CJA TASK FORCE MEETING

January 15, 2016, 9:00 am-1:00 pm

Texas Center for the Judiciary
1210 San Antonio St, St. Austin, TX 78701
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Children’s Justice Act Task Force
Quarterly Task Force Meeting
January 15, 2016
9:00 AM - 1:00 PM

AGENDA

8:30    Networking Breakfast

9:00    Welcome and Introductions – Kris Linenberger

9:10    Approval of October 9, 2015 meeting minutes – Action Item

9:15    Project Spotlight: Harris County – Miriam Soto Martinez, Forensic Anthropology Research Fellow

10:00   Project Spotlight: SafePlace – Shell Schwartz, Director of Disability Services

10:30   Break

10:45   FY16 Grants Process Overview – Heidi Penix

11:00   Committee Breakouts/Working lunch

12:30   Committee Report Out

12:45   Adjourn
## TX Children’s Justice Act Task Force Members 2015-2016

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Contact Information</th>
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</thead>
<tbody>
<tr>
<td>Kris Linenberger, Chair</td>
<td>Training Manager</td>
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<td>Austin, TX (512) 482-8270 <a href="mailto:kris@thn.org">kris@thn.org</a></td>
</tr>
<tr>
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<td>Collin County CAC</td>
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</tr>
<tr>
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<td>CASA of Travis County</td>
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</tr>
<tr>
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<td>District Attorney</td>
<td>Webb County District Attorney’s Office</td>
<td>Laredo, TX 956-523-4912 <a href="mailto:iralaniz@webbcountytx.gov">iralaniz@webbcountytx.gov</a></td>
</tr>
<tr>
<td>Tymothy Belseth</td>
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<td>Austin, TX 512-438-3769 <a href="mailto:Tymothy.belseth@dfps.state.tx.us">Tymothy.belseth@dfps.state.tx.us</a></td>
</tr>
<tr>
<td>Tony Bradley</td>
<td>Lieutenant/Supervisor, Rural Child Abuse Task Force (Retired)</td>
<td>Collin County Sheriff</td>
<td>Plano, TX 972-633-6626 <a href="mailto:tbradley@co.collin.tx.us">tbradley@co.collin.tx.us</a></td>
</tr>
<tr>
<td>Irene Clements</td>
<td>Executive Director</td>
<td>National Foster Parent Association</td>
<td>Pflugerville, TX 512-775-1024 <a href="mailto:ireneclements17@gmail.com">ireneclements17@gmail.com</a></td>
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<tr>
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</tr>
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<tr>
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</tr>
<tr>
<td>Jesse Gonzales, Jr.</td>
<td>Attorney at Law</td>
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<td>(432) 940-5646 <a href="mailto:jg_jesse@hotmail.com">jg_jesse@hotmail.com</a></td>
</tr>
<tr>
<td>Angela Goodwin</td>
<td>Director of Investigations</td>
<td>CPS</td>
<td>Austin, TX 512-438-4746 <a href="mailto:Angela.goodwin@dfps.state.tx.us">Angela.goodwin@dfps.state.tx.us</a></td>
</tr>
<tr>
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<td>Attorney at Law</td>
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</tr>
<tr>
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</tr>
<tr>
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<td>Austin, TX 512-914-3908 <a href="mailto:Diana.martinez@tala.org">Diana.martinez@tala.org</a></td>
</tr>
<tr>
<td>Gabriel E. Martinez, Jr.</td>
<td>Captain, Special Projects</td>
<td>City of Laredo Police Department</td>
<td>Laredo, TX 956-795-2899 <a href="mailto:Gmartinez1@ci.laredo.tx.us">Gmartinez1@ci.laredo.tx.us</a></td>
</tr>
<tr>
<td>Lindsay Mullins</td>
<td>Executive Director, State Government Affairs</td>
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<td>Austin, TX 512-473-2823 <a href="mailto:lmullins4@austin.rr.com">lmullins4@austin.rr.com</a></td>
</tr>
<tr>
<td>Julie Prudhome</td>
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<td>Garth House, Mickey Mehaffy CAC</td>
<td>Beaumont, TX 409-838-9084 <a href="mailto:jprudhome@juno.com">jprudhome@juno.com</a></td>
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# TX Children’s Justice Act Task Force Members 2015-2016

<table>
<thead>
<tr>
<th>Joy Rauls</th>
<th>Monica Reyes</th>
<th>Craig Spinn</th>
</tr>
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<tbody>
<tr>
<td>Executive Director</td>
<td>Parent Liaison</td>
<td>Superintendent of Schools (Retired)</td>
</tr>
<tr>
<td>Children Advocacy Centers of Texas</td>
<td>The Children’s Partnership/Travis County Health and Human Services</td>
<td>Thorndale ISD</td>
</tr>
<tr>
<td>Austin, TX</td>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Vicki Spriggs</th>
<th>Stephanie Stephens</th>
<th>Nhung Tran</th>
</tr>
</thead>
<tbody>
<tr>
<td>CEO</td>
<td>Assistant County Attorney</td>
<td>Developmental-Behavioral Pediatrician</td>
</tr>
<tr>
<td>Texas CASA, Inc.</td>
<td>Nacogdoches County Attorney’s Office</td>
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</tr>
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<td>254-724-6060</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:vtran@sw.org">vtran@sw.org</a></td>
</tr>
</tbody>
</table>

| Angela Tucker                 |                                |                                |
| Judge                         |                                |                                |
| 199th Judicial District Court – Collin County |                                |                                |
| McKinney, TX                  |                                |                                |
| 972-548-4415                  |                                |                                |
| atucker@co.collin.tx.us       |                                |                                |

| Staff                         |                                |                                |
| Heidi Penix                   |                                |                                |
| Program Director              |                                |                                |
| (512) 482-8986                |                                |                                |
| (517) 974-8009 cell           |                                |                                |
| heidip@yourhonor.com          |                                |                                |
MINUTES of Texas Children’s Justice Act Task Force
Meeting Date: October 9th, 2015

Call to order: A regular meeting of the Texas Children’s Justice Act (CJA) Task Force was held at the Texas Association of Counties Building in Austin, TX on October 9th, 2015. The meeting convened at 9:05 a.m. with Kris Linenberger, CJA Task Force Chair, presiding.

Members in attendance: Isidro Alaniz, Tony Bradley, Irene Clements, Jamye Coffman, Jon Evans, Angela Goodwin, Denise Hyde, Diana Martinez, Gabriel Martinez, Dan Powers, Julie Prudhome, Joy Rauls, Monica Vicki Spriggs, Craig Spinn, Stephanie Stephens, Angela Tucker, Laura Wolf

Members not in attendance: Tym Belseth, Cathy Crabtree, Jesse Gonzales, Aurora Martinez Jones, Lindsay Mullins, Monica Reyes, Nhung Tran, LaRu Woody

Also in attendance: Catherine Bass, Krista Del Gallo, Heidi Penix, Rebecca Pitts

Welcome and Introductions by Kris Linenberger. Kris Linenberger welcomed members and guests. Introductions were made around the room.

Approval of past meeting minutes: CJA meeting minutes from July 10, 2015 were disseminated to Task Force members for review via email on October 7. Laura Wolf moved for approval. Angela Tucker seconded the motion. Minutes were approved without objection.

CJA Task Force Update: Kris Linenberger discussed the proposed work of the CJA Task Force for the upcoming year. The Task Force will have two sub-committees instead of three this year – membership and grants. Task Force members will be asked to serve on one of the two committees. The work of the grants committee will extend beyond the work of the grants process and members will be asked to assist with grants monitoring by attending grantee events and trainings when possible. The membership committee will have two main tasks – recruitment and Task Force training/education. The membership committee will be asked to assist in planning the agenda for TF meetings. Finally, the Task Force discussed the planning a retreat for Task Force members for summer of 2016. The updated scope of work of the sub-committees can be found on page 67 of the meeting materials.

Heidi Penix will follow up with members via email to request their committee preferences.

FY16 Grant Projects: Heidi Penix reviewed the grant projects for FY16 that the Task Force had approved for funding. Ms. Penix directed members to page 15 of the meeting materials for summaries of those grants.

The following table lists the approved FY16 grants:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Project Title</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children's Advocacy Centers of Texas</td>
<td>Ensuring a Coordinated Approach to the Investigation of Child Abuse by Supporting and Strengthening CAC MDTs Statewide</td>
<td>$200,000</td>
</tr>
<tr>
<td>Children’s Advocacy Centers of Texas</td>
<td>Evaluating the MDT Approach to Investigating Child Abuse Cases and the Impact of the MDT Enhancement Program</td>
<td>$101,696</td>
</tr>
<tr>
<td>Texas Department of State Health Services</td>
<td>CFRT Local Coordinator Pilot Project</td>
<td>$128,635</td>
</tr>
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</table>
The grants committee recommended funding for Harris County Institute of Forensic Science for their project *Using Quantitative Ultrasound to Evaluate Infant Bone Health and Fracture Risk in the Medical Examiner and Clinical Settings* at the July meeting, however, CJA staff needed to speak with our federal funders at the Children’s Bureau to ensure that we would be permitted to use CJA funding for this project. The Children’s Bureau agreed to permit funding for this project for one more year.

