

PROTECT OUR KIDS COMMISSION

MEETING SUMMARY

**October 24, 2014
10:00 am – 2:00 pm**

**Legislative Conference Center
Texas Capitol Extension, E2.002**

The Protect Our Kids Commission held its initial meeting on October 24, 2014, to introduce the Commissioners and begin information-gathering with presentations from key stakeholders including the Department of Family and Protective Services (DFPS), the Department of State Health Services (DSHS), the Dallas County Medical Examiner's Office, and the Texas Center for the Judiciary.

Background

The 83rd Legislature created the Protect Our Kids Commission, followed by the Commissioner appointments from the Governor, Lieutenant Governor, and Speaker of the House. The Legislature directed the POK Commission to:

(1) identify promising practices and evidence-based strategies to address and reduce fatalities from child abuse and neglect;

(2) develop recommendations and identify resources necessary to reduce fatalities from child abuse and neglect for implementation by state and local agencies and private sector and nonprofit organizations, including recommendations to implement a comprehensive statewide strategy for reducing those fatalities; and

(3) develop guidelines for the types of information that should be tracked to improve interventions to prevent fatalities from child abuse and neglect.

Welcome from the POK Chairperson, Judge Robin Sage

Speaker Presentations

Judge John Specia, Commissioner of Department of Family & Protective Services

DFPS has recently released its plan for organizational transformation based on recommendations by The Stephen Group (TSG), a consulting firm based out of New Hampshire and the Texas Sunset Commission. According to TSG findings, caseworkers only spend about 26% of their time in the field. DFPS Transformation strategies include technology upgrades and streamlined decision making processes to "buy back" time for caseworkers to spend with children and families. Commissioner Specia is focused on workforce stabilization through expanded training, more detailed screenings for compatibility at hiring, and improved employee mentoring. More

prevention dollars will be funneled toward the Zero to Three Population where over half of the child fatalities occur.

Sasha Rasco, Director of Prevention and Early Intervention, DFPS

Sasha Rasco educated the POK Commission on the establishment of an Office of Child Safety at DFPS that is on-par with Child Protective Services and Adult Protective Services. Currently, DFPS Prevention and Early Intervention (PEI) has contracts with community-based programs and agencies to provide a variety of services that help prevent abuse, neglect, delinquency, and truancy of Texas children. Some key points of her presentation were as follows:

Texas Family Code Sec. 265.002. PREVENTION AND EARLY INTERVENTION SERVICES DIVISION.

"Prevention and early intervention services" means programs intended to provide early intervention or prevent at-risk behaviors that lead to child abuse, delinquency, running away, truancy, and dropping out of school.

Child Abuse and Neglect Prevention Services focuses on strengthening the following six protective factors:

1. Nurturing and Attachment
2. Knowledge of Child Development
3. Parental Resilience
4. Social Connections
5. Concrete Supports
6. Social and Emotional Competence of the Child

Texas Family Code Sec. 265.004. USE OF EVIDENCE-BASED PROGRAMS FOR AT-RISK FAMILIES.

(a) To the extent that money is appropriated for the purpose, the department shall fund evidence-based programs offered by community-based organizations that are designed to prevent or ameliorate child abuse and neglect. ... (b) The department shall place priority on programs that target children whose race or ethnicity is disproportionately represented in the child protective services system. (c) The department shall periodically evaluate the evidence-based abuse and neglect prevention programs to determine the continued effectiveness of the programs.

Project HOPES: Healthy Outcomes through Prevention and Early Support.

The goal of Project HOPES is to establish flexible, community-based child abuse and neglect prevention programs in select communities, targeting families of children ages 0-5 who are at-risk for abuse and neglect.

During the 83rd Legislature, \$19 million was set aside for other at-risk prevention programs that include:

- Only programs that are evidence-based or promising practices.

- Community-based programs located throughout the state.
- Performance measures that gauge program effectiveness.
- Programs with a focus on children ages 0-17.
- Public private collaboration that enhances state resources to reach more children, youth, and families.

The benefit of the Project HOPES will be to reduce the abuse and neglect of children by empowering local communities, to build effective prevention services and coalitions through financial resources, data-driven procurement, and offering the flexibility to choose the evidence-based programs that meet the needs of the local community. The counties targeted for HOPES are:

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|-----------------------|-------------------|--------------------|
| • Potter (Amarillo) | •Gregg (Longview) | •Hidalgo (McAllen) |
| • Cameron (Harlingen) | •Travis (Austin) | •El Paso (El Paso) |
| • Webb (Laredo) | •Ector (Odessa) | |

The new **Office of Child Safety** will have overall project management responsibility for cross-program initiatives that address preventable child fatalities, serious injuries and increase overall child safety. Current initiatives that will move under this division for project management include:

- Critical Case Management (CCM) is a cross-divisional, internal process of review of critical cases, often child fatality cases, looking for trends;
- HHSC fatality reviews;
- Project HIP (Help Through Intervention and Prevention– match birth records with records on families with a child fatality determined to be caused by abuse or neglect or a termination of parental rights) and ongoing legislative initiatives including the DFPS Safety Plan for Children in Foster Care, HIP •the DFPS and DSHS Strategic Plan to Reduce Child Abuse and Neglect Fatalities; The estimated number of referrals for this program in calendar year 2014 is 1502.
- the Protect Our Kids Commission; and
- the Federal Commission for the Elimination of Child Abuse and Neglect Fatalities.

