TEXAS
Department of Family
and Protective Services

Forensic Assessment Center Network

Evaluation

April 2022

Contents

Background

The Forensic Assessment Center Network (FACN) was a result of Senate Bill 6 (Nelson) of the 79th Regular Legislative Session and was implemented in FY 2006 as a joint project of DFPS and the University of Texas Health Science Center – Houston. FACN is available for Department of Family and Protective Services (DFPS) staff as valuable resources which provide expert opinions from child abuse pediatrician's on whether a child's injuries or condition is abuse or neglect related.

As a result of these requirements, effective September 1, 2005 and 2009, FACN and MEDCARES Pediatric Centers of Excellence, respectively were approved for appropriation.

FACN: Sec. 266.003. MEDICAL SERVICES FOR CHILD ABUSE AND NEGLECT VICTIMS:

> (a) The [Health and Human Services] commission shall collaborate with health care and child welfare professionals to design a comprehensive, cost-effective medical services delivery model, either directly or by contract, to meet the needs of children served by the department. The medical services delivery model must include:
>
> > (1) the designation of health care facilities with expertise in the forensic assessment, diagnosis, and treatment of child abuse and neglect as pediatric centers of excellence;
> > (2) a statewide telemedicine system to link department investigators and caseworkers with pediatric centers of excellence or other medical experts for consultation;

MEDCARES: Sec. 1001.151. TEXAS MEDICAL CHILD ABUSE RESOURCES AND EDUCATION SYSTEM GRANT PROGRAM:

(a) The department shall establish the Texas Medical Child Abuse Resources and Education System (MEDCARES) grant program to award grants for the purpose of developing and supporting regional programs to improve the assessment, diagnosis, and treatment of child abuse and neglect.

87th Legislative Requirements

Senate Bill 1578, 87th Legislative Session (2021), amends the Texas Family Code (TFC) 261.3017, regarding abuse/neglect investigation consultations involving possible bone or tissue related conditions by the Forensic Assessment Center Network (FACN).

The MEDCARES grant program was not funded this legislative session.

The Texas Family Code, as amended by the bill, prohibits DFPS from using a health care provider from FACN or another healthcare system for forensic assessment services on a child abuse/neglect investigation if that provider is the reporter on the case.

The Texas Family Code (TFC) no longer allows FACN to make referrals for specialty consultations when DFPS or FACN determine that a child requires a specialty consultation. TFC is amended to permit the following persons to recommend specialty consultation referrals, in addition to DFPS:

- The child's primary care physician or other health care provider that provided health care or treatment or otherwise evaluated the child;
- The child's parent/legal guardian; OR
- The parent/legal guardian's attorney.

The law does not prohibit the parent/legal guardian from obtaining a second opinion from a physician or other health care provider of their choice. DFPS is required to accept and consider the alternative opinion when making a

determination regarding abuse or neglect of the child. DFPS documents the analysis and determinations made by the second opinion in their case management system.

The bill alters DFPS's ability to remove a child under exigent circumstances, based solely on the opinion of a medical professional under contract with DFPS who did not conduct a physical examination of the child, and broadens the medial opinions a court must consider in making a child abuse or neglect determination.

In addition, this bill requires DFPS to evaluate its use of FACN with assistance from The Children's Commission of Texas (CCTX). CCTX will host a diverse round table meeting to discuss DFPS's use of the FACN network with external stakeholders, FACN, attorneys, and DFPS staff. DFPS will provide information on the FACN program, related policy, practice, current FACN contract, current utilization, historical background, and the changes related to legislative mandates.

After the round table meeting, CCTX will compile recommendations on the FACN program and submit these recommendations in a final report to the legislature. DFPS will provide educational information for the report and include any additional recommendations outside of those provided by CCTX.

Forensic Assessment Center Network

FACN is a coordinated group of physicians from six medical schools in Texas who are experts in child abuse and neglect. Child Abuse Pediatricians (CAPs) are highly-trained physicians available for consultation to children and adolescents with suspected child abuse and neglect injuries. FACN physicians provide written consultations for the cases they review, including their expert medical opinions of whether abuse or neglect occurred. The FACN provides consultations for several programs within DFPS including Child Protective

Investigations (CPI), Child Protective Services (CPS), Child Care Investigations (CCI), and Adult Protective Services (APS).

The FACN is primarily used by CPI caseworkers in cases of suspected child abuse and neglect. FACN physicians also provide ongoing training to CPI and CPS workers about issues surrounding child abuse and neglect. DFPS staff are encouraged to obtain timely medical consultations when necessary, as well as documenting and applying the expert opinions to case decisions.

The goal of the network is to make medical professionals, with expertise in child abuse and neglect, more readily available to advise caseworkers. This network fills in gaps when no local pediatric abuse and neglect experts are available. The network helps DFPS staff make decisions about child safety during investigations.

