



TEXAS
Department of Family
and Protective Services

2023-2024 Citizen Review Team Report

February 2025

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Background

Pursuant to the Child Abuse Prevention and Treatment Act (CAPTA) section 106, each State to which a grant is made shall establish not less than three Citizen Review Panels (Teams). A State may designate for the purposes of this subsection one or more existing entities established under State or Federal law, such as child fatality panels or foster care review panels, if such entities have the capacity to satisfy the requirements of paragraph (4) and the State ensures that such entities will satisfy such requirements. These requirements include, that each panel shall, by examining the policies, procedures, and practices of State and where appropriate, specific cases, evaluate the extent to which State and local child protection system agencies are effectively discharging their child protection responsibilities in accordance with the State plan.

The Texas Family Code (TFC §261.312) requires the Department of Family and Protective Services (DFPS) to create Citizen Review Teams; and authorizes DFPS to create one or more review teams for each region to evaluate employee casework and decision-making related to child protective investigations. Five of DFPS' regions are designated as meeting the requirements of CAPTA Appendix I, resulting in six teams that include Regions 1, 3E, 3W, 6 (6A and 6B), 7, and 11. These regions represent a mixture of urban and rural communities and reflect a broad range of issues encountered by DFPS statewide. This report consists of information concerning the issues addressed by the Citizen Review Teams, including the teams in the CAPTA regions.

CAPTA also states that each panel shall prepare and make available to the State and the public, on an annual basis, a report containing a summary of the activities of the panel and recommendations to improve the child protection services system at the State and local levels. Not later than six months after the date on which a report is submitted by the panel to the State, the appropriate State agency shall submit a written response to State and local child protection systems and the citizen review panel that describes whether or how the State will incorporate the recommendations of such panel (where appropriate) to make measurable progress in improving the State and local child protection system.

Structure

As required, all Citizen Review Team members, including those of the CAPTA Citizen Review Teams, are volunteers who represent a broad spectrum of their communities. The members are nominated locally and approved by the DFPS Commissioner. DFPS employees assist the Citizen Review Team with coordination, team development, training, and statewide distribution of team reviews and recommendations. DFPS representatives facilitate the meetings and the exchange of case-specific information, ensuring that confidentiality is maintained.

Reporting Process

To coincide with the federal fiscal year (FFY) reporting period, this report covers the period from October 2023 through September 2024 (FFY 2024). Information presented consists of data gathered by all Citizen Review Teams, including CAPTA Citizens Review Teams. In FFY 2024, the teams reviewed child fatalities that met criteria for a Regional Child Death Review Committee. These meetings included reviews of prior investigations within the last three years; previous Family-Based Safety Services, Conservatorship, Kinship, and/or Adoption cases within the last three years if applicable; various types of abuse and neglect allegations in cases; and appropriateness of service delivery.

Criteria for a Regional Child Death Review Committee includes child fatality cases in which:

- The child’s death has been determined by Child Protective Investigations to be the result of abuse or neglect; for example, there is a disposition of Reason to Believe for an allegation with a severity of fatal (RTB – Fatal), regardless of whether the medical examiner or other external parties reach the same conclusion; and
 - the deceased child or the designated perpetrator of the RTB – Fatal had an open Child Protective Investigations or Child Protective Services case at the time of the child’s death or
 - the Designated Perpetrator of the RTB - Fatal has been an alleged or designated perpetrator in a prior Child Protective Investigations case within the last three years; or
 - the deceased child has been an alleged or designated victim in a Child Protective Investigations case within the last three years; or
 - the deceased child was a principal in a Family-Based Safety Services and/or Conservatorship stage of service within the last three years.

If there was not a child fatality case meeting criterion to review in the quarter, another case was selected, or a meeting was held to discuss the Title IV-B State Plan.

Agency Response

The Citizen Review Teams often present recommendations for local Child Protective Investigations and Child Protective Services direct delivery employees about actions they would like to see taken on a particular case. These case-specific recommendations are communicated during the Citizen Review Team meetings to the Child Protective Investigations and/or Child Protective Services representatives who are in attendance. Required actions relating to case-specific recommendations are handled at the regional level.

All Citizen Review Team recommendations with statewide implications and the DFPS written response to each recommendation are placed on the DFPS public website after approval of the annual report.

The annual Citizen Review Team Report can be found at:

<https://www.dfps.texas.gov/Investigations/CRT/default.asp>

Team Activities

The Child Safety Specialists within the Office of Child Safety act as the Citizen Review Team coordinators within their assigned region of responsibility. The Citizen Review Team coordinators meet regularly with the Director and Lead Child Fatality Specialist within the Office of Child Safety to discuss better ways to engage the community in the review process.

DFPS values collaboration with our partners in the child welfare system in Texas. Building community relationships and partnerships is an integral part of DFPS work and is critical to providing clients with needed support. In an effort to gain essential feedback from the public, the Citizens Review Team coordinators, Child Protective Investigations regional leadership, and Child Protective Services regional leadership continue to work with their communities to engage and encourage volunteers to become involved in these teams.

Along with discussion of Child Protective Investigations and Child Protective Services cases, each Citizen Review Team reviewed and discussed the CAPTA State Plan at least once during regularly scheduled meetings.

Analysis

During FFY 2024, the Citizen Review Teams reviewed 79 cases of which, 72 were child fatality cases. Of the fatality cases reviewed, 24 had an open case at the time of the fatality; 18 had an open investigation, four had an open family-based safety services case, and two had an open conservatorship case. Additionally, seven non-fatality cases were reviewed to ensure a quarterly meeting was held and four meetings were held that focused on the Title IV-B State Plan and how the department is meeting CAPTA requirements.

No recommendations with statewide implications were given in 56 of the 79 cases reviewed.

Recommendations that were given were in the following areas: Safety and Risk, Policy and Practice, Training Needs, and Coordination with External Entities, as well as some miscellaneous topics.

If there was a recommendation or concern that was case specific or at the regional level, it was referred to regional management. If recommendations were already a part of existing policy and procedures or training, team members were informed of these, and the recommendation or concern

was seen as an area needing improvement. There were also several recommendations that required legislative changes or new legislation. In those situations, the team members were encouraged to reach out to their representatives to address their concerns.

Recommendations with statewide implication were given in 23 reviews, resulting in 46 different recommendations. Although none of the 46 recommendations were exactly the same, there were recurring themes, such as substance abuse and mental health trainings, system improvements, and additional classifications and task requirements for cases involving the most vulnerable children. This indicates that although a recommendation was made, it appeared to be related to the specific casework reviewed and may not require an action be taken by the department.