DFPS required additional time to complete their grant proposal. Their proposal was received on July 20th. The grants committee met by conference call on August 13th to discuss the grant and voted to recommend the project for funding. Texas Council on Family Violence had contacted CJA staff after the July Task Force meeting. There had been a miscommunication about the grants process this year and they requested the opportunity to submit an application for FY16 funding. The grants committee also approved this request on August 13. TCFV submitted a grant proposal on September 28th. The grants committee met by conference call on October 7th to review the TCFV application. The committee recommended the project for funding.

The Task Force discussed the three grant projects. Laura Wolf moved to approve the proposals for CJA funding. Julie Prudhomme seconded the motion. The motion was approved by the Task Force. Angela Goodwin abstained.

Information about the three additional projects can be found the Table below:

<table>
<thead>
<tr>
<th>Organization</th>
<th>Project Title</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Harris County</td>
<td>Using Quantitative Ultrasound to Evaluate Infant Bone Health and Fracture Risk in the Medical Examiner Setting</td>
<td>$113,506</td>
</tr>
<tr>
<td>Texas Department of Family and Protective Services</td>
<td>Alternative Response: Better Outcomes Through Family and Community Partnering</td>
<td>$200,000</td>
</tr>
<tr>
<td>Texas Council on Family Violence</td>
<td>Advocacy for Survivors of Family Violence and Their Children Within CPS</td>
<td>$50,000</td>
</tr>
</tbody>
</table>

**FY15 Grant Projects:** Heidi Penix directed members to page 45 of the meeting materials for third quarter updates of the FY15 grants and reviewed some of the highlights from those projects. The FY15 grant year ended on 09/30 so the final project reports and Requests for Reimbursement have not yet been submitted. Ms. Penix estimated that roughly $65,000 from FY15 will be carried over from FY15 to the FY16 budget. This is in addition to the $139,606 unallocated money from FY15 that will also be carried over to FY16. Ms. Penix directed members to a projected FY16 budget based on these estimates on page 58 of the meeting materials. All funding for FY16 is now allocated.

**Project Spotlight – Texas Council on Family Violence:** Krista Del Gallo, Policy Manager at the Texas Council on Family Violence, presented on TCFV’s CJA project, particularly its work with CPS to update CPS’ Disposition Guidelines for Domestic Violence. These guidelines are intended to provide guidance when determining a disposition related to a case where domestic violence has been identified in a family. The core concepts to decision making in the new guidelines state that a child’s exposure to domestic violence, in and of itself, does not constitute child abuse and neglect by the adult victim of domestic violence and the victim of domestic
violence should not be held accountable for abuse/neglect of a child solely based on being a victim of domestic violence. It is key that CPS accurately assess the protective efforts that a victim parent exhibits and that a child should remain in the care of an adult victim who demonstrates sufficient protective capacities to keep the child safe. If the child cannot be kept safe, alternative placement should be considered. Additionally, sufficient resources are necessary to address the co-occurrence of domestic violence and child maltreatment.

In September 2015, Krista worked with CPS to begin training their staff on the new guidelines. However, the guidelines are still a work in progress as they are a significant shift in how CPS handles cases involving domestic violence.

Krista also distributed copies of the Survivor’s Rights Card. This is an output from their FY14 CJA grant that is to serve as a resource for victims of family violence to understand more about the CPS system, how to be a protective parent, and their rights within the CPS system.

Task Force Education: The Baby Katherine Case – Isidro Alaniz, Webb County District Attorney, presented a case study of a child homicide case from Laredo. The case resulted in four life sentences for the murderer, a conviction for abandonment for the child’s mother, and school officials charged with failure to report felony child abuse.

Child Fatality Review Teams – Heidi Penix gave a brief overview of the background and purpose of Child Fatality Review Teams (CFRTs) in Texas as well as some the challenges faced by CFRTs. One of the key challenges is the lack of staff support and the new pilot project funded by CJA in FY16 hopes to prove that providing minimal staff support for teams can dramatically change the quantity and quality of data collected.

The meeting was adjourned at 1:15 pm.
The Infant Injury Database and Current Research

Miriam Soto Martinez, Ph.D.
Forensic Anthropology Research Fellow

January 15, 2016
Non-Accidental Injury vs. Pathology

Importance

Child Abuse Allegations

- **Abuse Stats 2013**
  - **Texas**
    - 11,734 physical abuse
    - 156 - fatalities
  - **Harris County**
    - Highest risk for domestic violence
    - Child abuse fatality
      - Ranked 168 of 254

- **Texas Children’s Hospital**
  - 1,416 abuse evaluations
    - 504 physical abuse evaluations
      - 60-65% positive findings

- **Harris County Institute of Forensic Sciences**
  - 24 Homicides
Non-Accidental Injury vs. Pathology

*Importance*

**Pathological Fractures**

- Osteogenesis Imperfecta (OI)
- Rickets
- Chronic Illness
- Temporary Brittle Bone Disease????
  - CONTROVERSIAL
“It is critically important for doctors, investigators and prosecutors to be able to distinguish bone disease from abuse because OI is the most frequent medical/legal defense in suspected cases of child abuse.”
“Sometimes parents are falsely accused of child abuse on non-accidental situations, such as ... when a child has a pre-existing medical condition that contributes to her/his own injuries.

For example, one type of disease called “brittle bone disease” has been raised as a defense to show one’s injuries were the result of a disorder that causes a child’s bones to break easily, and not a result of child abuse.”

Evidence-Based Practice (EBP)

- Integrating individual clinical expertise with the best available external clinical evidence from systematic research to optimize decision making regarding individual care (Sackett D, 1996)

Requires Rigorous Data Collection

- Databases extremely important for EBP
  - Infant Injury Database (IID)
Understanding Infant Death (cont’d)

- **Difficult to Evaluate**
  - Low Incidence Rate

- **Long-Term Data Collection**
  - Circumstances Surrounding Death
  - Law Enforcement Investigation
  - Medical Records
  - Autopsy Findings
Potential Uses of the IID

- Research
  - Injury Pattern Recognition
  - Variable Frequency
  - Predictive Variable Value Analysis

- Development of Screening Protocols and Tests
  - Intervention
  - Prevention

- Development of Diagnostic Strategies
Infant Injury Database (IID)
# Infant Injury Database

<table>
<thead>
<tr>
<th>Case number</th>
<th>Date of birth</th>
<th>Date of death</th>
<th>Time of death</th>
<th>Race</th>
<th>Gender</th>
<th>Close Form</th>
<th>Delete Case</th>
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## CaseStats

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<th>Presentation</th>
<th>Clinical_Hx</th>
<th>Medical_Hx</th>
<th>Fxs_Anthro</th>
<th>Fxs_Path</th>
<th>Fxs_Radiol</th>
<th>Pathology</th>
<th>Notes</th>
<th>Bone Density Study PT I</th>
<th>Bone Density Study Pt II</th>
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<table>
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<th>Manner appears</th>
<th>Trauma caused by</th>
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<th>Cause of Trauma</th>
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<tr>
<th>Injury Zipcode</th>
<th>Place of death</th>
<th>Death Zipcode</th>
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<tr>
<th>Found in location</th>
<th>Discovered by</th>
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<th>Transport from</th>
<th>Transport preference</th>
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<th>Time EMS at scene</th>
<th>Time to hospital 1</th>
<th>Duration transport (calculated)</th>
<th>minutes</th>
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<tr>
<th>Time to hospital 2</th>
<th>Duration transport (entered)</th>
<th>(enter minutes if Times not known)</th>
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<table>
<thead>
<tr>
<th>Autopsy performed</th>
<th>Bone quality in situ</th>
<th>Bone quality after processing</th>
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<table>
<thead>
<tr>
<th>Path reviewed?</th>
<th>Full skeletal exam?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td></td>
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<table>
<thead>
<tr>
<th>Pathologist</th>
<th>Pathologist (if additional)</th>
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</table>


# Infant Injury Database

<table>
<thead>
<tr>
<th>Field</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>EGA at birth (weeks)</td>
<td></td>
</tr>
<tr>
<td>Birth weight (grams)</td>
<td></td>
</tr>
<tr>
<td>Prenatal care?</td>
<td>Yes</td>
</tr>
<tr>
<td>Date most recent hospitalization</td>
<td></td>
</tr>
<tr>
<td>Special diet?</td>
<td>Yes</td>
</tr>
<tr>
<td>Dietary restrictions?</td>
<td>Yes</td>
</tr>
<tr>
<td>Rickets?</td>
<td>Yes</td>
</tr>
<tr>
<td>Family history bone disease?</td>
<td>Yes</td>
</tr>
<tr>
<td>Full sibling?</td>
<td>Yes</td>
</tr>
<tr>
<td>Type of bone disease</td>
<td></td>
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<tr>
<td>Genetic condition?</td>
<td>Yes</td>
</tr>
<tr>
<td>Prior infant deaths?</td>
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## Infant Injury Database

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</tbody>
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### External Path - extremities
- R upper arm
- R forearm
- R hand
- L upper arm
- L forearm
- L hand
- R upper leg
- R lower leg
- R foot
- L upper leg
- L lower leg
- L foot

### Select one or more abnormal organ pathologies
- Heart
- L lung
- R lung
- Esophagus
- Thymus
- Adrenal
- Bladder
- Gallbladder
- Large intestine
- Small intestine
- Peritoneum
- Kidney
- Liver
- Pancreas
- Spleen
- Stomach
- Ovaries
- Uterus

### Select one or more intracerebral hemorrhage types
- Subdural (SDH)
- Subarachnoid (SAH)
- Extra-dural (EDH)
- Intraventricular (IVH)
- Parenchymal-Contusion
- Parenchymal-Intraparenchymal
- Unknown
Infant Injury Database