Currently, DFPS works with the following medical institutions:

- University of Texas Health Science Center - Houston
- UT Southwestern Medical Center – Dallas
- UT Health Science Center – San Antonio
- UT Medical Branch – Galveston
- Texas Tech University Health Sciences Center – Lubbock
- Dell's Children Medical Center – Austin

The Forensic Assessment Center Network (FACN) is a valuable resource through which DFPS staff can obtain expert medical opinions to increase the accuracy of investigation conclusions.

FACN Contract

DFPS has a contract with The University of Texas Health Science Center at Houston to create resources that improve the Child Protective Investigations (CPI), Child Protective Services (CPS), and the Child Care Investigations (CCI) Divisions. This allows access to medical professionals that provide expertise in the diagnosis of child abuse/neglect. Access to such expertise is intended to support DFPS staff in making decisions relating to the presence/absence of child abuse/neglect during CPI/CCI investigations and CPS cases.

The goals of the FACN contract are to provide the following:

- Statewide access to forensic medical consultation services to DFPS staff
- Expert testimony regarding child abuse/neglect diagnoses in DFPS cases
- Ongoing statewide training on the medical aspects of abuse/neglect to DFPS staff and others identified by DFPS

The FACN contract administrators, within DFPS, have granted eligible FACN and DFPS staff access to the telemedicine system. The contract administrators use various campaigns to increase awareness and familiarity of FACN for DFPS staff.

Training for DFPS staff CPI/CPS & CCI caseworkers

The FACN contract stipulates that FACN develops and provides training at least once a year for each region. FACN currently provides training on an as-requested basis to each region in DFPS. The FACN physicians and providers can present on the following topics on child maltreatment but not limited to:

Anal/ genital trauma	Fracture
Asphyxiation/ strangulation	Ingestion/ poisoning
Bruising/ petechiae (except anogenital)	Intra-abdominal trauma
Burn	Intracranial injury
Child pornography	Laceration/abrasion (except anogenital)

Dental caries or abscess	Malnutrition/ starvation/ failure to thrive
Drowning/ near-drowning	Report of sexual contact
Exposure to illicit drug or illicit drug environment	Retinal hemorrhages
Face, intra-oral or scalp injury	Scar (except anogenital)
Factitious disorder by proxy	Sexually transmitted infection

FACN doctors provide guidance and insight with ongoing training throughout the regions. These trainings can be tailored to the audience's level of knowledge and experience. Additional topics may also be requested based on regional needs.

Additional FACN Trainings available are listed below under **Appendix B**.

FACN Utilization

In FY2020, 7041 individuals[i] (the majority of whom were children), had a "visit date[ii]"with FACN. Of those, 6,967 individuals matched to 6,496 DFPS stages in FY2020.

	Number of Stages referred to FACN
Child Protective Investigations/Services stages	6,127
Other:[iii]	357[iv]

Of the 6,496 stages and 6,967 children noted above, 5,368 investigations and 5,797 children were involved with Child Protective Investigations. Not all of the matched stages involved children as victims for a variety of reasons[v].

FACN Physicians are available twenty-four hours-a-day, seven days-a-week to provide consultation on acute cases, and during regular business hours to review non-acute cases. FACN physicians identify that at least one issue for a child is "substantial" or "concerning" 12% and 41% of the time respectively during a Child Protective Investigation. Non-specific findings[vi], which could be

due to abuse/neglect, or could also be due to natural causes are identified 22% of the time, while other less concerning findings (including no evidence of maltreatment) are identified 26% of the time.

Overall Disposition for this child

Most Concerning Determination During Stage for this child[vii]	Reason to Believe (RTB)	Other than Reason to Believe (RTB)
Substantial	87% (581)	13% (90)
Concerning	62% (1,507)	38% (913)
Nonspecific	15% (189)	85% (1,098)
Other	18% (265)	82% (1,216)
Total	43% (2,542)	57% (3,317)

Of the 5,368 investigations identified above, we see when an FACN physician identifies that concerns are "substantial", children involved in the investigation are removed at a rate of 34%. However, even when FACN physicians register a substantial level of concern for maltreatment, the likelihood the investigation will be referred for Family Based Safety Services (FBSS) or closed outright is at a higher rate of 66%.

Case Outcome count of cases[viii]

Most Concerning Determination During Stage for any child	Removal	Family Preservation	Close
Substantial	34% (210)	28% (175)	38% (239)
Concerning	12% (260)	20% (454)	68% (1518)
Nonspecific	4% (52)	12% (147)	84% (1022)
Other	5% (61)	11% (147)	84% (1083)
Grand Total	**11% (583)**	**17% (923)**	**72% (3862)**

Flow Charts Presentation

The FACN provides regional case consultation services to aid caseworkers in the assessments made regarding the abuse or neglect of children. Any specific

case consultation or written assessment must result in a formal referral to FACN which will then result in a written determination.