Chapter 1 - Safety and Risk

Recommendation 1

Unannounced visits to the children’s placements should be mandatory during conservatorship (CVS) and kinship stages.

Response 1

Child Protective Services (CPS) policy provides guidance on face-to-face visits with children, which can include the use of unannounced visits. CPS may determine that more frequent contact is appropriate, on a case-by-case basis, to ensure the child’s safety, permanency, and well-being and to work toward case goals.

See [6411 Contact with the Child](#)

Recommendation 2

The ‘Recovery Unit’ concept, which involves specific Child Protective Investigations (CPI) caseworkers who are available to work unresolved cases immediately when an employee leaves the agency or goes out on extended sick leave, should be extended statewide in areas that could support it. This ensures that unresolved cases do not ‘sit’ on workloads without being reviewed and completed.

Response 2

CPI has implemented Recovery Units in the five regions including Travis, Harris, Dallas, Tarrant, and Bexar counties. These units were created based on worker feedback to assist with workload management and retention. Additionally, Regions 6B and 10 have also implemented either Recovery Units or designated Recovery Workers. The strengths and challenges of each region are unique; so, these will determine how Recovery Units can best be implemented and sustained to manage reassigned cases, work with employees who have resigned, and develop regional workload management strategies.

CPS has Master Conservatorship (CVS) and Family-Based Safety Services (FBSS) caseworkers who can be deployed to areas across the state where there is high turnover, high caseloads, abandoned cases or other situations in which additional support is needed. Due to the limited number of employees, assistance cannot be provided in every situation, but three additional units were approved in January 2024 to hire three new Master CVS supervisors and 20 Master CVS caseworkers. All of the supervisor positions were filled as of May 1, 2024, and 37 out of 42 caseworker positions had been filled as of November 2024 and those caseworkers are able to be deployed across the state to assist where needed.

Recommendation 3

The agency should provide information on DFPS subject matter experts (SMEs) to all employees regarding how the SMEs can be utilized on their cases. Additionally, the agency should have the SMEs share information through routine agency broadcasts (Meeting in a Box, Wednesday Wire, etc. and trainings (Lunch and Learns). Specifically, the committee members and DFPS employees discussed how a significant number of caseworkers and supervisors are unaware of the SMEs in general and when and how to access them.

Response 3

A listing of the SMEs for CPI and CPS is maintained on the DFPS intranet site where employees can access all contact information to obtain support from SMEs whenever necessary. An updated list of the SMEs for CPI was provided to CPI staff in October 2024. Additionally, the SMEs present monthly as a panel to the new supervisor training cohorts so that the incoming supervisors are aware of the available supports to them and how those supports can be leveraged to improve case outcomes. The SMEs present during Lunch and Learn webinar presentations and have been introduced in various Meeting in a Box communications. CPI also communicates additional information to all field employees via a quarterly newsletter regarding the different subject matter topics available which also includes a general email box in which employees can submit questions regarding a specific topic, policy, or practice and those are filtered out to the appropriate SME for response.

CPS has previously provided information about the SMEs in a Meeting in a Box, but a refresher is warranted. This will be completed by the end of the second quarter of FY25.

Recommendation 4

When there is a positive drug test received in an investigation, the special investigator should have to staff with CPI management to ensure child safety.

Response 4

While not all cases involving parental substance use requires special investigator assignment, all cases require that the assigned investigator staff the case routinely as new evidence is obtained. Upon receiving confirmation of substance use through drug testing, the case worker is expected to staff the case with their supervisor to determine what safety intervention is appropriate to ensure

child safety. Those interventions could include the initiation of a supervision safety plan or, in some cases, could mean staffing the case for legal intervention if appropriate supports are not available or the threat to child safety is deemed too great to be mitigated by a safety plan. Additionally, employees and their supervisors are able to staff with the substance abuse program specialists to obtain additional recommendations for drug testing or treatment referrals.

Chapter 2 - Policy and Practice

Recommendation 1

Policy should be developed regarding specific timeframes when collaterals have to be contacted and action taken on cases, specifically when we know there is very high risk due to previous removals.

Response 1:

Instead of adopting this recommendation as a policy, DFPS will re-educate employees about current practices and protocols for contacting collaterals during an investigation. CPI may develop an agency broadcast to be sent to all CPI employees or a Lunch and Learn webinar that is available to all CPI field employees. Current practice is for DFPS employees to consult with their supervisor regarding the facts in the case to determine if any collaterals are needed to complete the investigation.

Recommendation 2

Fatality cases involving an employee, such as situations where a DFPS employee witnesses a fatality, should be worked outside the region where the employee works.

Response 2

Current practice is for a referral to be made to the special investigations program under CPI for any case regarding a child fatality that involves a DFPS employee. Protocols have been established that outline how these investigations are conducted and went into effect September 1, 2023. The Special Investigators assigned to investigate employee cases regarding fatalities, or any other allegations, are either from out of region or from the area of the region the Special Investigator does not routinely work.

Recommendation 3

Institute a policy or a practice to reach out to the medical resources the department has available when there is a high-risk medical needs child. Resources may include the regional nurse and the Forensic Assessment Center Network (FACN).

Response 3

In August 2022 DFPS updated trainings for CPI investigative employees to provide additional guidance on when a case should be referred to the Forensic Assessment Center Network (FACN).

This includes complex medical cases in which a child may have a serious medical condition or diagnosis. Child Protective Investigations policy requires a caseworker to contact the FACN when seeking medical professionals' expertise in evaluating a child's medical history, reviewing diagnosis, treatment plans and compliance with all medical requirements.

See [2233 Making a Referral to the Forensic Assessment Center Network](#)

CPI collaborated with CPS and FACN to create a Medical Resource form that may be used as a tool during the investigation stage when an investigation is identified as a medically complex case, or the child has a medical condition that requires additional information. The form is completed jointly by the parent and the caseworker. The form lists out all of the child's medical providers along with their contact information. A release of information signed by the parent or legal guardian must accompany the form. The case worker is then able to contact all listed medical providers to confirm current diagnosis, caregiver compliance with treatment, and medical needs. The form went into effect in April 2024.