![Database Interface Image]

The Infant Injury Database is designed to track and analyze injuries in infants. The interface allows for detailed recording of case data, including dates of birth and death, time of death, and gender. It also includes sections for clinical findings, bone, and mineralization data. Each case can be assigned an observer, and there is a separate section for bone mineral content with fields for BMC value, side, and BMD value.
IID Demographics

- **Sex**
  - Male = 215 (59%)
  - Female = 148 (41%)

- **Ancestry/Race**
  - Black = 150 (41%)
  - Hispanic = 116 (32%)
  - White = 87 (24%)
  - Asian = 10 (3%)

Total Cases = 363
IID: Manner of Death

- Pending: 38%
- Accident: 12%
- Accident-MVA: 7%
- Homicide: 9%
- Natural: 33%
- Undetermined: 1%
IID: Traumatic Injury

- 89% No Trauma
- 9% Pending
- 1% Blunt Force
- 2% Blunt and Sharp Force
- 1% Thermal
- 0% Thermal
# Infant Injury Database

## Rib Injuries (40%)
- Accident = 9/25 (36%)
- Accident-MVA = 2/3 (67%)
- Homicide = 17/34 (50%)
- Natural = 46/120 (38%)
- Undetermined = 49/139 (35%)
- Pending = 24/43 (56%)

## Other Skeletal Injuries (5%)
- Accident-MVA = 2/3 (67%)
- Homicide = 9/34 (26%)
- Undetermined = 6/139 (4%)
- Other Manners (<1%)

## Cranial Injuries (3%)
- Accident = 1/25 (4%)
- Accident-MVA = 2/3 (67%)
- Homicide = 6/34 (18%)
- Other Manners (<1%)

## Combination (<1%)
- Accident-MVA = 1/3 (33%)
- Homicide = 2/34 (6%)
Research
Nerve Root and Dorsal Root Ganglia Hemorrhage as an Indicator of Pediatric Traumatic Head Injury (2015)
Shaken Baby Syndrome/Traumatic Head Injury

- Hemorrhage
  - Brain
  - Eyes
  - Spinal Cord
  - Spinal Nerves

- Possible Skeletal Injury
  - Classic metaphyseal lesions
  - Rib fractures
Spinal Cord Extraction

Dorsal Nerve Roots and Ganglia

Spinal Cord and Nerves
Spinal Cord Extraction

- Spinal cord
- Vertebral body
- Lamina
- Pedicle
Atraumatic Histological Sections

Score = 0

Top: Nerve Root; Bottom: Ganglion
High Magnification

Nerve Root and Ganglion
Ganglion: Prominent Hemorrhage = 2
Nerve Root: Sparse Hemorrhage = 1
Distraction of the Cervical Spine

Lateral Radiographs of the Cervical Spine
Distraction of the Cervical Spine
Preliminary Findings (AAFS 2016)

**Hemorrhage Scores**

- **Score = 2 (Prominent Hemorrhage)**
  - 3/48 – 6% of atraumatic cases
  - 8/10 – 80% of traumatic cases
  - 100% agreement

- **Score = 0 or 1 (No or Scant Hemorrhage)**
  - Better definitions needed

**Conclusions**

- **Score = 0 or 1**
  - Better definitions needed

- **Score = 2**
  - Prominent nerve root and ganglia hemorrhage is a valid indicator of traumatic head injury
Development of a Method to Evaluate Bone Health of Infants in the Medical Examiner Setting and Emergency Department (2014)
To develop and validate analytical tools that improve the thoroughness of the medical evaluation assisting in the recognition of non-accidental skeletal injury in infants.

- Test Quantitative Ultrasound (QUS) as a method to evaluate infant bone health

Quantitative Ultrasound Device
Objectives

- Convert units of image intensity to units of bone density (BMD)
  - Precisely and Accurately

- Differentiate between normal and abnormal bone using histological methods

- Determine if SOS can be used to evaluate infant bone health
  - Areal BMD
  - Qualitative Evaluation - Radiological and Histological
  - Medical History

- Develop a threshold for normal speed of sound (SOS) values in infants
Digital Radiographs
Calculating Areal BMD

Automated computer program used to calculate areal BMD from image intensity values
Findings among Infants with Traumatic Injury

- No association with prematurity
- No association with chronic illness
- No correlation with SOS, BMD, or qualitative radiographic evaluation
Findings

Histology and Radiology

- Qualitative Histological Evaluation
  - Inconclusive
  - No Correlations

- Qualitative Radiographic Evaluation
  - Term Infants
    - Abnormal mineralization associated with lower BMD and chronic illness
  - Large Degree of Error
    - Normal scores but low BMD

- Areal BMD
  - Significantly decreases with age
    - Consistent with growth-related pattern of cortical expansion of the tibia
    - Consistent with reported postnatal decline in BMD ( < ~30%)
QUS Findings (AAFS 2016)

- Significantly Influenced by:
  - Skeletal Maturity
    - Birth
    - Age

- No Association
  - Chronic illness
  - BMD
  - Qualitative Radiographic Evaluation

SOS by Age
QUS Findings

Bone Structure

- Term infants
  - Negative relationship between SOS and midshaft diameter and medullary cavity diameter

Comparison of growth-related changes of tibial structure to age-related changes in SOS
What is SOS measuring?
Using Quantitative Ultrasound to Evaluate Infant Bone Health and Fracture Risk in the Medical Examiner and Clinical Setting (2016)
Methodological Comparisons

- **QUS**
  - SOS

- **Micro-CT**
  - Cortical thickness
  - vBMD
  - Cortical Porosity
  - Bone volume fraction (BV/TV)
  - Cross-sectional properties (rib)

- **Raman Spectroscopy**
  - Collagen mineralization
  - Bone carbonation-related to remodeling and turnover
  - Mineral crystallinity-related to mineral crystal size and structural perfection
  - Collagen content
  - Collagen cross-linking

- **Biomechanical Testing**
  - Ultimate strength
  - Toughness
  - Elastic Modulus
Thank you!

Miriam Soto Martinez, Ph.D.
Forensic Anthropology Research Fellow
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To learn more about the Institute, visit:
harriscountytx.gov/ifs
CJA FY15 Final Program Updates

**Organization:** CACTX (CJA-15-01)

**Project:** Ensuring a Coordinated Investigation for All Abused Children by Strengthening CAC MDTs Statewide

**Total Award:** $200,000

- Competed the following trainings:
  - Multi-Session Forensic Interview Training: October 6-8; March 2-4;
  - Beyond the Sexual Abuse Interview (Forensic Interviewing): October 20-22; February 10-12; July 27-29;
  - Advanced Multidisciplinary Team Training: Hondo, October 24; Cleburne, December 11; Laredo, January 20; Lewisville, May 15;
  - Basic or Advanced Board Training: Sherman, November 4; Cleburne, November 5; Mineral Wells, November 17; Hondo, November 18; Mineral Wells (Strategic Planning), January 7; Sherman (Strategic Planning), January 19; Gonzales, January 31; Winnsboro, March 25; Floresville (Strategic Planning), July 23; Georgetown, August 26;
  - Trauma Focused Cognitive Behavioral Therapy (TF-CBT) Learning Collaborative: November Learning Collaborative – Learning Session #1, November 10-11; Learning Session #2, February 25-26; May Learning Collaborative – Learning Session #1, May 28-29; Learning Session #2, July 27-28. The May session was added to meet the growing need for mental health training;
  - Semi-Structured Narrative Process: Practical Application for Forensic Interviewers: November 17-19; January 12-14; April 13-15; June 8-10; June 24-26; September 24-26;
  - Essential Issues of Forensic Interviewing and Preparing for Court: December 8-9; May 4-5; August 24-25;
  - Spanish Speaking Forensic Interview Peer Review sessions: December 12; June 5;
  - New Executive Director Orientations: Canton, December 15-16; Wichita Falls, February 5; Sweetwater, February 9-10; Georgetown, February 11; Georgetown, April 30; Waco, July 30;
  - Partners in Courage Annual Conference: January 28;
  - Regional Medical Evaluation Training: Laredo, March 5; Beaumont, April 28; Midland, May 7;
  - Executive Director Media Training: March 9;
  - Core Family Advocate Training: March 31-April 2; September 28 – September 30. The second session was added due to high demand;
  - Advanced Family Advocate Training: May 13-14;
  - Advanced Forensic Interview Training: May 18-19;
  - Supervising Forensic Interviewers: May 27;
  - Cultural Competence & Diversity: June 16;
  - Volunteer Coordinator Networking Forum: June 30;
  - How to Facilitate a Case Review Meeting: July 8-9;
  - Program Director Networking Forum: July 14;
  - Mental Health Professional Networking Forum: July 23.

- Held quarterly Regional Forensic Interviewer Peer Review sessions.
- Held quarterly Regional Family Advocate Peer Review sessions.
- Held TF-CBT Consultation Conference Calls twice each month.
- During this grant year, CACTX needed to augment the planned training calendar with several additional trainings to meet membership demands. The roll-out of the MDT Enhancement Program led to an immediate need for more forensic interview, family advocate, and mental health training. CACTX has planned to continue the additional trainings in FY16. In addition to
CJA FY15 Final Program Updates

these trainings, CACTX also offered assistance to CACs as part of the “Evidence-Based Practices Consultation for CAC Leadership.” As a continuation of this, CACTX will offer a new training in FY16 on Administering Mental Health Programming, which will be for CAC administrators and program directors who may or may not have a clinical background.