Type of Determinations made by FACN:

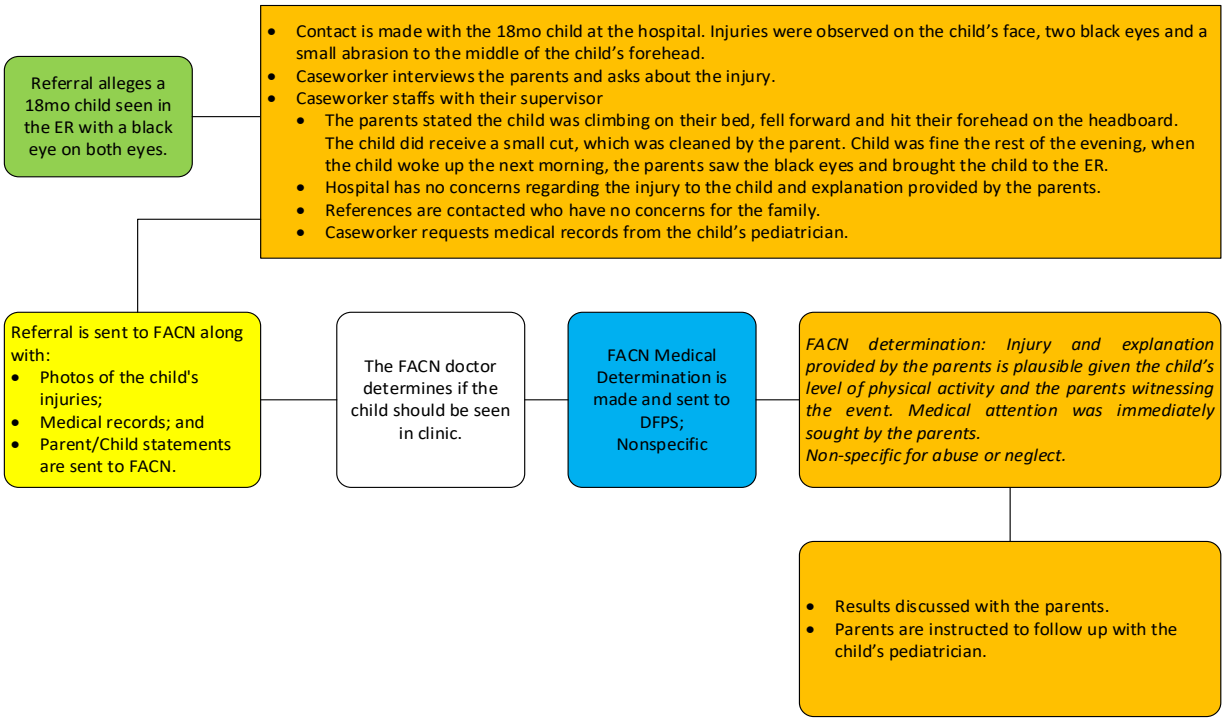
Non-specific - may result from abuse or neglect, but accidental / natural explanations are also possible

Concerning – There is concern for maltreatment based on the medical evidence and information provided

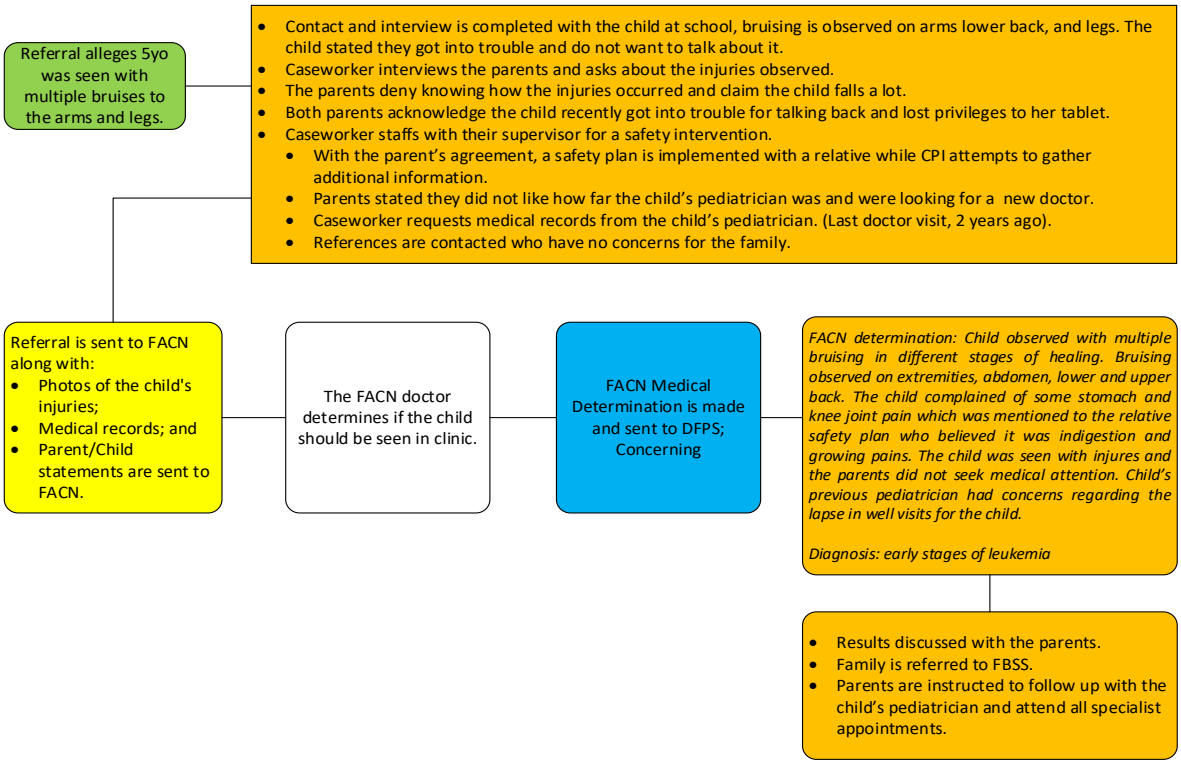
Substantial – Based on the medical evidence and information provided for the case, the finding(s) cannot be reasonably explained by anything other than maltreatment (Physical abuse, Sexual abuse, Emotional abuse, Physical neglect, Supervisory neglect, Medical neglect, Munchausen's Syndrome by proxy (or other factitious disorder)