For CPS cases, there is both policy and practice that guide workers to reach out to medical resources within the department when a high-risk medical needs child is identified. CPS policy requires a caseworker to request a staffing for initial and subsequent placements for all youth in DFPS conservatorship who are identified as having primary medical needs. These staffings include many internal and external partners, some of which are medical resources. They are the regional nurse consultant, and medical, hospital, or nursing personnel. Practice also requires that any child who is identified as having a complex medical need during a Family-Based Safety Services (FBSS) case have a staffing with the regional nurse consultant and the DFPS medical director. There are many ad hoc staffings which occur when medical needs are identified which include the well-being specialist, regional nurse consultant, DFPS medical director, and STAR Health employees which could include the medical director.

See [4117.1 Required Meetings](#)

Recommendation 4

CPI employees need to consider expanding the types of cases that require assistance from a special investigator. This could include cases with serious family violence incidents, substance abuse such as methamphetamines and heroin, cases where home members have a dangerous criminal history, etc.

Response 4

Currently, Special investigators are primary on the following types of cases:

- Child fatalities (CPI investigations and case related special requests)
- Employee Investigations (when investigation is regarding the employee and their family, whether or not the employee is an alleged perpetrator)
- Employee Investigations (related to job duties)
- Law Enforcement (when law enforcement personnel are a part of an investigation as an alleged perpetrator, or they are part of the family that is being investigated)

- School Investigations
- Sex Trafficking Investigations
- Labor Trafficking Investigations
- Home and Community Services (HCS) Investigations
- Temporary managing conservator/permanent managing conservator (TMC/PMC) cases where the alleged perpetrator is currently residing in the home

Special investigators are also available to assist on the following types of cases:

- Drug Bust/Drug Enforcement Agency cases
- Abuse or neglect involving serious bodily injury
- Sexual abuse investigations
- Unable to Complete / Child Safety Check Alert List cases
- DFPS missing children
- Locating absent parents/legal guardians

Special investigators also:

- Mentor DFPS investigators and caseworkers and
- Provide training in forensic investigation techniques

This protocol was created and went into effect September 1, 2023.

Recommendation 5

The department should develop a special classification for cases involving non-verbal children to help prioritize the need for the case to be more closely monitored, outside of current requirements. This could also include prioritizing cases based on the medical needs of the children.

Response 5

Currently DFPS employees assess a non-verbal child by assessing the child's appearance, home environment, and speaking with collaterals. The department also more closely monitors non-verbal children by conducting additional consults and staffings with child safety specialists, the FACN, medical providers, CPI substance use program specialists, mental health program specialists, and law enforcement before an investigation is closed to ensure the non-verbal child is safe and their needs are being met. CPI is also required to make referrals to Early Childhood Intervention (ECI) or the child's school district if the child is non-verbal due to a delay or disability.

For children who are nonverbal due to their age, policy relating to children in CPS custody provides guidance for conducting and documenting a face-to-face visit with nonverbal children, their siblings, and assessing the child's safety, permanency, and well-being. This also includes safe sleep for children under twelve months and addressing any identified needs for the child and support services for the caregiver. The caseworker also assesses the caregiver's ability, willingness, and efforts to care for the child and to meet the child's needs, particularly safety needs.

See [6411 Contact with the Child](#)

For youth that are non-verbal due to medical complexity, DFPS has several ways to ensure these youth receive added attention. Youth who are taken into conservatorship and are found to have medical complexity or a serious medical condition qualify for a “3-Day Exam”. These youth are required to receive an exam by a medical professional within three days of removal to ensure that these issues are receiving the attention and treatment necessary. Any youth categorized as having Primary Medical Needs (PMN) are discussed in a staffing where an entire care team meets as required by policy. The staffing includes DFPS employees at many levels including the medical and behavioral health services teams and medical director when appropriate. Caregivers, caseworkers, medical consultants, and other subject matter experts discuss the needs of the youth, and how to ensure services are delivered to address their needs. STAR Health, the managed care organization who administers Texas Medicaid for foster youth, also contact caregivers and medical consenters within ten days of entry to care. During this welcome call, needs of the youth are discussed, including special care needs for youth who may be non-verbal. A service coordinator with STAR Health is assigned to ensure that there is a dedicated person tracking the needs of this youth and ensuring that medical and behavioral health care are received. Finally, there are other opportunities to discuss youth who have medical needs which may mean they are non-verbal, particularly youth who are not yet in conservatorship. Regular staffings occur for any youth who has an identified medical need in an open Family-Based Safety Services case which include the DFPS medical director and nurse consultant. Their roles are to provide support and guidance regarding the needs of the youth. There are ad hoc staffings which occur when CPI or CPS employees recognize a child has a medical need and asks for assistance from the subject matter experts in the Medical and Behavioral Health Services team.

Recommendation 6

A legal staffing should be required on any family who has been referred to FBSS over a certain number of times and danger indicators still remain.

In the case reviewed, the team felt that the family was allowed too many opportunities to work with FBSS. They would like to see policy changes related to how many times a family can be sent to FBSS and if it reaches a certain point, legal action (CPS obtaining custody of the children) being required.

Response 6

Currently CPI policy indicates when a family is and is not referred to FBSS. DFPS makes all efforts to avoid legal intervention when appropriate. If the child is safe with a plan, or the risk assessment is high or very high, and CPI determines services are needed to address the risk in the home; the family is afforded the opportunity to engage in services to address the issues identified by the department. A family’s referral to services is based on the need of the family at that time and not the number of times they are referred for services.

Recommendation 7

Before DFPS closes a conservatorship (CVS) case, there should be specific documentation requirements regarding what all legal parties presented to court, to include DFPS, court appointed special advocate (CASA), attorney ad-litem, parents attorneys, etc.

In the case reviewed, the team was very frustrated that there was not significant specific information regarding what the other parties had told the court.

Response 7

A webinar called Legal Action and Legal Status Entry was rolled out to all CPS employees in January 2023. A recording is available to all levels of employees in all stages and is provided to the Single Source Continuum Contractor (SSCC)/Community-Based Care (CBC) Stage II providers. The training addressed documentation in the Legal tabs (using the comment boxes) and the contact narratives within the agencies web-based case management application Information Management Protecting Adults and Children in Texas (IMPACT), as well as the importance of uploading the orders into OneCase.

DFPS policy requires employees to document contact and communications regarding a child's case. This includes discussions and decisions during court proceedings.

See [5240 Working With the Child's Attorney Ad Litem, Guardian Ad Litem, and CASA](#)

See [6133.1 Documentation and Communication](#)

See [6133.25 CPS Contact with Collaterals, Court, and Legal Parties](#)

Recommendation 8

When a case transfers from one region to another, there should be a mandatory staffing that takes place involving a supervisor and caseworker. If the case has been transferred more than two times, there should be a mandatory staffing that takes place involving a program director, a supervisor, and a caseworker to ensure child safety.

