history and the on-going issues between the parents.</p>	<p>procurement of services. We are actively seeking BIPP providers to work with CPS clients.</p> <ul style="list-style-type: none"> Alternative Response has proven to be successful in some cases when a traditional investigation has not been. The difference lies in how the family is approached and the upfront understanding that the family agrees to work with the agency. Alternative Response caseworkers have the same abilities as those that work traditional cases although there is not a disposition on AR cases and this is often appreciated by the parents.
Region 11	<p>The team reviewed the Investigation, Family-based Safety Services and Substitute Care stages of services in a case.</p>	<p>For the Investigation and FBSS stages the recommendations were:</p> <ul style="list-style-type: none"> The diagnosis of the adult male needed to be clearly identified in the investigation. Additional collaterals were needed to fully assess the situation. The adult male's substance abuse issues needed to be better assessed during the investigation. Services offered to the family should have included mental health issues for future safety. Consideration of adverse childhood trauma and the effects this has on the family, specifically the younger child was needed. 	<ul style="list-style-type: none"> Beginning in January 2017, a Family Based Safety Services Quality Improvement Plan was implemented to address various trends and patterns noted in FBSS cases that could impact the safety of children in the home. All FBSS Supervisors will be trained in quality casework and critical thinking at the FBSS Summit in July 2017. Video trainings and specifically for FBSS staff are being provided from March 2017 through June 2017. Training centers around development of critical thinking skills; gathering appropriate collateral contacts; engaging

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		<ul style="list-style-type: none"> • The Department should notify the physician if the agency decides it will go against a doctor's order. The Department should share with the attending doctor the reasons for the approval or disapproval of the use of psychotropic medications. <p>The CRT expressed concern that there is a disparity between the medical community, primarily psychologists and psychiatrists, and the legal community, such as Ad Litem attorneys and agency attorneys, on the use of psychotropic medications with very young children in the state's care.</p> <ul style="list-style-type: none"> • They recommended a joint committee between the medical and legal system to address such issues. <p>The team also expressed concern that placement agencies or foster parents demand psychotropic medication much too rapidly to address normal childhood behavior in order to earn more money and not deal with the normal behaviors associated with CPS placement of these children in the foster care system.</p> <ul style="list-style-type: none"> • Better communication between caregivers, doctors, and the agency to verify the need to use psychotropic medications. 	<p>families; assessing protective capabilities.</p> <ul style="list-style-type: none"> • Caseworkers and supervisors receive Trauma Informed Care training upon hire and are required to complete an annual refresher to ensure services to children and families address the trauma history and source of behaviors. • Psychotropic Medication Utilization Parameters for Children in Foster Care were first released in February 2005; and most recently updated in March 2016. The Parameters are best practice guidelines for use of psychotropic medication for the children. • STAR Health conducts ongoing oversight of the psychotropic medication regimens of children to ensure the medication practices are in compliance with the Parameters. If the child's psychotropic medication regimen appears to not be in compliance with the Parameters (i.e. "outside Parameters") the case is referred for a Psychotropic Medication Utilization Review (PMUR). PMUR are triggered by health screenings, claim reviews and requests from CPS nurse consultants, caseworkers, CASAs, foster

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			<p>parents, attorneys, residential child care providers and the court.</p> <ul style="list-style-type: none"> • The overall use of psychotropic medications has significantly decreased since the introduction of the parameters in 2005: https://hhs.texas.gov/sites/hhs/files/documents/services/health/other/update-on-psych-meds-in-tx-foster-children.pdf. • All medical consenters complete medical consent training annually. The training contains information on behavioral health, psychotropic medications, and the legal requirements for making informed decision about psychotropic medications. http://www.dfps.state.tx.us/Training/Medical_Consent/default.asp . • Online Psychotropic Medication training is required for all CPS staff and caregivers who administer psych meds http://www.dfps.state.tx.us/Training/Psychotropic_Medication/begin.asp. • DFPS developed a family friendly brochure “Making Decisions About Psychotropic Medications” in August 2013 which is available online: http://www.dfps.state.tx.us/Child_Protection/Medical_Services/documen

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			ts/Making_Decisions_Psychotropic_Medications_booklet.pdf.