The following are examples of the normal flow of a referral made from DFPS to FACN.

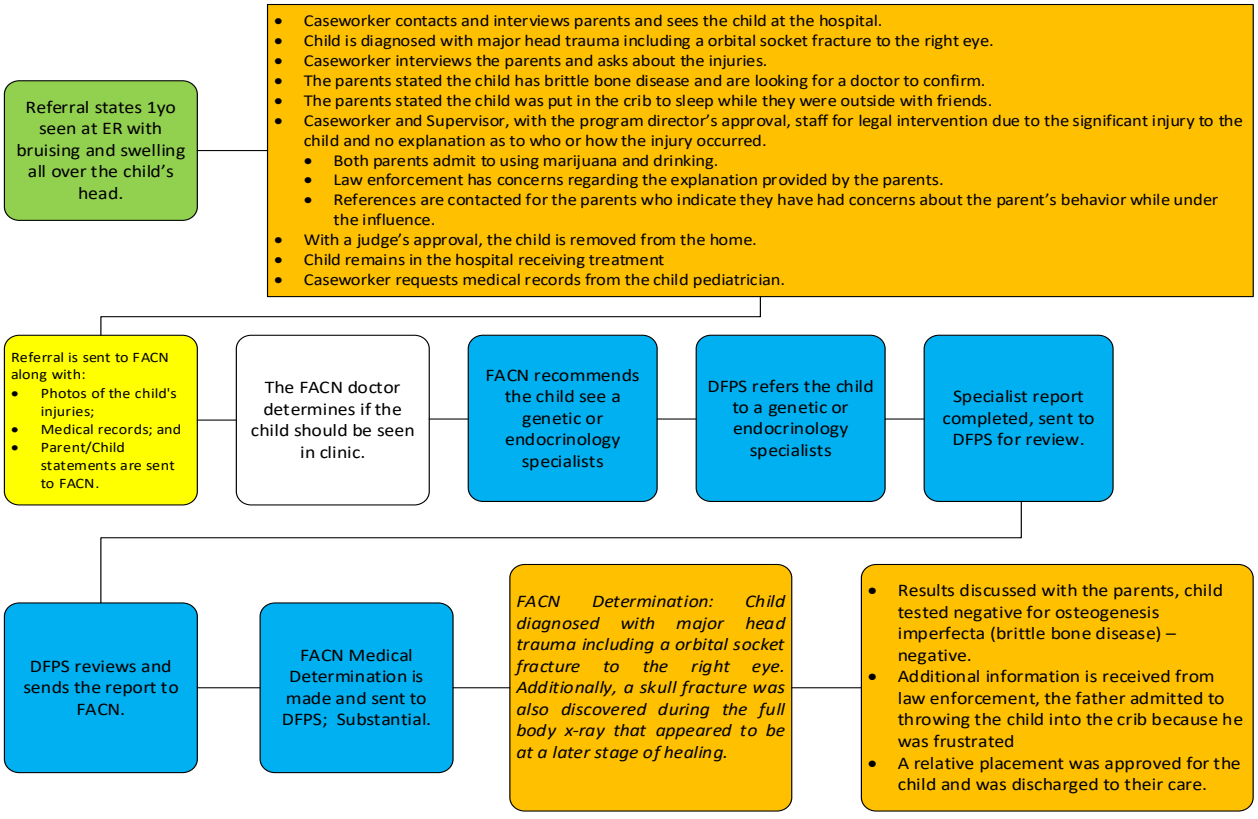
Non-Specific



Concerning



Substantial



DFPS Policy

Senate Bill 1578 updated the Texas Family Code, which then required DFPS to update internal policy. The following policies were updated to bring DFPS policy in line with current law.