Response 8

In March 2024, policy was published which provides a formal process for requesting a transfer and requires a staffing between the caseworkers and supervisors in the receiving and sending counties.

See [2249 Courtesy Requests and Transfer Requests](#)

Recommendation 9

If initial contact is not made within the home or safe sleep practice has not been observed at the time of initial contact, a home visit to observe and photograph the safe sleep environment needs to occur within a specific timeframe and not just prior to closure of the investigation to ensure child safety for children under twelve months of age.

In this case, the initial visit during the investigation was completed at a DFPS office where safe sleep information was provided, but a home visit was not completed prior to the child's passing (in an unsafe sleep environment). The team was made aware that there is a current policy regarding observing the home environment when there is a child under five years old. They were also made aware that there is current policy regarding having a safe sleep conversation with caregivers to include an observation of the safe sleep environment within the home in cases with children under twelve months of age.

Response 9

Current policy requires the caseworker to complete a home visit and take photographs of the condition of the home to include the child's sleeping arrangements. Policy does not outline when this must occur. Initial contact with the parent may occur at the home; however, it is the parents' right to request the visit be completed in a different location. Due to this, it would be difficult to implement a time frame for access to the home. If there is a child safety issue or a danger where the home needs to be seen, a staffing with leadership should occur to determine next steps and if legal intervention is needed.

Recommendation 10

When a safety plan is violated, even one time, a staffing with a program director should be mandatory. If a safety plan is violated more than once, a legal staffing should be the next step.

In this case, the safety plan had been violated three times.

Response 10

A safety plan is a voluntary agreement between the parent and DFPS that identifies the danger to the child and an intervention is necessary to ensure child safety. When a safety plan is violated, it is standard protocol for the caseworker and supervisor to discuss the nature of the violation and if there is an immediate danger a staffing with a program director is held to see if legal intervention is warranted. Due to the complexity of our families, staffing with the program director should not be mandatory on the first offense since a staffing with the supervisor is already required. A staffing with the program director should be done if there are any further violations. The program director can decide whether a legal staffing is warranted, based on the circumstances.

Recommendation 11

If a Safety Plan is implemented, policy should require employees to follow up with the family within one week to ten days to ensure compliance.

Response 11

CPI policy currently states that the caseworker should complete a follow up contact and reevaluation as often as necessary but at least every 30 calendar days. The determination regarding how often contact should be made when a safety plan is in place is up to the discretion of the

supervisor or approver of the safety plan depending on the circumstances of the case and the current safety concerns. Supervisors are also required to complete a 15-day case review and at this point the supervisor should be reviewing to determine child safety and that initial tasks have been completed. At this time a supervisor would be able to determine if contact to check in on a safety plan is needed before the 30th day.

See [3213.1 Required Ongoing Contacts During a Safety Plan](#)
See [2273 Supervisor Review of Case Actions and Safety Decisions](#)

In CPS cases, this is standard practice, but at times it may be a little longer than ten days before a worker can meet with the family. It should also be an unannounced visit.

Recommendation 12

An alert should be developed within IMPACT to flag cases that involve young vulnerable children who do not have previous history. The alert would be similar to the multiple referral alert that currently exists. This will prompt employees and management to consider completing additional staffings with program director or the child safety specialist.

The team understood that updating the current system is costly and if unable to do at this time, it should be implemented as part of any new system.

Response 12

DFPS statewide intake (SWI) has the ability to flag intakes when a victim child is age 0-6 years old as a priority determination factor prior to the report being sent to the field in SWI policy however it does not include prior history unless the family has a previous Reason to Believe disposition.

See [2540 Determination Factors](#)

In CPI, before a case is assigned out to a caseworker, a supervisor must review any reports in which the alleged victim is five years old or younger. Supervisors are also required to complete a 15-day case review and at this point the supervisor should be ensuring initial tasks have been completed and creating a plan for next steps. At this time a supervisor would be able to determine if appropriate interventions were taken and if additional employees (program directors or child safety specialist) need to be involved. A child safety specialist is required to provide a secondary review for closure when there is a victim child younger than four years old and any risk assessment score in the current investigation stage is high or very high, if there is a victim younger than four years old and all of the risk assessment scores in the current investigation stage are low or moderate, but the last safety finding for any household was safe with a plan or unsafe, the investigation stage is being closed with the overall disposition of Unable to Complete and the recommended action is Close – Family Moved/Unable to Locate and the Alternative Response stage is being closed with the closure reason of Unable to Locate, and all child fatalities.

See [2150 The CPI Supervisor's Role in Reviewing Reports of Abuse or Neglect](#)

See [2273 Supervisor Review of Case Actions and Safety Decisions](#)
See [2292.1 Roles of the Child Safety Specialist, Supervisor, and Program Director](#)

In January 2024, the department began the Case Management Transformation Planning Project which is exploring options for a new Comprehensive Child Welfare Information System (CCWIS) to replace IMPACT, per the direction of the 88th Legislature. The project team has been meeting with hundreds of stakeholders to determine the limitations of the current system and how those can be improved.

Recommendation 13

When supervision is explained to the safety monitors, it needs to be clear and detailed, and in the individual's primary language. DFPS employees need to use the language line or request assistance from coworkers that are fluent in that language. Additionally, the agency's definition of what supervision means should be included on the safety plan form that parents and monitors are required to initial.

In this specific case, what supervision means to the department may have been different to the level of supervision the family was used to in Mexico. Supervision is not explained on the safety plan form, and it was unclear what the family understood.

Response 13

All DFPS employees currently have access to interpretation and translation services. These include in person interpretation, use of over the phone interpretation, in person written translation and American Sign Language (ASL) services. The department also has bilingual employees that can be used in these circumstances. Each region has a language services liaison (Regional Liaison for Translation Services) to assist with these services. These liaisons can provide information on languages, uncommon languages, or services for rural areas with limited services.