- CACTX has continued to expand its mental health training in order to build greater capacity in the field. Based on demand/participation this year and the need to add another TF-CBT learning collaborative, CACTX will again offer two collaboratives in FY16. CACTX has trained the majority of TF-CBT clinicians in Texas, with 78% of them on staff or contracted with CACs throughout the state.
- CACTX launched the improved Core Family Advocate Training for newer staff and those who wanted a refresher on the important functions of CAC family advocates. Participants greatly appreciated the interactive format, as well as the practical usefulness of the materials provided over the three-day event. As a result, CACTX has developed a new “intermediate” training for family advocates, which builds on the core training to address the more complex issues that advocates face. The inaugural offering will be in October 2015.

Organization: Harris County (CJA-15-02)
Project: Evaluation of Cervical Spine Injuries in Infant Death
Total Award: $80,164

- As of 10/28/2015, the Infant Injury Database contains information for 344 cases of infant death. The Infant Injury Database continues to expand as infant cases are received by the Harris County Institute of Forensic Sciences.
- Two abstracts were submitted for presentation at the American Academy of Forensic Sciences meeting. One of the abstracts pertains to the current grant project. The second abstract pertains to a previous grant study funded by the CJA (CJA-14-03).
- A neuropathology fellow conducting the spinal cord hemorrhage scoring will present the preliminary findings in the Pathology/Biology section of the American Academy of Forensic Sciences Meeting taking place in February 2016.
- As of 07/01/2015, spinal cords were prospectively collected 55 infants and the spinal cords from 11 infants with traumatic injury were retrospectively added. Three of the prospective cases were excluded from the study due to processing difficulties that may have affected the core data. Of the 52 prospectively collected cases, 5 showed evidence of head trauma.
- All of the information on the infants in the study sample (63) was added to the Infant Injury Database. Of these 63 infants, 37 are male and 26 are female. The race distribution is as follows: 34 are Black, 17 are Hispanic, and 12 are White infants. Ages ranged from 0-11 months old with 72% being 4 months of age or less. Lateral cervical spine radiographs were obtained from 45 of the 55 prospective infant cases. Cervical intervertebral distance measurements have been received from the biomechanical engineer for 42 of the 45 infants with lateral cervical spine radiographs.
- All spinal cords were been sectioned by the supervising neuropathologist. Histology slides (n=590) have been completed for 63 of the 63 infants. The slides were reviewed and scored by two participating pathologists. All hemorrhage score data has been entered into the IID.
- An intra-observer error element has been added to the study. The supervising neuropathologist, blinded to all background information, will conduct second round of hemorrhage grading for a limited number of cases selected at random. This data will also be included in the IID.
- Prominent parenchymal nerve root/dorsal root ganglia (NR/DRG) hemorrhage (score = 2) was noted in 6% (3/48) of the non-traumatic cases as compared to 80% (8/10) of the traumatic group, showing a significant association between increased severity of hemorrhage and presence of traumatic head injury (THI) (p=.001). Sparse NR/DRG hemorrhage (score = 1) was seen in 35% of non-traumatic cases compared to 20% of traumatic cases. Of non-traumatic cases, 58% exhibited no hemorrhage, whereas no cases of THI were hemorrhage-free.
- Preliminary analyses indicate that prominent NR/DRG hemorrhage is a valid indicator of THI in infants. A Chi-square analysis indicated a significant association between severity of spinal cord nerve root/ganglia hemorrhage (sparse vs. prominent) and the presence of traumatic head injury, $X^2 (1, N = 30) = 12.13$, $p < .001$

**Organization:** University of Texas Health Science Center-Houston (UTHSC) (CJA-15-03)
**Project:** Is Shaken Baby Syndrome Still a Valid and Generally Accepted Medical Diagnosis: A Multi-Center Survey of Children?
**Total Award:** $14,182
- A manuscript with results of the study has been submitted to the Journal of the American Academy of Pediatrics.
- Of the 1,356 physicians surveyed, 674 (49.7%) responded and 621 included in the final sample. Shaking with or without impact was felt by large majorities of respondents to be likely or highly likely to result in subdural hematoma, a characteristic pattern of retinal hemorrhages and coma or death. None of the alternative theories except motor vehicle collision was thought to result in these three findings by a majority of respondents. Respectively, 88% and 93% of respondents stated that SBS and AHT were valid diagnoses.

**Organization:** University of Texas Health Science Center-Houston (CJA-15-04)
**Project:** Whole-Body MRI in Suspected Victims of Abusive Head Trauma
**Total Award:** $171,054
- The project requested and received an extension. The final report has not yet been completed.

**Organization:** Texas Department of Family and Protective Services (CJA-15-05)
**Project:** Alternative Response: Better Outcomes Through Family and Community Partners
**Total Award:** $200,000
- Alternative Response (AR) Caseworker and AR Supervisor Training curriculums were developed in conjunction with The Kempe Center. AR101, Safety Assessment and IMPACT System Computer-Based Trainings are completed by staff prior to Caseworker and Supervisor training.
CJA FY15 Final Program Updates

- During the second quarter of the grant, a Train the Trainer Caseworker and Supervisor curriculum was developed and delivered to staff that included instruction on the new Safety and Family Needs Assessment. The average scores for pre-and post-test scores for the Training of Trainers increased from 53% to 80%. 21 Trainers attended the Caseworker Training and 11 attended the Supervisor Training.
- Pre- and post-evaluations were developed to gauge the effectiveness of training components in achieving objectives. Results showed that on average, student scores increased 17%. They increased from 64% to 81%.
- AR was implemented in Regions 1, 3, and 11. 580 Caseworkers attended Caseworker training. 153 Supervisors attended Caseworker training and Supervisor training. 54 Screeners attended AR 101. 1,992 staff attended AR101 training.
- In Quarter 4, planning efforts were initiated for Texas’ first ever “Alternative Response Annual Meeting”, which occurred in early November 2015. It was designed to bring together staff around the state engaging in AR together for two days of training, activities and comradery.
- State Office has worked diligently with each of the regions to develop a comprehensive external communications plan to reach out to community stakeholders and partners to spread the word about AR. Each region receives a “Meeting in a box” which contains items such as talking points for various entities in the community (law enforcement, schools, hospitals, social workers, CACs, CASA, and elected officials), PowerPoint presentations, a discussion about “AR Myths”, and a judges’ guide to AR.
- Survey and evaluations revealed that a number of participants believed that the 3-day trainings were too short considering the amount of information that needed to be absorbed and that participants also wanted more examples of the type of cases that would be seen. Coaching sessions and technical assistance provided after the trainings were perceived as particularly useful and needed.
- Texas Connector licenses varied greatly in their usefulness. Generally, they were only useful in urban areas. In most areas of the state, staff were normally aware of the available resources, scarce as they often are. Licenses will be transferred to those areas and staff who can best use them.

Organization: SafePlace (CJA-15-06)
Project: Seeking Justice for Child Victims with Disabilities
Total Award: $48,328

- A statewide advisory council was recruited and convened in a face-to-face meeting in Austin on March 30 and by teleconference on May 28. The 13 member council provided ongoing input, feedback, and guidance by email, telephone calls and interviews. Advisory council members reviewed the topic/content outline for the website during the remainder of the project year. Many of the advisory council members agreed to continue to provide feedback on materials and website in a volunteer capacity as development continues in 2016.
- Project staff developed and disseminated an evaluation tool to a geographically diverse cross-section of Texas child maltreatment providers to help determine content for enhancing practitioners’ skills. 133 surveys were completed. Based on the survey results and input from the grant’s advisory council, an outline of core content for the website was determined.
CJA FY15 Final Program Updates

- SafePlace’s project and communications staff selected an accessible WordPress platform design site to be launched in 2016. The platform was selected in consultation with accessibility experts from “Knowbility.” Staff outlined the website’s overall construction, including front-end design, accessibility features, visual design and platform;
- SafePlace staff began drafting website content by 1) identifying and organizing 48 resources, 2) conducting informational interviews with advisory council members on essential content, and 3) identified topics and began developing 4 Fact Sheets on abuse and children with disabilities;
- The most significant and tangible accomplishments of this year were developing a well vetted outline for the website core content, initiating development of some of that content and selecting and outlining the site’s WordPress platform.
- Primary access will be through four portals, one for each of the following user groups: criminal justice staff, child advocates and child welfare, parents/guardians/caregivers, and educators and disability service providers.