See Appendix A

CPI/CPS Policy

2232 Making a Referral to the Forensic Assessment Center Network

2232.1 When and When Not to Make a Referral to FACN

2232.2 Specialty Consultations

2232.3 Documenting Results from FACN Consultations

2232.4 Requesting an Extension While Awaiting FACN Response

2232.5 Removing a Child Based on FACN Consult

5412.11 Exigent Circumstances and Imminent Danger

CCI Policy

4323.1 Obtaining Medical Records

5320 Investigation of a Child's Near Fatality

Appendix A

DFPS Policy

CPS/CPI Policy

Policy has been updated as required by the passing of the legislation. **2232 Making a Referral to the Forensic Assessment Center Network**

DFPS is required by statute to contract with Texas medical schools and hospitals that comprise the Forensic Assessment Center Network (FACN). FACN includes physicians who specialize in child abuse and neglect. The goal of the network is to make medical professionals with expertise in child abuse and neglect more readily available to advise caseworkers in cases with complicated medical issues.

The network provides all of the following:

- Case consultation.
- Forensic assessment (including medical evaluations).
- Training about issues surrounding child abuse and neglect.
- The following types of testimony for court proceedings:
  - In cases where FACN physically evaluated a child, the FACN physician may testify as a medical witness.
  - In cases where FACN only reviews records, the FACN physician may testify as an expert witness.

DFPS staff in the following divisions have access to the FACN:

- Child Protective Investigations (CPI)
- Alternative Response (AR)
- Conservatorship (CVS)
- Family-Based Safety Services (FBSS)
- Child Care Investigations (CCI)

While CPI and AR primarily use the FACN as a resource, all programs have access and can use the FACN.

When FACN Reports Abuse or Neglect

If an FACN health care practitioner makes a report of abuse or neglect of a child, that health care practitioner cannot be used to also conduct

a forensic assessment on the same child. The caseworker may still interview the original health care practitioner as a principal or collateral.

If an FACN health care practitioner makes a report, this does not disqualify other FACN health care practitioners from conducting the forensic assessment.

For definition of *health care practitioner*, see the CPS Handbook's Definitions of Terms.

2232.1 When and When Not to Make a Referral to FACN

Caseworkers may make a referral to FACN when they need additional clarification on abuse or neglect cases to address child safety decisions or to ask general ongoing medical questions. A caseworker does not need approval from any of the following people to request an FACN consult:

- The child's parent.
- The attorney representing the child or parent.
- The child's primary care physician or other health care practitioner.

When CPI Must Make a Referral to FACN

Caseworkers must make a referral to FACN in the following circumstances:

- There does not appear to be any reasonable explanation for a child's injury or the explanation is not consistent with the injury.
- A child requires an in-person forensic assessment examination.
- The caseworker needs assistance to determine whether abuse or neglect occurred.
- There is a difference of opinion between a medical professional and DFPS regarding whether abuse or neglect occurred, or about the seriousness of an injury or condition, and clarification is needed.
- There is evidence of medical child abuse (also known as Munchausen syndrome).
- The caseworker has a question about abuse or neglect that a medical professional may be able to clarify.

- A child younger than 11 years old has a sexually transmitted disease (STD), and there is not a preponderance of evidence that abuse led to the STD. See 2360 Medical Vulnerability.
- Near-fatality cases when the treating physician is not a child abuse pediatrician.

Using FACN in this way is not the same as a specialty consultation. See 2232.2 Specialty Consultations.

Making the Referral to FACN

Emergency
The caseworker must immediately contact the FACN by phone (1-888-TX4-FACN). This contact is available 24 hours a day and seven days a week for acute cases. See the FACN Resource Guide*PDF Document*.

Non-Emergency
If the caseworker and supervisor decide to make a referral to FACN for a non-acute case, the caseworker must enter the basic referral information into the FACN system*External Link* (www.facntx.org*External Link*) or by phone (1-888-TX4-FACN) within two business days during regular business hours.

When FACN Indicates Abuse or Neglect

The FACN physicians' input must be taken into consideration in determining abuse or neglect of a child.

If FACN indicates that abuse or neglect occurred, the caseworker must immediately meet with the supervisor and program director to ensure the appropriate safety intervention is taken to keep the child safe.

When there are differing opinions between medical professionals as to whether abuse or neglect occurred, the caseworker must do the following:

- First, establish safety of the child.
- After establishing the safety of the child, staff with the caseworker's chain of command and legal to determine next steps.

See FACN Resource Guide.

When Not to Make a Referral to FACN

A caseworker must not refer a child in DFPS conservatorship to FACN for standard medical care, including direct examinations or medication services.

Caseworkers generally do not need to make a referral to FACN when both of the following criteria are met:

- The child has already been seen by a local physician who is certified as a child abuse and neglect specialist.
- There are no additional questions or concerns.

2232.2 Specialty Consultations

FACN can recommend a specialty consultation, but FACN may not make a referral for the specialty consultations. If FACN recommends a specialty consultation, DFPS obtains the information from the child's digital file in FACN. DFPS reviews the recommendation and determines if a referral is needed based on all the information in the investigation.