See [1250 Clients With Limited English Proficiency \(LEP\)](#)

See [1251 Clients with Disabilities](#)

See [2248.13 Assessing Communication Needs When Interviewing an Adult](#)

See [CD-2007.03 Language Services Policy 4.0 Procedures](#)

Supervision is a broad term and is recommended on a case-by-case basis dependent upon multiple factors specific to each case. Factors include age of the child, maturity of the child, the severity of the situation, family strengths, protective actions, or protective capacities. DFPS employees utilize a Safety Plan (form 2604) to clearly describe the current danger to the child and who is responsible for specific actions that need to be taken to ensure the child is safe. This form is in English and Spanish. If other languages are needed, employees will utilize the interpretation language line. Each parent and safety plan monitor involved in the safety plan initials and signs the form acknowledging their roles and responsibilities as it pertains to the safety of that child. A Lunch and Learn presentation regarding safety plans was provided to employees in June of 2024 that reviewed safety plans and ensuring DFPS employees explain what the supervision plan is with the

family and safety plan monitor/caregiver. A Safety Plan Resource Guide was published October 2024 for DFPS employees to utilize as a resource when completing a safety plan.

See [3210 Safety Plan](#)

Recommendation 14

The team suggested case history remain and not be purged or removed from IMPACT so that it can be reviewed and utilized to determine child safety. They suggested extending the length of time history remains and re-assessing the retention rules, especially when there have been Reason to Believe findings or on-going cases.

In this case, the history regarding the maternal grandmother had been purged but was extremely relevant to properly assessing her protective capacities. The maternal grandmother had a long history of substance abuse and after the fatality occurred (where she was a safety plan monitor), she tested positive for methamphetamines.

Response 14

There is no prohibition to such a change, but any change to the retention schedule would have to follow proper procedures to make such changes and would need to comply with the Texas Government Code §441.185 and 40 Texas Administrative Code §702.205.

Information Technology can consider this enhancement, at the request of CPI leadership, in the current system given that the new case management system will take several years to build if funded by the Legislature. CPI will explore this further in FY25.

Recommendation 15

Critical information is lost when people or cases are not merged properly. When system improvements are made, there needs to be an auto merge function, versus relying on DFPS employees to do so manually, or at the very least, an inability to close an investigation or on-going case if merging has not occurred.

The team understood it could be years before system changes could occur however stressed the agency needs to ensure DFPS employees understand the importance of merging and learn how to do this correctly.

Response 15

A training was provided to CPI employees in December of 2023 regarding merging people and cases. CPI employees were provided with specifics regarding the do's and don'ts of case merging. There is also a merging tip sheet that was provided that same month. Merging is also reviewed with new employees in their initial training courses in the CPI Training Academy. New employees are also required to complete certain field tasks with their mentor, merging is one of those tasks.

See [2156 Receiving a New Intake During an Open Investigation of Abuse or Neglect](#)

In January 2024, the department began the Case Management Transformation Planning Project which is exploring options for a new Comprehensive Child Welfare Information System (CCWIS) to replace the agency's web-based case management application Information Management Protecting Adults and Children in Texas (IMPACT). The project team has been meeting with hundreds of stakeholders to determine the limitations of the current system and how those can be improved. Auto merging will be looked into if the funding is approved.

Recommendation 16

When able, investigations involving the most vulnerable children (under one years old, medically fragile, premature, drug positive, etc.) should be assigned to more tenured caseworkers.

In the case reviewed, there was a failure to thrive child, previous history concerning this child, and a prior fatality, and the case was assigned to a worker who had only been in the field for two months.

Response 16

It is a supervisor decision who to assign a case to. This decision should be based on the experience of the caseworker, history of the family, details of the intake and staff availability in the county.

Whenever possible, new staff should receive:

- Low risk, less complex cases
- Non-sensitive cases
- Weekly informal conferences
- Monthly formal conferences

A new caseworker receives a caseload that is a certain fraction of the average caseload for the county where the caseworker works:

- One third of an average caseload, for the first month after completing CPI Training Academy.
- Two thirds of an average caseload, for the second month after completing CPI Training Academy.
- Full caseload, starting in the third month after completing CPI Training Academy.

Chapter 3 - Coordination with External Entities

Recommendation 1

Information should be provided to families, so they are aware of online recovery supports. These can include public websites and resources from Outreach Screening, Assessment and Referrals (OSARS) in each region. It was suggested that state office substance abuse specialists compose a

list (handout) of online and regional resources that CPI and CPS employees can give to families. These resources should also be published on the DFPS public website.

Response 1

Currently, the DFPS Substance Abuse intranet page has an entire subpage dedicated to recovery resources in Texas: [Texas Recovery Resources](#). This page includes information about Outreach Screening, Assessment and Referrals, recovery support services, Oxford House, and prevention and intervention resources available through Health and Human Services Commission (HHSC). This webpage also includes numerous one-page resources on a variety of substance use related topics, including recovery and treatment, that can be printed and provided to families in need.

Substance abuse program specialists provide DFPS employees with links and regional resources for substance use treatment, and regularly meet with regional employees to provide current information as requested. They also provide a monthly newsletter that often includes current resources and information from OSAR, as well as general substance use education. The DFPS public website includes links to service providers and community resources that can be accessed by families to search for substance use services and other information regarding safe parenting. The DFPS public website also includes links that can be used to search for and access HHSC substance use and mental health services.

Recommendation 2

Identify support groups CPI and CPS employees can refer parents to for their specific needs. Examples include parents of multiples (twins, triplets, etc.), parents who are recovering addicts, parents with mental health diagnoses, single parents, parents of infants/elementary children/teens, blended families, etc.

Response 2

Currently, the substance abuse and mental health program specialists assist the field with connecting families with appropriate supports including Alcoholics Anonymous and Al Anon, Peer Recovery Coaching, and behavioral health supports for families through the local mental health authority. Information on substance use related resources can be located under the Self Help Support Groups heading of the Texas Recovery Resources tab of the Substance Abuse intranet page. Behavioral health support can be found under the Forms and Resources heading of the Mental Health intranet page. Most regions/counties have a resource list that can be provided to families during the investigation process if requested by the family. There are some areas that do not have access to many resources for families, this is more common in rural areas. There are also specific resources listed in “*A Guide to a Child Protective Investigation/Alternative Response*” which is provided to all parents/legal guardians at the start of the investigation.

DFPS also offers regional parent support groups (PSGs) which are informational support groups for parents receiving Investigations, Family-Based Safety Services or Conservatorship services. These groups are led by a parent who has successfully navigated the CPS system and an employee from CPS or a Single Source Continuum Contractor. This group serves as a model of hope and

source of support for parents currently experiencing the child welfare system. These groups can be used to refer parents to other, more specific groups.

See [DFPS - Regional Parent Support Groups \(PSGs\)](#)

Recommendation 3

The department should contract with Housekeeping Services to assist families struggling with keeping a clean and safe living environment.