Project: Advocacy for Survivors of Family Violence and Their Children Within CPS: Promoting Resiliency and Preventing Future Maltreatment

Total Award: $50,000

- CPS State Office informed TCFV that they intended to take the work done in the pilot to scale statewide through implementation and incorporation into a Practice Guide. TCFV will pivot efforts toward statewide implementation while offering support to San Antonio pilot stakeholders as requested.
- TCFV has increased its involvement, collaboration and advocacy in CPS’ Prevention and Early Intervention and Office of Child Safety. TCFV worked with staff on preparing a workshop presentation on domestic violence for PEI’s Office of Child Safety Summit.
- In May 2015, CPS finalized its Dispositions Guidelines for domestic violence but they have not yet been released. Throughout August, TCFV provided intensive support and technical assistance in the development of a training on the guidelines for CPS leadership and TCFV staff member, Krista Del Gallo, participated as a Faculty member for a day long training on Disposition Guidelines for CPS leadership. TCFV assisted with follow-up training in December. All CPS staff are to be trained on the guidelines in February 2016.
- TCFV staff provided resources to and assisted in the facilitation of conference calls and meetings of two sub-committees for the Project SAFE Expert Panel that are focused on aspects of how CPS can utilized BIPPs more. These sub-committees are exploring how CPS can potentially contract in a different way for these services (i.e. not through Medicaid billing) and what the models are across the state and nation for these types of services for batterers within CPS.
- TCFV met with CPS to discuss possible collaboration on trainings of Alternative Response staff. In September, TCFV talked with family violence programs in all three AR pilot regions. In the Dallas areas, some programs were aware of AR and survivors who had been referred to services had a positive experience with AR. In Amarillo and Laredo regions, the FV were not yet aware of AR.
- During the fourth quarter, TCFV coordinated and facilitated nine Regional conference calls with 41 FV Program Liaisons/Advocates.
- TCFV created a document on Best Practices for Reporting for FV program liaisons/advocates and distributed it to all programs in September.
• TCFV finalized the Spanish and English versions on the Survivors’ Rights Cards.
• Staff began to work with and train community stakeholders such as Home Visitation and WIC staff on promoting resiliency among children exposed to domestic violence and best approaches to parenting work with survivors.
• During the fourth quarter, TCFV held a statewide webinar for all family violence programs’ CPS liaisons on *Updates to CPS Practices for Survivors: What Advocates and Programs Need to Know*. It had 84 participants.

**Organization:** Texas Municipal Police Association (TMPA) (CJA-15-08)

**Project:** Child Abuse and Neglect Training for Law Enforcement

**Total Award:** $200,000

• 23 regular 3-day Advanced Child Abuse (ACA) Investigations training events and 19 individual 8-hour Modular classes were held during this grant year for a total of 42 trainings. This exceeds TMPA’s grant objective of 30 trainings for the grant year.
• A total of 726 individuals were trained during this grant year – far surpassing the grant objective of 300. Of the 726, 615 were law enforcement and 106 were non-law enforcement students.
• The program evaluates the impact of the training by measuring the increase in knowledge by utilizing a comparison chart of student pre-tests and final exam score averages. The average increase in knowledge for this year was 13%. The final exam average for students was 92%.
• The program also evaluates the impact of the program through student evaluation responses. Out of a maximum of 5, the course was rated an average of 4.87 by students this grant year.
• Instructors were rated an average of 4.86 by students.
• CPS Special Investigator Program Director of DFPS Region 11 contacted the program staff and inquired about hosting “rural” joint trainings in the region. The Program scheduled 2 classes in that region at the following locations and cities:
  o Texas Department of Health & Human Services Beeville, TX
  o United ISD Police Department – Laredo, TX
• DFPS requested the ACA Program Instructor conduct a 1.5 hour presentation at the 2015 CPS Special Investigator Summit in Austin on January 28th. Feedback from the Special Investigators in attendance was extremely positive.
• The Officer of the Inspector General requested ACA’s Program Instructor to conduct an 8-hour presentation at their In-Service Trainings on April 16th and April 30th in Austin. The Program Instructor utilized the program’s new section that covers content from the Missing & Exploited Children training.
• The Texas Commission on Law Enforcement Standards (TCOLE) approved both the regular 3-day ACA training and the ACA Module 3-Special Topics and Resources as course equivalencies to the new legislatively mandated Missing & Exploited Children training.
• The program has been successfully collaborating with DFPS throughout the grant year and DFPS leadership assisted with informing their investigative staff about ACA training events.

**Organization:** Center for Child Protection, CAC of Smith County and CAC of Hidalgo County

**Project:** Statewide Intake Pilot Project

**Total Award:** $42,753
Children’s Advocacy Center of Hidalgo County reviewed 3,308 reports from Statewide Intake during the pilot project. The CAC identified 1,268 statewide intake reports that fell within their interagency working protocol and would most likely need a forensic interview. Efforts were made to contact CPS and/or law enforcement to facilitate a joint investigation for those intakes. Of the 1,268 intakes that were flagged, 396 forensic interviews were done.

Eight law enforcement agencies participated in the pilot with CAC of Hidalgo County.

The Center for Child Protection worked with Lindsay Van Buskirk, CPS Program Director, to create specific criteria for the Child Protection Team Coordinator to initiate forensic interviews. For intakes alleging sexual abuse, the CPT Coordinator will initiate an interview if the report was made by a professional mandated reporter or if the child has made an outcry of sexual abuse. For intakes alleging physical abuse, the CPT Coordinator will initiate an interview if the report details an observable injury, the possibility of serious injury/complaint of pain, or if the child has made an outcry that an injury was inflicted. The Center also determined that at the beginning, they will only initiate interviews for cases under the purview of six investigative units supervised by Ms. Van Buskirk and co-located in our Team Building. The Center launched the project on April 1, 2015.

When the Center first learned last year that it was not working as closely on physical abuse cases, the general assumption was that the majority of these cases would be excessive discipline and not always come up as needing investigation. However, the Center discovered that many of the cases not receiving an interview were quite serious – young children with observed injuries, older children with clearly abusive injuries. A large number of these cases were not being worked by CPS and law enforcement together. The response to this issue has been immediate.

From April through September, the Center for Child Protection reviewed 7,821 reports from Statewide Intake. Of these, 486 were identified based on established criteria. Forensic Interviews were initiated in 49 cases and 25 forensic interviews were completed. In cases where forensic interviews were initiated but not completed, it was typically because CPS supervisors either closed investigations or determined forensic interviews were not needed.
## CJA Budget
### Fiscal Year: October 1, 2014 - September 30, 2015

### Income

<table>
<thead>
<tr>
<th>Fund Source</th>
<th>GY 13 Remaining Funds</th>
<th>GY 14 Grant Income</th>
<th>Program Income</th>
<th>Total Grant Income</th>
<th>Total Budgeted</th>
<th>Funds Remaining for New Projects</th>
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### Expense Budget

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<tr>
<th>Grantees</th>
<th>Budget</th>
<th>Expenses to Date</th>
<th>Balance</th>
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**Summary**

|             | $1,555,965.23 | $1,261,027.50 | $294,937.73 |
## CJA Budget
### Fiscal Year: October 1, 2015 - September 30, 2016

**1/13/2016**

### Income

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<th>Estimate</th>
<th>FY 16 Grant Income</th>
<th>Program Income</th>
<th>Total Grant Income</th>
<th>Total Budgeted</th>
<th>Funds Remaining for New Projects</th>
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### Expenses

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<th>Grantees</th>
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<th>Balance</th>
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<td>Salaries</td>
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| Total                                          | $ 1,666,859.00 | $ 145,583.73 | $ 1,521,275.27 |
Project FY16 PROJECT SUMMARY

Organization: Children’s Advocacy Centers of Texas, Inc.

Project Title: Evaluating the MDT Approach to Investigating Child Abuse Cases and the Impact of the MDT Enhancement Program

Project Budget: $152,468

FY16 Budget: $101,696

The MDT Enhancement Program seeks to refocus MDTs on the core mission of the CAC model, coordinating approaches between the civil and criminal justice system and reducing the re-victimization of child victims of abuse. One of the key tools and new practices of this program is for CACs to receive Department of Family and Protective Services (DFPS) Statewide Intake (SWI) reports at the same time that law enforcement receives them. This program will be rolled out statewide in September 2015. CACTX anticipates that the MEP project will have significant impact on CACs throughout the state and will likely lead to exciting improvements in the CAC model. In recognition of the importance of this critical time in the CAC movement, CACTX will work with contracted research professionals from a Texas university to conduct a study of the MDT model and the impact of the MDT Enhancement Program. This project will specifically assess the challenges, successes, and opportunities for improvement of the current MDT model and how the implementation of the MP initiative affects joint investigations, collaboration and information sharing among team members, and ultimately impacts the children and families served by Texas CACs. Researchers will also review the various policies, timelines and procedures in place with respect to MDT agencies. The goal is to identify barriers to collaboration that are unintentionally created by these systems and make recommendations for policy modifications that could support the joint investigation approach. This project will also interview team members from various MDTs across the state to identify best practices that foster effective teams and generate recommendations for replication.

Objectives include:

- Contracting with research professionals from a Texas University to conduct a comprehensive evaluation of the MDT model, including the successes and challenges of effectively implementing the model, as well as opportunities for improvement.
- Review the impact of the MDT Enhancement Program on joint investigations, collaboration, information sharing, and ultimately the children and families served through the CACs.

Activities include:

- Identify the Texas university that will best meet the project needs and contract with the identified university to conduct the proposed study.
- Work with research team to develop a methodology for the proposed study.
- Review current research and practices of MDTs.
- Work with the research team to identify local CACs that will participate in the study. The research team will coordinate with the identified CACs to conduct targeted focus groups with CPS, law enforcement, prosecutors, and CAC staff.
- The research team will conduct the various focus groups of CAC MDT members at the participating CACs.
- The research team will transcribe the information from the focus groups ad code it for evaluation purposes.
The research team will draft the initial paper for CACTX review.
- CACTX staff will review the initial draft and provide feedback.
- The research paper will be finalized and submitted to CACTX.

The results of this research project will provide information that will enable CACTX to assess additional training and technical assistance needs to support and reinforce the MDT model in Texas CACs, inform future policy efforts aimed at strengthening and sustaining the functioning of Texas MDTs and the joint investigation process, and ultimately ensure that all children of alleged abuse receive the full array of services provided by CACs.
CACTX FY16 PROJECT SUMMARY

Organization: Children’s Advocacy Centers of Texas, Inc.