A specialty consultation referral may be requested by any of the following:

- The primary care physician or other health care practitioner that provided health care or treatment or otherwise evaluated the child.
- The child's parent or legal guardian.
- The parent or legal guardian's attorney.

DFPS must refer a case for a specialty consultation in cases of abuse and neglect in conjunction with the diagnoses below:

- Rickets.
- Ehlers-Danlos Syndrome.
- Osteogenesis-imperfecta.
- Vitamin D deficiency.
- Other medical conditions that mimic child maltreatment or increase the risk of misdiagnosis of child maltreatment.

The specialty consultation must be completed by a physician who is licensed in Texas and board-certified in the field relevant to diagnosing and treating the conditions described. The physician must not be the original reporter of suspected abuse or neglect.

If DFPS makes the determination to refer a child for a specialty consultation, DFPS must work with the family to provide them with the referral.

Before making the referral for a specialty consultation, the caseworker must provide written notice of the name, contact information, and credentials of the specialist to one of the following people:

- The child's parent.
- The attorney representing the child or parent.

The child's parent, or the attorney representing the child or parent, may object to the referral and request an alternative specialist. The caseworker and family collaborate to select an acceptable specialist. However, the caseworker may refer the child to a specialist over the objection of the family. The caseworker must first get approval from the supervisor to refer the child to a specialist over the objection of the family.

The family is not prohibited from seeking an alternative opinion at their own expense. If the family seeks a second medical opinion, the caseworker must accept and consider this alternative opinion and document it in the contact narrative in IMPACT.

2232.3 Documenting Results from FACN Consultations

The caseworker must document in the FACN contact narrative in IMPACT:

- All information received from FACN related to child safety.
- All results from the consultation with the FACN physicians including specialty consultations.

The caseworker must document in a contact narrative any case staffing with the supervisor and program director regarding:

- The results of the medical consultations.
- Any differing medical opinions between consulting medical professionals.

The caseworker must upload all medical records and any other documentation provided by FACN or a medical provider into OneCase.

2232.4 Requesting an Extension While Awaiting FACN Response

The caseworker must request an extension if unable to submit the investigation to the supervisor for approval within 45 calendar days from intake. If an extension is needed, the caseworker uses the extension code *Medical Records*. See 2291.6 Extension Request.

2232.5 Removing a Child Based on FACN Consult

Exigent removal of a child may not be based solely on the opinion of a medical professional under contract with DFPS who did not conduct a physical examination of the child. However, if both the physician who conducted the physical examination and the FACN physician agree that abuse or neglect occurred, then both opinions may be used for an emergency removal.

5412.11 Exigent Circumstances and Imminent Danger

Exigent circumstances mean that, based on the totality of the circumstances, there is reasonable cause to believe that the child is in imminent danger of physical or sexual harm if the child remains in the home, and the situation requires immediate action.

Imminent danger means there is an immediate threat to the child's physical health or safety, or that sexual abuse is about to occur to the child. A child is in imminent danger if the caseworker has reason to believe that either of the following is true:

- The child's life or limb is in immediate jeopardy.
- Physical abuse is about to occur.
- Sexual abuse is about to occur.

A caseworker only considers an emergency removal before obtaining a court order when the child is in imminent danger. When determining whether the danger is truly imminent and requires immediate action, the caseworker looks at various factors, including, but not limited to, those described in the following table.

Factors to Consider	Specific Considerations
Is there time to obtain a court order?	After the caseworker and supervisor have weighed everything they know about the immediate danger to the child, they consider whether the time it takes to obtain a court order would place the child in imminent danger. If the child would be placed in imminent danger, then an emergency removal before obtaining a court order is appropriate. **Consider All Circumstances** The caseworker and supervisor must consider all of the circumstances in the case. The fact that the courthouse is closed does not automatically support a

	removal before obtaining a court order. The fact that the courthouse is open does not automatically require that a court order be obtained before the removal.
What is the nature of the abuse or neglect?	The caseworker and the supervisor must consider the severity, duration, and frequency of the abuse, based on the evidence for one or more of the following: • The extent of harm or potential harm. • How recently the abuse occurred. • Whether the abuse was committed against multiple children. • Whether there is a pattern of abuse or the abuse was an isolated incident. • Whether there is a condition that requires immediate medical attention. • Whether the parents have an inability or incapacity to meet the child's *immediate* needs. **In the Case of Neglect** When there are only allegations of neglect, the decision of whether to remove before obtaining a court order must be based on a determination of whether the child is in imminent danger of abuse or serious harm, based on the information discovered in the initial investigation, regardless of whether the imminent danger is from physical abuse, sexual abuse, or another type of abuse or neglect. This could include but is not limited to: • Serious harm because of dangerous home conditions. • Parents being under the influence of a controlled substance and the child being unable to protect himself or herself because of age or some other factor. • The parents being arrested or unable to be located, with no appropriate relatives or fictive kin available to care for the child.
How strong is the evidence supporting the allegations?	The caseworker and the supervisor consider whether the allegations are reliable in light of the strength of the evidence supporting them. Such considerations include: • The source of the allegations. • Whether the allegations have been corroborated. • All other evidence the caseworker can gather before making a determination about an emergency removal, such as: • Information available in IMPACT about the family. • Other open stages of service and information from other caseworkers. • Information from law enforcement and other professionals, including medical professionals. • Any additional information that can be gathered while protecting the child's safety. **Families with a History of DFPS Involvement** A history of DFPS involvement with the family is not enough, in and of itself, to support a conclusion that the danger to the child is immediate. The question is not whether DFPS has been involved, but whether DFPS's involvement supports a conclusion that the child is in danger *now*. **Cases Involving Assessments by the Forensic Assessment Center Network (FACN)**