Response 3

Current practice is for the DFPS caseworker to refer families who may require housekeeping services to the community agencies. Concrete services are also another option to assist families struggling with safe living environments. Concrete services are discretionary funds that are used to obtain goods and/or services that the client cannot purchase to increase the safety of the home and/or allow the parent or relative caregiver to better meet the needs of the child or family.

See [8233 Concrete Services](#)

Recommendation 4

The department should contract with service providers who can offer virtual resources and classes to parents who work and are unable to attend regularly scheduled services/groups.

Response 4

Many providers offer both in-person and virtual services. DFPS employees refer families to the service provider that can best meet their needs.

Recommendation 5

The department should offer to provide training to medical personnel in regard to making reports when they see very young children with repeated trips to clinic or hospital emergency rooms with illnesses or injuries that combined may indicate a pattern of abuse or neglect. The department often provides overviews of what types of things to report to law enforcement cadet classes, schools, early childhood intervention (ECI) providers, etc. Expanding this to medical facilities and local clinics would be beneficial as on-going training regarding abuse/neglect is not required by licensed medical personnel.

Response 5

Medical facilities and licensure boards have specific requirements for training for medical personnel related to abuse and neglect. There are publicly available trainings through the Department of State Health Services Texas Health Steps training portal that any medical

professional can access. There are specific trainings related to mandated reporting for abuse and neglect related concerns.

DFPS employees are available, upon request, to provide a presentation to these types of organizations within their regions/community.

Recommendation 6

The department should reach out to their local jurisdictions and request courtesy notification by Assistant District Attorneys in regard to criminal cases in which the department has been involved. This would be similar to legal requirements to notify the victims of crimes of the legal outcomes of cases.

Response 6:

There is no legal barrier that prohibits the local District Attorney's office from notifying DFPS of the final outcome of a criminal case in which there is a child fatality and in which DFPS has been involved. For example, when the following occur: Grand Jury indictment, indictment declined by the Grand Jury, plea agreement, or trial and conviction or acquittal. However, to mandate that a District Attorney's office makes such a notification would require legislative action. By extension, there is also no legal barrier for DFPS to contact the District Attorney's office to obtain outcomes of criminal cases in which DFPS has been involved.

Recommendation 7

It should be mandatory for schools to make a report to DFPS Statewide Intake Hotline if a child, who has been previously in foster care and is now back in the custody of their family, has been withdrawn from school and while required under Texas education law to be enrolled in school has not been so enrolled, specifically if there are other children in the home who remain enrolled in the school district. DFPS should be able to check on these children, though it is unknown exactly what the process would include. Suggestions were provided as follows:

- A safety alert for the school system involving children who have been in conservatorship previously. This could be tracked through the enrollment questionnaire process which would in turn flag the child if the child was unenrolled without a valid reason.
- There could be a post permanent managing conservatorship (PMC) program that provides additional services and support needed that could be used by the family in the future.
- This could be a case related special request.
- It could be in the form of a child safety check alert list (CSCAL).

Response 7

This recommendation would require a change to the Texas Family Code, which is outside of DFPS jurisdiction. DFPS is authorized to investigate allegations of abuse or neglect but does not have jurisdiction to investigate a family where no abuse or neglect is alleged simply because they have previous history and have withdrawn their child from school.

Recommendation 8

Parents of a child with special medical needs should be required to complete all educational training provided by the hospital or pediatrician. The case worker should be available to assist and ensure that this becomes part of the family plan of service.

Response 8

If an investigation involves a child with special medical needs CPI caseworkers will work with the family and medical providers to ensure the family is doing what is required to meet the child's medical needs, which includes required trainings.

When a youth who is in DFPS care is identified as having primary medical needs, a meeting is held to discuss the medical needs of the child as well as the training needed to care for the youth. Medical professionals, caseworkers and their managements, potential caregivers, and subject matter experts come together to discuss what training is necessary before placement occurs, including a return to the parents. Training regarding the medical care of the child offered by the hospital or other medical facility is scheduled and completed prior to placement occurring whenever possible. If emergency placement is needed, training completion is discussed during this meeting and confirmed by the caseworker.

Recommendation 9

The department needs a memorandum of understanding with Women, Infants, Children (WIC) programs in order for employees to obtain information that can be utilized to assess risk and safety.

In this review, there was a discussion held regarding the barrier with WIC in which employees are unable to obtain information on when the family was last seen or whether there were concerns when the child was last seen, even with a release of information.

Response 9

The department would benefit from a memorandum of understanding (MOU) with WIC in order to obtain information regarding the victim child and/or other children in the home; however, because of Health Insurance Portability and Accountability Act (HIPPA), WIC will often be limited with what they can share without a client's release of information. In other researched MOU's, data sharing is allowed for extending outreach to WIC eligible clients, but a client must sign a release of information prior to WIC sharing their information with any specific providers and agencies.

There is no legal barrier for DFPS to engage with the Texas Health and Human Services Coordination (HHSC), which is the Texas state agency that administers WIC programs, regarding a MOU to obtain information from WIC personnel during an investigation. The ability for the WIC

program to share information, however, would depend on applicable state laws, but also federal law under the authority of the United States Department of Agriculture (USDA).

Recommendation 10

The department should explore the possibility of contracting with agencies that provide breathalyzers as an additional safety measure that could be used when working with parents with alcohol abuse issues when the children are still in the home.

In the case reviewed, the mother had significant issues with alcohol and prior arrests for Driving While Intoxicated. The community members indicated that they are aware of parents being court ordered to obtain a breathalyzer, however for many families, this could be a financial burden that the department could alleviate.

Response 10

This will have to be explored further with legal and contracts in the upcoming fiscal year.

Chapter 4 - Training Needs

Recommendation 1

DFPS employees need to learn more about the relationship between marijuana and mental health, and the fact that many people use marijuana instead of obtaining appropriate mental health services due to it being more accessible and less expensive than traditional mental health services. As an agency, DFPS needs to find a way to combat that so that clients are getting professional mental health treatment when needed, instead of abusing marijuana.

Response 1

Currently, various trainings on marijuana and marijuana mimicking products such as Delta 8 and Delta 10, have been provided to regional employees and leadership. These trainings have been provided via a Lunch and Learn webinar as well as in-person. Additionally, the relationship between marijuana and mental health was the focus of a presentation at the annual CPI leadership conference for all supervisors and above in November 2023.