Project Title: Ensuring a Coordinated Approach to the Investigation of Child Abuse by Supporting and Strengthening CAC MDTs Statewide

Project Budget: $200,000

This project will offer systemic training and technical assistance to local CACs and the professionals that work with them in the investigation and prosecution of child abuse cases. The goal of this grant is to proactively strengthen and sustain CAC MDTs and to ensure a comprehensive, coordinated approach to services for all child victims and their non-offending family members.

CACTX will meet this goal by developing and/or providing specialized, targeted training and technical assistance to MDT members and CAC leadership/staff on:

- MDT fundamentals, including the CAC model, child abuse investigation, prosecution, and intervention processes, and effective case review and coordination strategies.
- Sustaining high functioning MDTs, including strategies to manage changes in team composition and maintain team integrity, and cross training on partner agency mandates, functions and timelines.
- Implementation of the MDT Enhancement Program, including managing the impact to the MDT, ensuring the provision of effective direct services to children and families, and understanding the impact to the systems involved in investigating and prosecuting child abuse cases.
- Forensic interviewing techniques, including the multi-session forensic interview process, which can be used with special populations of children.
- The overview and purpose of medical evaluations, the importance of the evaluation from an MDT perspective, and the value of medical provider testimony in court proceedings.
- Evidence-based/trauma-informed intervention and treatment services for child victims and their non-offending family members/caregivers, including components on incorporating the use of standardized assessments.
- Coordination of advocacy services to achieve the best outcomes for children and their non-offending family members/caregivers, as well as current issues in research and best practice.

Activities include:

- MEP Regional Trainings
- MEP MDT Training and Technical Assistance
- ED Summit
- Regional Medical Evaluation Training Events
- Family Advocacy 101: The Essentials of CAC Family Advocacy
- Family Advocacy 201: Beyond the Basics – Overcoming Common Obstacles in Advocacy
- Continuing Education for Family Advocates Training
- Regional Family Advocate Peer Review sessions
- Clinical Family Advocate Peer Review
- Advanced MDT Training
- How to Facilitate a Case Review Meeting
- Semi-Structured Narrative Process: Practical Application for Forensic Interviewers
- Beyond the Sexual Abuse Interview
- Essential Issues of Forensic Interviewing and Preparing for Court
- Multi-Session Forensic Interview Training
- Continuing Education for Forensic Interviewers Training
- Supervising Forensic Interviewers
- Regional Forensic Interviewer Peer Review sessions
- Spanish-speaking Forensic Interview Peer Review sessions
- Trauma-Focused Cognitive Behavioral Therapy Learning Collaborative
- TF-CBT Consultation Webinars
- Parent-Child Interaction Therapy Training Initiative
- Evidence-Based Practices Consultation for CAC Leadership
- New Executive Director Orientations
- Strong Boards, Successful CACs
- Director Media Training
- Cultural Competence & Diversity
- Mental Health Professional Networking Forum
- Program Director Networking Forum
- Volunteer Coordinator Networking Forum
- Basic or Advanced Board Training
Organization: Department of Family and Protective Services

Project Title: Alternative Response

Project Budget: $200,000

The goal of Alternative Response is to offer a new stage of service for low to moderate risk families involved in the child welfare system. Caseworkers in this stage of service will work collaboratively with the families to access community resources, provide education and support, and act as an advocate for the family while remaining focused on child safety. This will allow traditional investigation caseworkers the ability to focus more intensely on high-risk cases with more acute needs. With CJA funding in FY15, Alternative Response was piloted in three DFPS Regions. The program will now be rolled out to the entire state.

Objectives include:

- Adapt the curriculum to align Alternative Response with Signs of Safety;
- Coach supervisors and caseworkers to ensure fidelity to the model in the field;
- Continue to effectively train caseworkers and supervisors in Alternative Response;
- Provide continuing education for caseworkers and supervisors to further enhance their skills and prevent the natural tendency to revert to the 'known' practice;
- Communicate consistently and effectively with families and community partners using informational materials;
- Improve the visibility and presence of Alternative Response and develop relationships with community providers to engage the families;
- Access a statewide database of providers for caseworkers to connect families with community resources in order to improve successful outcomes; and
- Assist families in identifying and accessing supportive community resources.

Activities include:

- Providing staff with knowledge and skills that will lead to successful implementation of Alternative Response, thereby improving safety outcomes for children and families and reducing recidivism;

- Developing a contractual agreement with the Kempe Center to:
  - Assist with aligning the current Alternative Response curriculum with the principles of Signs of Safety;
  - Deliver the revised training in a classroom setting. This will include a three-day caseworker training and a two-day supervisor training. The purpose is to field test the changes and ensure they work in the classroom setting;
  - Develop a one-day refresher training on the practice expectations for caseworkers and supervisors in order to reinforce content from the classroom learning and build
on the experiences staff have had in the field post-implementation. A training for trainers model will be used to build internal capacity to deliver the training;

- Deliver a training for trainers on the one-day refresher training;
- Provide on-site coaching activities to improve the transfer of learning from the classroom training such as group supervision, modeling, home-visits with caseworkers for "in-situ" performance evaluation, and case-mapping;
- Continue to deliver and/or monitor introductory and advanced Alternative Response trainings to CPS caseworkers and supervisors in areas where Alternative Response will be implemented in the next fiscal year; and
- Team with CPS State Office staff to provide onsite specific technical assistance during and after initial implementation in order to maintain fidelity to the model and ensure sustainability.

- Renew user licenses for "Texas Connector", a state-wide community resource clearinghouse for community service providers;
- Allow four persons to attend the National Conference on Differential Response - this will allow State Office and/or Regional staff to keep up with any changes, trends and to stay informed about any changes in the practice; and
- Publish and print curriculum and informational materials on AR for staff, families, communities, and stakeholders.
Organization: Texas Department of State Health Services
Project Title: Child Fatality Review Teams (CFRT) Local Coordinator Pilot Project
Project Budget: $160,660
FY16 Budget: $128,635

This grant proposes a pilot project to hire two CFRT coordinators, one in a rural region and one in an urban region of Texas to provide guidance and training to local CFRT to increase the quality of the data reported and the quantity of the cases reviewed. The effectiveness of the presence of a paid, dedicated CFRT coordinator will be evaluated by comparing the quality and quantity of the case reviews before and after the addition of the CFRT coordinator. The project’s goal is to increase the percentage of unexplained child deaths reviewed and the quality data collection in Texas through the addition of two paid local CFRT coordinators.

Objectives included:

- An increase in local CFRT support for child death review, data entry, trainings, and information dissemination.
- Development of protocol and trainings to expedite the child death review process, increase the consistency of terminology, and improve data entry and data sharing.
- Develop standardized best practice guidelines for child death scene investigation and death certification.

Activities include:

- Establish CFRT coordinator locations and partnering agencies
- Create interagency contracts with agencies
- Create CFRT position descriptions
- Contracting agencies recruit and hire CFRT coordinators
- State CFRT (SCFRT) coordinator trains the local sites in the current death review process, death scene investigation, death certification, terminology, data entry, and data sharing.
- Local CFRT coordinators will:
  - Lead activities in data collection
  - Coordinate information sharing and local CFRT meetings
  - Provide local CFRT team support and trainings
  - Attend state and national CFRT best practice trainings and conferences
  - Work with SCFRT, local CFRT, and the SCFRT coordinator to plan and participate in the SCFRT conference and Injury Prevention Summit
  - Work with the SCFRT, local CFRT, and SCFRT coordinator to gather data and complete the CFRT Legislative Report

Expected results include increased attendance at CFRT meetings, increased number of CFRT death reviews completed, improved timeliness of case review, and improved data quality. These results will be measured and monitored through monthly CFRT data entries, CFRT meeting minutes, and the CFRT coordinator’s reports, allowing a critical analysis of the results of the project and informing recommendations and future steps.
Organization: Harris County

Project Title: Using Quantitative Ultrasound to Evaluate Infant Bone Health and Fracture Risk in the Medical Examiner and Clinical Settings

Project Budget: $113,506.00

Identifying child abuse in the clinical and medical examiner settings requires swift action by a multidisciplinary team using medical examination, caretaker interviews, and scene investigation. Recognizing unexpected skeletal injury in a child with normal bone quality often is a pivotal finding in diagnosing child abuse. Once child abuse is recognized, protocols to protect the child and/or siblings and investigate potential perpetrators can be initiated. The difficulty lies in the ability to recognize and interpret skeletal injuries in children, especially infants. This study proposes the continued development and validation of an analytical tool to quantitatively evaluate bone quality, improving medical evaluation of at-risk children. In addition, this study will directly examine fracture risk, which will assist with the biomechanical interpretation of injuries. The results of the analysis will bolster the medical evidence proffered during the adjudication of child maltreatment-related fatalities. Furthermore, all data collected in association with this grant would be recorded in the Infant Injury Database (IID). The IID is a data source that can be used to improve the consistency and accuracy of the diagnosis of child abuse. Expansion of the number of infants in the IID through the recording of all infants receiving examinations at the Harris County Institute of Forensic Sciences (HCIFS), as well as this dissemination of this database for use within the medical community of Texas, would enhance the surveillance and measurement of child maltreatment-related fatalities in Texas. The goals of the proposed study are to build upon the previous research and continue to develop and validate analytical tools that improve the thoroughness of the medical evaluation and assist in the recognition of non-accidental skeletal injury.