	An exigent removal of a child may not be based solely on the opinion of a medical professional under contract with DFPS who did not conduct a physical examination of the child. However, if both the physician who conducted the physical examination and the FACN physician agree that abuse or neglect occurred, then the use of both opinions may support an exigent removal. If the examining physician is a FACN physician, the forensic assessment must be conducted by a different FACN physician or another physician trained in diagnosing abuse and neglect. See 2232 Making a Referral to the Forensic Assessment Center Network.
Is there a risk that the parent will flee with the child?	The caseworker must consider whether there are objective indications that the parent will flee with the child, such as: • A threat made by the parent to that effect. • A prior DFPS history of the parent fleeing. • A parent who is visiting Texas, rather than living in Texas.
Is there a less extreme solution to the problem?	DFPS must make reasonable efforts to prevent removal; that is, efforts that are consistent with the circumstances and provide for the child's safety. See Texas Family Code §262.101*External Link*. When removal is being considered, the caseworker must attempt to implement a solution to the family's problems that is less extreme than an involuntary removal, as long as the child's safety can be assured. Possible solutions may include: • A safety plan that would enable the child to remain in the home while still protecting the child. This may include removing the alleged perpetrator from the home. • Providing family-based safety services.
What harm to the child could result from removal?	When considering removal's effects on the child, the safety of the child must always take priority.

CCI Policy

4323.1 Obtaining Medical Records

The investigator requests that the parent provide a medical release and requests the medical records during an investigation when the allegations being investigated include any of the following:

- Injuries requiring medical treatment.
- Serious physical abuse.
- Medical neglect.
- Physical neglect.
- Sexual abuse, if the child received an exam by a sexual assault nurse examiner.
- A fatality.
- A near fatality.

If a child in DFPS conservatorship receives medical treatment or dies, the investigator works with the child's caseworker to obtain the records.

If the child is not seen by a medical professional, the investigator must consult with a medical professional to obtain a professional opinion of the child's medical condition.

The investigator may need to obtain the following types of medical records, depending on the allegations being investigated:

- Records from emergency medical services.
- Emergency room and other hospital records.
- Records from the child's primary care physician.
- Records from a specialist who provides care or treatment to a child.
- Records from a sexual assault nurse examiner.
- Autopsy report and other related records from the medical examiner, if the child is deceased.
- Star Health records.

5320 Investigation of a Child's Near Fatality

Any time a child suffers a near fatality while in care, CCI investigates to determine whether abuse or neglect was a factor in the child's near fatality.

When the investigation of a child's near fatality occurs in a residential child care facility, the investigator must do the following:

- Add the facility's administrator as an alleged perpetrator of neglectful supervision.
- Determine if there is a preponderance of evidence that the administrator engaged in a negligent act or omission that contributed to the near fatality.

If the treating physician is not a child abuse pediatrician, the investigator may request consultation with a Forensic Assessment Center Network (FACN) physician in order to do the following:

- Assign a severity level of *Near Fatal*.
- Determine whether the injury or medical condition was a result of abuse or neglect.

Appendix B

Additional FACN TRAINING TOPICS

Physical Abuse

- Recognize symptoms of intracranial injury in a young child
- Recognize head trauma patterns that may indicate inflicted trauma
- Understand indications for obtaining a skeletal survey
- Recognize fracture patterns that may indicate inflicted trauma
- Be able to differentiate common skin injury patterns indicative of abuse from other skin findings
- Recognize symptoms of intra-abdominal trauma in children

Medical Child Abuse

- Understand the preferred nomenclature for medical child abuse cases
- Recognize key features of MCA
- Recognize ways to intervene when MCA is suspected

Sexual Abuse Examinations

- Identify basic genital anatomy structures
- Explain why sexually abused children may have normal medical examinations
- Identify the characteristics of a good medical examination and report
- Recognize the significance of sexually transmitted infections
- Understand the role of DNA technology in sexual abuse investigations

Neglect

Failure to Thrive (FTT)

- Know the definition of failure to thrive
- Recognize that psychosocial factors can impact growth
- Understand normal growth patterns for infants and children
- Recognize physical and behavioral features of malnourishment
- Identify long-term sequela of malnourishment

Chronic/complex medical conditions

- Recognize that there are different forms of diabetes
- Describe the symptoms of diabetes and asthma
- Understand the potential for poor long-term outcomes and death for poorly-controlled diabetes and asthma
- Identify markers of compliance with medical therapy