Substance use policy and resource guide were revised January 2024. Job aids have been created and are now available on the DFPS substance abuse intranet site for download. CPI shares the website information by email, meeting in a box, and during trainings with staff. The information is also sent to staff through our weekly Wednesday Wire e-mail that is sent out Statewide to Investigators. Wednesday Wire provides Investigation staff with CPI Announcements, updates on policy and procedures as well as any changes that may have occurred. Child Protective Investigations is collaborating with the National Center on Substance Abuse and Child Welfare through its In-Depth Technical Assistance (IDTA) program to continue to develop up-to-date

support and guidance on parental substance use, with a focus on parental marijuana use, for DFPS as well as community partners.

Mental health policy and resource guide were revised in February 2024. Lunch and Learn webinars are now complete regarding the policy update. DFPS employees continue to receive training and education on these subject matters.

Substance abuse program specialists regularly provide to both new and tenured employees training on Substance Use Basics. This training includes information on drug testing capabilities, substance use policy, treatment resources, and how drug use specifically impacts children and families. Also included is information regarding co-occurring mental health concerns that are frequently a part of substance use.

The substance abuse program specialists also provide monthly resources on specific substances, including marijuana. These resources include information about drug effects, trends in use, and treatment resources. Other information is included that is specific to those substances, such as signs and symptoms of use, co-occurring mental health disorders, and impact on child safety.

DFPS provides Youth Mental Health First Aid training to all employees. This training includes education on mental health, substance use, and accessing community resources for treatment and support. This training teaches participants how to identify a crisis or problem and what action to take.

Recommendation 2

Caseworkers should receive annual de-escalation training with a focus on how to deal with aggressive clients while remaining professional.

Response 2

Currently, DFPS does not provide an annual training regarding de-escalation practices/tools; however, DFPS does require employees to complete a mandatory training *Maintaining Professionalism During Conflict* for caseworkers to complete when becoming a senior advanced specialist. Additionally, Worker Safety offers numerous courses that have a component of de-escalation that are available for DFPS employees.

Currently, CPI/CPS employees have the opportunity to participate in multiple trainings which include de-escalation training components related to dealing with aggressive clients and professionalism. These trainings are available for employees to take as frequently as they wish and include the following:

- DFPS Core Competencies
- Effective Communication for Conflict Resolution
- Maintaining Professionalism During Conflict
- Protecting the Protectors Enhancing Staff Safety Skills
- Critical Communication
- Personal Safety for DFPS Staff V3

Recommendation 3

More education to employees on how to talk to parents about the realities of parenting and help them make a plan when they are overwhelmed; and how to help parents identify who they can talk to or ask for help. This may be family/friends, a support group or a professional. It may be in person or virtual.

Response 3

Currently, DFPS employees can request a Family Team Meeting to be held which engages the family support network and addresses child safety and risk long term. Employees can also refer families to community resources to address specific needs. The Alternative Response expansion efforts will include an engagement series provided to all employees in an effort to engage families in a holistic approach. The engagement series has been rolling out statewide to ensure education on how to improve engagement with children, youth, and families, this includes planning with the family. The engagement series roll-out has begun and will be fully completed by August 2025. Additionally, the Practice Model course is required for CPI certification that discussed planning with families. This is offered in-person.

DFPS Learning and Development (L&D) will discuss the need for additional training with CPI and CPS by third quarter FY2024.

CPS is planning supervisor conferences in FY25 that will focus on engagement and has had discussions with CPI about their engagement series.

Recommendation 4

Have DFPS employees complete a training where they actually look at domestic violence cases as an education piece. Assess if they are picking up on what they need to and identifying appropriate next steps. This could be a partnered training with the domestic violence specialist and Family Violence experts from the community. The training should ensure DFPS employees are familiar with the local resources and how to refer families to them.

Response 4

In March 2023, CPS requested a training for supervisors and other leadership related to assessing a case for domestic violence, substance use, and mental health and CPI requested an advanced substance use course. These courses were developed and implemented:

- Substance Use Going Beyond for Child Safety – Implemented June 2024
- Delving Deeper into Domestic Violence – Implemented October 2024

These courses utilize actual deidentified case examples to navigate with participants. DFPS Learning and Development (L&D) and CPS currently offer mental health training to all levels of

employees through Adult and Youth Mental Health First Aid and Utilizing Adult Mental Health Evaluations.

Currently, DFPS employees receive training on family dynamics where family violence is occurring, assessing for family violence, dispositions, partnering with victims, and complete activities that educate on the long-term effects of family violence with children and into adulthood. Case examples are utilized as part of the training. There are currently more than ten courses related to family violence available on an ongoing basis.

Recommendation 5

Train supervisors on how to guide caseworkers to look at the information gathered more deeply. Supervisors need to be aware of cases where domestic violence has been identified and ensure caseworkers are aware of the patterns of behavior. Caseworkers need to be trained on notifying supervisors of this information so that additional safety measures can be taken.

Response 5

Currently, CPI caseworkers are required to staff all cases with their supervisor. The supervisor asks follow-up questions and provides guidance on next steps. The supervisor will walk the caseworker through the decision-making process and the “whys” behind the decisions made involving the circumstances of the case including how child safety can be addressed by the parent.

Case Mapping is also a way to help caseworkers identify information that needs to be discussed on cases. Supervisors can discuss the case mapping process with caseworkers to identify information that is needed to make the most informed decisions on cases.

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Recommendation 6

The team recommends special investigators receive intense training on how to work a comprehensive investigation from start to finish in light of them coming from an assisting roll to now working all fatality investigations that involve surviving children.

Response 6

In the initial CPI Training Academy, special investigators are required to complete trainings related to completing an investigation. Special investigators continue their development through required courses and through ongoing trainings and employee meetings with their leadership, and various subject matter experts, to include child safety specialists with the Office of Child Safety.

Recommendation 7

In cases where there are newborn infants, employees should be advised to look for signs of and ask about post-partum depression. There is a free tool that is available to be administered to the mother. DFPS employees should be trained on how to administer the tool and should administer the tool to all mothers of newborns or very young infants.

Response 7

CPI caseworkers do assess parents and children mental or behavioral health concerns during their initial interview with children and parents. If there are concerns for post-partum depression the CPI caseworker would refer the parent to the local mental health authority. Before the close of the investigation the caseworker would follow up with the mental health provider to ensure the parent is following through with mental health provider's recommendations.