Objectives include:

- Determining if Quantitative Ultrasound (QUS) provides an accurate and precise measure of infant bone quality
- Attempting to establish a threshold for normal speed of sound (SOS) in infants using QUS
- Determining characteristics of infant bone quality influence SOS as determined by more direct measurement of bone quality indicators as evaluated by other methods

Activities include:

- Nine month prospective study of decedents between 30 weeks post-menstrual age to 12 months of age
- Bone samples will be obtained from each subject post-autopsy
- Analytical methods will include QUS (SOS), digital radiography, micro-CT, Raman spectroscopy, biomechanical testing, statistical analysis and database modification
- Protocols will be developed over a two month period
- Data will be prospectively collected over the following seven months
Organization: SafePlace
Project Title: Seeking Justice for Child Victims with Disabilities
Project Budget: $62,049.00

This project seeks to build and launch a comprehensive website focused specifically on information and resources related to Texas children with disabilities who experience abuse and neglect. This website will include relevant information that users can locate easily, quickly, and at the time needed. The overall project goal is to conduct a statewide needs assessment, and design, populate, and launch a website for Texas child maltreatment providers in a two-phase process. The first phase took place in fiscal year 2015. The proposed project for fiscal year 2016 includes fully developing and launching a website designed specifically for child maltreatment professionals and protective care providers who respond to, assess, and investigate cases of abuse and neglect of children with disabilities.

Objectives include:

- Determine and develop final core content for the site, including drafting copy (with essential resource links) and designing a content framework
- Create and host a customized and engaging website that is not only easy and intuitive to navigate, but also includes accessibility features
- Work with accessibility experts, who will review the visual design to ensure the site is easy to navigate, ensure keyboard interactions are functional, advise/facilitate accessible media content, and perform an accessibility audit of the completed site to ensure it includes accessibility features, conforming to best practice industry standards
- Obtain bids for a full translation of the website, and make resources for parents, family members, guardians, and protective care providers available in Spanish
- Work collaboratively with CJA to publicize and launch the website

Activities include:

- Finalize an accessible, easy-to-navigate website design, with input from website accessibility experts and feedback from a group of 3-5 volunteer advisory council members.
- Continue research to identify existing and pertinent materials and resources, and seek consent/permission to post or link to those sources of information and relevant websites. Content selections will be made based on needs identified in the statewide survey and by this project’s advisory council.
- Develop or solicit new materials for the website, including but not limited to: fact sheets; frequently-asked questions; blogs; advice from prosecuting attorneys, child advocates, judges, parents/guardians, educators, and/or law enforcement; state and local resources; tip sheets for first responders, investigators, and child advocates; and other materials that meet needs identified in the statewide survey, by advisory council members and by CJA.
- Consult volunteer advisory council members and website experts on low-cost means of sustaining the website, such as building in methods of generating new material through interested stakeholders, readers and followers.
• Continue consultation with website accessibility experts to ensure accessibility features are built into the website, not only from the initial design, but through layout, publicity and launch. Website accessibility experts (for example, Knowbility) will review the visual design to: ensure that it is easy to navigate and includes key accessibility features; identify navigational features; advise and facilitate accessible media content; perform an accessibility audit of the completed site; and (optional) retest after accessibility fixes have been made.
• Obtain bids for a full translation of the website, and make the resources for parents, family members/protective care providers available in Spanish.
• Conduct a pilot-test of the website with project staff, CJA, volunteer advisory council members, other allies and stakeholders. Gather feedback and make final changes.
• Work collaboratively with CJA to publicize and launch the website during a professional conference identified by CJA staff.
• Publicize and disseminate the website through stakeholder listserves (i.e., police and sheriff’s departments, Court Appointed Special Advocates offices, Children’s Advocacy Centers, Education Service Centers, district attorney’s offices, judges, special education teachers, children’s shelters, Texas Association Against Sexual Assault, parent groups, etc.).
Organization: Texas Council on Family Violence

Project Title: Advocacy for Survivors of Family Violence and Their Children Within CPS

Project Budget: $50,000

Utilizing CJA resources, Texas Council on Family Violence (TCFV) will continue to partner with Department of Family and Protective Services, particularly CPS Investigations, to ingrain a more responsive approach to survivor parent and child safety that includes placing accountability for abusive and violent behaviors on perpetrators of domestic violence. TCFV will continue to work with family violence programs to effectively support survivors in protective parenting and assist those involved in the CPS system. This will include educating and preparing program advocates for the numerous shifts occurring in the coming year with the Department, particularly with the roll out of the Disposition Guidelines across the state.

Objectives included:

- Provide expertise and support to DFPS SWI and CPS to assist in the implementation of the changes identified in SB 434 Taskforce report when responding to cases involving family violence, particularly the recommendations regarding DFPS Intake and CPS Investigations
- Provide support to HHSC funded family violence programs’ liaisons to CPS and other advocates working with families involved in the CPS system
- Provide specific training and procedural support for other stakeholders working with adults survivors of domestic violence who have a SWI referral to CPS

Activities include:

- Finalize CPS Disposition Guidelines
- Continued engagement and training of CPS regional leadership on the guidelines
- Creation of regional trainings for CPS staff on guidelines
- Development of CPS’ Desk Reference Guide on Domestic Violence
- Provide training on domestic violence to regional staff implementing the first phase of Alternative Response
- Provide expertise on SWI on such areas as possible revision of their assessment questions regarding domestic violence and further training of staff
- Provide expertise to PEI on the implementation of its Strategic Plan to Reduce Child Abuse and Neglect Fatalities
- Provide trainings to CPS liaisons and programs on at least a quarterly basis
- Coordinate regional trainings with family violence programs regarding new Disposition Guidelines and use of Survivors Rights cards
- Outreach to four TCFV pilot sites to provide technical assistance on the development of model templates/forms
- Continue to create and distribute template forms and guidance documents for family violence service providers
Organization: Texas Municipal Police Association
Project Title: Law Enforcement & CPS Training
Project Budget: $200,000.00

This project will provide free training to both law enforcement agencies and DFPS investigative staff that is specific to the needs of the local region. Law enforcement officers and DFPS staff, specifically CPS caseworkers who conduct or assist in investigations and CPS Special Investigators, who receive this training will be able to use the investigative skills and knowledge learned in this training to complete successful joint investigations. The program will provide training materials and investigative tools that can be used in future child abuse investigations to students who attend the joint training events. The goal of the project is to improve law enforcement and CPS’s response when jointly investigating crimes against children.

Objectives/activities include:

- Hold an Instructor Training to train law enforcement Instructors and CPS Special Investigator Instructors:
- Contract with at least 15 Law Enforcement Instructors
- Identify CPS Experts to be guest speakers at Regional Joint Trainings
- Identify Medical Experts to be guest speakers at Regional Joint Trainings
- Identify 6 DFPS Regions that are interested in hosting a Joint Training (length of training can vary from 2 – 24 hours) and bring the joint training to at least 4
- Contact the CPS Regional Program Administrators/Directors and CPS Special Investigator Regional Program Directors to set up a Pre-Training Meeting and market the training opportunity
- Set-up Pre-Training Meeting (in-person or conference call) in selected DFPS Region and invite various MDT members to attend including medical professionals
- Execute Pre-Training Meetings with MDT Members and identify training length and topic needs for the specific region
- Assist instructors and guest speaker experts in developing presentations for regional training events
- Hold at least 26 Joint Regional Training Events in at least 4 Regions
  - At least 12 4-hour trainings will be provided
  - At least 9 8-hour trainings will be provided
  - At least 5 24-hour trainings will be provided
- Develop new Interactive Exercises and update current ones to be offered at the regional training events
This project proposes to update “Mechanisms of Injury in Childhood” (MIC) program. The MIC program, available as a smart phone application and CD-ROM, has been distributed throughout Texas, and also nationally and internationally. Utilizing sophisticated and detailed medical illustration, professional narration and animation as well as radiographs, the existing MIC software/app demonstrated the location, characteristics, and biomechanics of injuries in young children commonly encountered by Child Protective Services (CPS) workers, legal professionals, law enforcement, and medical providers. Feedback from current MIC app and software users indicated that the accessibility and utility of MIC would be improved if the content was updated to include decision-trees for “on the spot” medical and investigative guidance. Additional recommendations from users included the need for sections on bruising and burns, and information on regional medical and investigative partners. Based on this feedback, the original MIC program content has been updated into a new smart phone app (called “Child Protector”), and enhanced with decision-trees for “on the spot” medical and investigative guidance. With this project, the grantee aims to create sections on bruising and burns and local/regional “Texas specific” content and incorporate this new content into the Child Protector app/program. The goal of this proposal is to improve the multidisciplinary team response and collaboration as well as the medical evaluation for suspected child victims of abuse/neglect with enhancements to the content and utility of the Child Protector program/app.

Objectives include:

- Develop animated, narrated, 3-D sections on bruising and burns.
- Incorporate these modules into Child Protector and new Child Protector CD-ROM.
- Develop a “Texas specific” version of the Child Protector “app” and CD-ROM.
- Distribute Child Protector to Texas CPS, medical professionals, prosecutors, law enforcement, and the judiciary.
- Update previous content (head injuries, abdominal injuries, fractures, and history taking) with current literature and recommendations.