- Identify strategies for encouraging compliance

Health Literacy

- Be able to define health literacy
- Be able to differentiate health literacy and medical neglect
- Recognize groups who may have low health literacy
- Discuss intervention strategies to mitigate the problem of low health literacy and prevent medical neglect

Drug Endangered Children

- Discuss how exposure to drugs and substance abuse can affect children
- Review the most common illicit drugs and substances of abuse that affect children
- Recognize signs and symptoms of acute drug exposure in children
- Discuss the appropriate use of drug testing methods and their limitations

Other

Basic child maltreatment and FACN overview

- Understand how to access your local child abuse medical expert(s)
- Know when to contact your local child abuse medical expert(s)
- Understand what information medical experts need in order to render an opinion
- Know how to navigate the FACN web system

Child Protector App Overview

- Recognize how the Child Protector app can be helpful
- Know how to use the Child Protector app

Domestic Violence (DV)

- Define DV and recognize its prevalence and risk factors
- Recognize the interface between DV and child maltreatment
- Discuss current screening practices and barriers to screening for DV
- Understand current recommendations for screening
- Know potential DV intervention strategies

Compassion fatigue for first responders

- Define compassion fatigue
- Identify signs and symptoms of compassion fatigue
- Discuss contributing factors and who is at risk
- Review practices for prevention and mitigation of compassion fatigue

Mental Health

- Describe the process of brain development in adolescents and young adults
- Recognize the development stage of adolescents and how that may affect their interaction with peers and adults
- Discuss signs of emotional and behavioral problems that may need referral
- Be able to assess parenting style and offer resources and support
- Identify how to access mental healthcare
- Be able to recognize post-partum depression and provide appropriate intervention

Trafficking

- Describe the types of human trafficking in the U.S.
- Recognize possible indicators of human trafficking
- Know how to screen and identify individuals who have been trafficked
- Be able to assess the needs of individuals who have been trafficked and deliver appropriate services

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[i] The vast majority of these individuals were children. There are a very small number of times (6 in FY2020) when the individual involved was technically an adult. In 5 of these instances the individual was a severely disabled adult. For the other instant the "visit date" provided – which is actually a "file upload" date, involved a subsequent clinic visit for a child previously seen by FACN as a child.

[ii] "Visit Date" is not always the date that a child was seen, or the date that the FACN provided feedback to DFPS about a child. Rather, it is the date they uploaded a date file to the FACN system about the interaction they had regarding the child. Many times, it is within 1-2 days of the interaction, but there are some instances where it is many months removed from the interaction. As an example, one child (who was deceased) had three "visits" – actually case consultations – recorded. Each one was >3 months after the child's death. The issue with the FACN system recording the upload date, rather than the actual visit date in a reportable way is a system limitation of the FACN database.

[iii] Includes other stages in DFPS, Child Care Licensing, Residential Care Licensing, and other.

[iv] Of the 12 remaining "Other" stages, two were purged cases whose date could not be determined, one was related to an "Information and Referral Call" about a child who was previously the alleged victim in an investigation into the child's death. Four involved the "Adult Foster Care" program, and five involved the "Adult Protective Services" program.

[v] These reasons include, but are not limited to: Contact with FACN during one of the following:

a) Investigation in which the individual is not an alleged victim, or where the investigation has not yet closed (321 individuals)
b) Substitute Care Case (274 individuals)
c) Family Preservation Case (242 individuals)
d) Alternative Response case (105 individuals)
e) Intakes in which the individual is not an alleged victim (60)
f) Other situations (6 individuals) – purged case/involvement as child on Family Reunification or Family Sub care Stage without the child being in care at the time of the visit.

Sometimes these contacts are follow-ups from the original contact which occurred during an investigation. There are also instances where the child is a sibling of a victim child, but they themselves are not identified as a victim in the investigation. Still other times, the matched case may appear odd because the "visit date" is actually a proxy date (technically the date of file upload) provided by FACN since the system was not designed in such a way as to give the actual date of contact.

[vi] Nonspecific determinations are those which may result from abuse or neglect, but accidental/natural explanations are also possible. Less concerning findings captured under the "Other" category include:

a) No evidence of maltreatment, or an explanation other than abuse or neglect is likely;
b) At risk for maltreatment;
c) Insufficient information available, therefore unable to determine whether child was abused or neglected;
d) No allegation of abuse or neglect (physician consulted for a non-maltreatment question).

[vii] Sometimes additional information changes the FACN level of concern to a higher – or a lower level. However, whether you look at the most concerning FACN level of concern during the investigation, or the most concerning FACN level of concern for the last FACN contact with a child during the investigation, these percentages do not change by more than +/- 2%

[viii] Percentages shown in the table are the number of investigations in each cell, divided by the total number of investigations for the row. i.e. Of the investigations where the most concerning determination during the stage was "Concerning", 20% ended up going to Family Preservation, since 454/(260+454+1518) = 454/2232 = 20%