Recommendation 8

A Lunch and Learn training should be developed around mental health cases regarding what to look for and what questions to ask upon initial contact. DFPS employees should be provided with guidance on what type of questions they need to ask to ensure risk is reduced and safety is secured. Also educate employees on when a safety plan may be needed in cases involving an individual with mental health issues, until a formal assessment is conducted based on concerns noted.

Response 8

In October 2021, mental health tip sheets were created and made available to all CPI employees that help identify symptoms, how the person's mental health might affect their parenting and the types of questions that can be asked to assess for child safety. A mental health Lunch and Learn training was conducted in February of 2024 and touched on questions caseworkers should ask parents and providers to ensure safety of children. The Lunch and Learn was recorded and is available to all employees to review at any time. Additionally, the mental health program specialists are available to provide assistance and consultation on mental health cases and frequently participate in Family Team Meetings to provide support to employees and families. The mental health program specialists also liaise with Health and Human Services Commission Mental

Health Division to assist in coordination of obtaining resources for parents and youth needing mental health support.

Recommendation 9

A training should be developed by the substance abuse program specialists in partnership with the mental health program specialists for employees to know what questions to ask, what resources to provide, what types of interventions may be needed, if danger indicators are present, if there are safety concerns versus just risk, etc.

In this case, mental health and substance abuse were prevalent.

Response 9

The mental health program specialists and substance abuse program specialists are all supervised by the same manager and frequently collaborate on trainings for employees. The mental health program specialists and substance abuse program specialists maintain intranet pages on mental health and substance use, respectively, and ensure that employees have access to up-to-date information. Both the mental health program specialists and substance use program specialists also provide consultation for employees when they need additional assistance or support in locating a resource or identifying ways to mitigate an identified danger.

Recommendation 10

The department needs to partner with the medical specialist presenting at the annual child welfare conference in South Padre who is member of the Texas Pediatric Society (specifically the child abuse/neglect subcommittee) to develop additional material to provide families with regarding prenatal drug exposure, specifically marijuana, and the long term health and developmental issues it exposes the children to.

In this case, the child did not have withdrawals or other physical impairments at the time of birth due to the mother's marijuana use, however marijuana exposure in utero can have significant impacts on the on-going development of the child. This was not shared with the family and the review team did not feel DFPS employees are aware of these risks or how to discuss them with parents and caregivers.

Response 10

CPI substance abuse program specialists provide caseworkers with training around marijuana use and child safety. The training focuses on moving beyond a positive toxicology finding for marijuana to address how parental marijuana use can impact a caregiver's ability to provide a safe and nurturing environment for their child. Additionally, CPI is working with the National Center on Substance Abuse and Child Welfare (NCSACW) as a site selected to receive In Depth Technical Assistance (IDTA). NCSACW and CPI are collaborating on developing trainings, protocols, and community partnerships with community provides to address parent marijuana use and provide ongoing education and support from both a prevention perspective and an intervention

perspective. Finally, DFPS has several online and in-person courses on drug related topics that can be attended by all employees to further their knowledge base on marijuana and other substances of abuse.

Recommendation 11

The committee members recommended the department provide additional training to employees on how to address family planning and provide information on family planning services.

Response 11

Family planning is a personal choice and not something the department should address directly with families. The department does however provide training regarding global assessments within CPI and the Family Strengths and Needs Assessment in CPS. Both assessments include discussing an individual's needs in several areas, including their own health. If needs are identified or information requested, referral information is provided, that would include health care providers in the community. CPS also updated policy to require staffings be held with the program director and CPI staff when it becomes aware a mother they are working with is pregnant. The child safety specialist can also be included in or facilitate these staffings if available. CPS also conducted mandatory trainings with all on-going staff regarding the new policy.

See [12510 Family Strengths and Needs Assessment \(FSNA\)](#)
See [6330 The Family Strengths and Needs Assessment \(FSNA\)](#)
See [2670 When a Mother in an Open FBSS Case is Pregnant](#)
See [6370 When a Mother in an Open CVS Case is Pregnant](#)

Recommendation 12

The department should provide substance abuse cross training in all areas of the State between court appointed special advocates (CASA) and on-going Child Protective Services and Community Based Care employees. The focus would primarily be on types of drug testing, how often testing should be completed, and interpreting the results.

Community members stated they had recently attended one of these cross trainings and found it very informative and helped them to better understand what was being reported in court.

Response 12

DFPS staff are currently provided with training in all stages of services regarding drug testing, drug testing policy, and drug test results. This training is required for new employees. Additional substance use training is also required as part of the caseworker certification process. In addition, CPS Substance Use Disorder Program Specialists offer a drug testing basics training upon request to both DFPS and the Single Source Continuum Contractor (SSCC), as well as training on any substance use related topic. The DFPS Substance Use Disorder Program Specialists, who are the designated subject matter experts, are also available to consult with both DFPS and SSCC staff regarding any substance use issue or drug test. At this time, the Substance Use Disorder Program

Specialists are not able to provide training outside of DFPS or SSCC's. CASA organizations conduct their training independently.

Chapter 5 – Miscellaneous

Recommendation 1

To destigmatize completion of services offered by CPS, the team suggested targeted media campaigns on popular social media platforms with a message geared toward how CPS is seeking to help families, and that participation in programs such as Family-Based Safety Services (FBSS) is a good thing rather than something to be ashamed of and feared. The goal of these campaigns would be to increase the safety of children and decrease the risk in families by making them more likely to engage in services when offered.

Response 1

Media Relations continuously develops proactive coverage of the agency both in the news media and on social media.

In the first quarter of FY 2024, Media Relations had more than 400 contacts with the news media. With every contact, we take the opportunity to talk about the work of our agency and the individuals who are dedicated to it. Through media ride-a-longs and interviews with DFPS employees on a variety of topics, we share valuable safety information for vulnerable Texans and, at the same time, humanize our employees by allowing their voices to be heard.

Recommendation 2

IMPACT should be updated to ensure cases cannot be closed with a Recommended Action of Close – Abbreviated Investigation when they do not meet criteria. This would ensure thorough investigations to include the completion of a risk assessment.

In the case reviewed, the investigation prior to the fatality was closed as an abbreviated Rule Out, against policy, even though the alleged victim was two years of age, was a prior victim and the family had prior Reason to Believe history. Abbreviated Rule Out cases do not require a Risk Assessment per policy. Had policy been followed, a risk assessment would have been completed and the risk finding would have been high and would have warranted a referral to Family-Based Safety Services.

Response 2

Instead of updating IMPACT, CPI provided a reminder to staff in a CPI broadcasted communication regarding Abbreviated Ruled Out policy in December 2024.