Tammy Sajak, MPH, Director of the Title V and Family Health Divisions, DSHS

DSHS is the state agency responsible for administration of Title V and is one of four state health and human service agencies under the Health and Human Services Commission. Within DSHS, the Division for Family and Community Health Services is responsible for most women's and children's programs.

Actions Central to DSHS

- Providing timely data regarding child abuse/neglect fatalities in Texas
- Addressing the role that substance abuse plays in homes where children are at risk

- Recognizing the critical role providers play and giving them additional resources to deal with these complex issues

Child Fatality Review Teams

- Statewide effort to conduct retrospective reviews of child deaths through volunteer-based, Child Fatality Review Teams (CFRTs)
- Led by DSHS, in coordination with DFPS and other state agencies
- Public health strategy to:
 - Understand child deaths through multidisciplinary review on the local level;
 - Collect and analyze data to better understand risks to children; and
 - Inform local and statewide activities to reduce preventable child deaths
- Two Components:
 - Local Child Fatality Review Team (76 CFRTs cover 203 of the 254 Texas counties)
 - State Child Fatality Review Team (SCFRT) – make recommendations to reduce preventable child death including motor vehicle, drowning and abuse and neglect

Medical Child Abuse Resources and Education System (MEDCARES)

\$2.5 million in funds are awarded annually to hospitals, academic health centers, and health care facilities with expertise in pediatric health care and a demonstrated commitment to developing basic and advanced programs and centers of excellence to develop and support regional initiatives to improve the assessment, diagnosis and treatment of child abuse and neglect. MEDCARES encourages the training and hiring of Child Abuse Pediatrics (a relatively new subspecialty):

- Specialized child abuse providers improve timely and accurate diagnoses, provide treatment and give support to investigations
- Medical services include comprehensive medical evaluations in an inpatient or outpatient setting
- Provides specialized equipment to handle medical and forensic exams
- Provides education and training to health care providers, community partners and the public
- Need for Substance Abuse Services for DFPS Clients
- Drug overdose deaths exceed motor vehicle-related deaths in 29 states and Washington D.C.
- Abuse of prescription painkillers costs an estimated \$53.4 billion a year in lost productivity, medical costs and criminal justice costs
- Only 1 in 10 Americans with a substance abuse disorder receives treatment

Texas Health Steps Online Provider Education Program for physicians and other health care providers on:

- Recognizing, Reporting and Preventing Child Abuse
- Infant Safe Sleep

- Intimate Partner Violence Training

Dr. Reade Quinton, Deputy Chief Medical Examiner, Dallas County

Dr. Quinton works closely with the Dallas Children’s Advocacy Center, the Dallas County Child Death Review Team, and the Texas State Child Fatality Review Team. He is the Incoming President of the State Child Fatalities Review Team and led the POK Commission in a discussion about:

Local CFTs

- Volunteers
 - Many specialties and agencies
 - May include multiple hospitals and multiple police/sheriff jurisdictions
- Retrospective reviews (some may be a year after the death)
- May meet quarterly, monthly, or as needed
- May include all causes of death or focus on non-natural causes
- May identify individual case errors
- Facilitate local prevention initiatives
 - Water safety
 - Booster seat
 - Safe sleep
- Draft recommendations yearly to SCFRT
- Input data into the National Case Reporting System

National Center for the Review and Prevention of Child Deaths

- Data collection challenges:
 - Caseload
 - Volume of data per case
- 20 page CDR reporting form
 - Variable participation among CFRTs
 - Variable terminology (death certificates)

Heidi Penix, Director of Texas Children’s Justice Act

The Children’s Justice Act (CJA) is a federal grant awarded to each state to operate programs designed to improve the child protection system, especially in the areas of child sexual abuse, child abuse and neglect related fatalities, the investigation and prosecution of abuse and neglect cases, and cases involving children with disabilities.

Section 107(d) of CAPTA requires the CJA State Task Force to undertake a comprehensive review of the investigative, administrative and judicial handling of cases of child abuse and neglect and to make training and policy recommendations in the CJA categories. The State Task Force assessment (review, evaluation, and recommendations) is required at three year intervals.

The most recent assessment found broad variation in how child death cases are handled because of inconsistent training and resources:

- Lack of definitive medical evidence
- Misunderstanding about what an autopsy can and cannot do
- Autopsy standards vary widely – no mandated standards and protocols
- Lack of basic training on child abuse/neglect investigation for law enforcement
- No required standardized training on death investigations for Justices of the Peace
- No required standardized training on death investigations for first responders
- No required use of SUIDI protocol
- Joint investigations between law enforcement/cps are not happening as required

CJA's Next Steps

- Improve consistency of data collection
- Standardized protocols for first responders on child death investigations
- Death investigation training for JPs
- Joint training for law enforcement & CPS
- CAC access to IMPACT
- Infant and child death autopsy protocol

Judge Sage announced she would circulate a proposed set of ground rules to govern the procedure of the Commission and asked the Commissioners to provide feedback on the ground rules. The Commission will consider adoption of those rules thereafter.

Future Meetings

- January 16, 2015
- March 27, 2015
- May 11, 2015

Meeting adjourned.