Activities include:

- Creation of improved smart phone application, available in IOS and Apple formats, including investigative and medical decision trees for head injuries, fracture, and abdominal injuries.
- Creation of content information for animations and narration for burns and bruising sections. Additionally, previous content will be reviewed and any text/narration changes dictated by new literature will be added.
- Animated depictions and narration of the above mechanisms of injury will be developed by Sam Newman at Creative Media Services UT Health Science Center San Antonio. Accurate
representation and narration of findings will ensured by consultation with doctors and other staff.

- “Texas versions” contents will be identified and provided to Engage Mobile. These contents will include contact information by FACN medical providers and CACs based on geographic location, CPS contact information, and legal statutes regarding child abuse in Texas.

- Engage Mobile will incorporate the newly created content into the Child Protector app along with Google Analytics. Engage Mobile will collaborate with UTHSCSA doctors and staff to ensure appropriate app format, user interface, and representation of content. CD-ROM versions of the content will be created as well. Child Protector will be available for free on the iPhone App Store and the Android Store.

- Distribute to all medical school and CACs in Texas, the Texas Center for the Judiciary, FACN, MEDCAREs Centers, and Texas CPS. In-person trainings will also be provided. Additionally, Drs. Anderst, Killough, and Frazier will provide in-person training to regional CPS investigators, leadership, and nurse consultants in Dallas, Houston, San Antonio and Lubbock, and webinar available statewide will be conducted by Dr. Anderst.

Child Protector will be the standard of care for multidisciplinary teams. The smart phone app will include a push notification at 6 months after the end of the grant period. This push notification will include a 2 question survey for app users.
January 18, 2016

Dear Colleague,

The Texas Children’s Justice Act (CJA) is pleased to announce its 2017 Grant Program. The purpose of the CJA program is to improve the following:

- Assessment and investigation of suspected child abuse and neglect cases in a manner which limits additional trauma to the child victim and the child’s family;
- Assessment and investigation of cases of suspected child abuse or neglect related fatalities;
- Investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation;
- Assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of abuse or neglect.

One of the principle methods of achieving our mission is through our annual grant process.

CJA is now accepting applications for programs which would fill an identified gap and contribute to the knowledge base in one or more of the current CJA priority areas:

- Multidisciplinary Team Coordination and Response
- Victim Advocacy
- Child Maltreatment Victims with Disabilities or Special Healthcare Needs
- Child Maltreatment-Related Fatalities
- Medical Evaluations for suspected child victims of abuse/neglect

_CJA funds should be used for programs to reform State systems and improve the processes by which States respond to cases of child abuse and neglect, including child sexual abuse and exploitation and cases of suspected child abuse or neglect related fatalities. This will enable States to deal more effectively with both the child victim and the offender and to limit additional trauma to the child victims._

_CJA funds are to be primarily focused on the front end, intake and investigative piece of child welfare. Projects selected by the CJA Task Force shall be mindful that funds are spent to support efforts at this point in a child welfare case._

The deadline for submitting a grant application is Friday, March 18, 2016.

To learn more about CJA and our grant program, please visit our website at [www.yourhonor.com/web/cja](http://www.yourhonor.com/web/cja). If you have any questions about the CJA grant process, please contact me at heidip@yourhonor.com.

Sincerely,

Heidi Penix
Program Director
Children’s Justice Act Program
Texas Center for the Judiciary
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PART I - OVERVIEW

A. Introduction

This Program Instruction provides the information and forms necessary to prepare a proposal for Children’s Justice Act (CJA) grant funds. The terms and conditions described in these instructions supersede conflicting provisions stated in previous iterations of the CJA grantees guide or previous requests or instructions.

B. Contact Information

Questions concerning these instructions, the application process, or programmatic issues should be submitted by e-mail to:

Heidi Penix
CJA Program Director
heidip@yourhonor.com

C. Application Due Date and Submission

The application is due Friday, March 18, 2016. The application should be submitted via email to Heidi Penix at heidip@yourhonor.com.

D. Eligibility and Use of Funds

This program is open to state agencies, local governments including courts, nonprofit organizations, and educational institutions. Submissions must address one or more of the CJA priorities and demonstrate potential for statewide, systems-level improvement. CJA funds should be used for programs to reform State systems and improve the processes by which States respond to cases of child abuse and neglect. CJA funds may not be used for prevention programs or treatment services. CJA funds are to be primarily focused on the intake and investigative piece of child welfare. Additionally, CJA funds should not be used to provide direct services to victims of abuse and neglect or to their families, unless such activities are part of an experimental, model, or demonstration program for testing innovative approaches and techniques which would have statewide application. CJA funds cannot be used to support the salary of an individual who provides direct services to victims of abuse and neglect or to their families.

E. Source of Funds

The Children’s Justice Act (CJA) program is supported by the Federal Crime Victim’s Fund. The Crime Victim’s Fund is administered by the United States Department of Justice, Office of Victims of Crime (OVC). CJA grants are awarded by the Administration on Children, Youth, and Families, United States Department of Health and Human Services, as authorized by Section 107(a), (b), (c), (d), (e), and (f) of the Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106c et seq.) as amended by Public Law 111-320 enacted December 20, 2010 and the Victims of Crime Act of 1984, as amended (42 U.S.C.
CJA is a federal grant awarded to each state to reform State systems and improve the process by which the State responds to cases of child abuse and neglect, thereby dealing more effectively with both the child victim and the offender, and limiting additional trauma to the child victim. Recipient states must be eligible for the CAPTA Basic State Grant and establish and maintain a multidisciplinary task force on children’s justice issues. Since 2005, the Texas Center for the Judiciary (TCJ) has been designated by the Governor’s Office to administer CJA funds in Texas and provide staff support for the CJA Task Force.

F. Grant Period

The grant period will begin October 1, 2016 and end September 30, 2017. In some instances, a later start date may be warranted.

G. Funding Amount

Approximately $1,000,000 (estimated) is available for grants. The maximum award is $200,000.

H. Priorities

The CJA priorities are determined through the Three Year Assessment process. Texas’ Three Year Assessment can be found on our website here: www.yourhonor.com/web/images/pdf/CJA/2015CJAAssessment.pdf

An abbreviated description of the priorities and recommendations from the Assessment are listed below. Applicants must demonstrate how their proposed project supports one or more of these priorities.

1. Multidisciplinary Team Response and Coordinated Response

The Multidisciplinary Team (MDT) approach to child abuse investigations is one that involves the agencies and individuals charged with the investigation, prosecution, and treatment of alleged child victims to form a coordinated response to the crime. The MDT approach provides a joint response facilitating cooperation across disciplines, preventing unintentional working at cross purposes and allowing for consistency from case to case. It also improves the system’s efficiency by eliminating duplicative efforts. Multidisciplinary teams in Texas provide coordination at the beginning stages of a child abuse investigation and improve both Child Protective Services’ and Law Enforcement’s response.

An effective coordinated approach to child victimization requires cross-system engagement with CPS, law enforcement, medicine, mental health, public health, domestic violence service providers, and the courts. Investigations involving child abuse and neglect require both law enforcement and child welfare because their responsibilities and their areas of expertise differ. In addition to the importance of collaboration between law enforcement and CPS, it’s also important that qualified medical professionals be included early in the investigation stages of serious cases. Children under age two who suffer head or abdominal trauma or who have rib fractures might display no external signs of injury. Many injuries in young children will only be discovered via screening imaging. To improve the accurate investigation
of these cases, CPS and law enforcement should communicate with medical providers early in serious cases so that both sides can effectively collaborate and share information to get a clearer, more accurate picture of the families under investigation in order to fully evaluate elements of safety and risk. It’s also important that prosecutors are trained to successfully handle these complex cases and are fully engaged in all stages of the investigation.

**Recommendations**

The CJA Task Force recommends supporting policies and programs that will promote a consistent, coordinated multidisciplinary response to serious cases of child abuse/neglect as well as improve the coordination between the criminal justice system and the civil child protection system.

Examples of strategies supported by CJA may include:

- Promote the continued use of local child advocacy centers for multi-disciplinary team coordination to improve the cooperation and collaboration between agencies involved in the investigation, assessment and disposition of serious cases of child abuse/neglect. Encourage co-location of CPS and law enforcement at local CACs whenever possible. Continue to work with Children’s Advocacy Centers of Texas to provide training, technical assistance and facilitation of MDTs statewide.
- Support the launch of the MDT Enhancement Program with CACTX, particularly focusing on evaluation of the program’s implementation and impact at local centers.
- Encourage ongoing, joint training for law enforcement and CPS to achieve a level of competency, consistency, and quality in child abuse investigations across the state. Training should focus on protocols, investigative processes, roles/responsibilities, and improving communication.
- Encourage medical assessments of children, particularly children under age two with allegations of physical abuse by supporting and enhancing interagency collaboration between child abuse pediatricians and CPS investigators.
- Support training to ensure that medical professionals have the necessary knowledge and resources to accurately recognize abuse and understand proper medical evaluations for suspected abuse.

2. **Victim Advocacy**

Children who have suffered abuse or neglect should not be further traumatized by the systems intended to protect them. There has been an increased awareness that the systems should be child-centered and many positive changes have been occurring. The state has increased funding for mental health, continued to support trauma-informed care for children and families impacted by abuse and neglect, encouraged collaboration between domestic violence service providers and child protective services, and authorized DFPS to conduct an alternative response for certain less severe cases. Children’s Advocacy Centers throughout the state have also worked to strengthen their family advocacy component which
facilitates services and support for non-offending family members. The Task Force recognizes that this important work is still in its nascent stage and will continue to support its growth.

Research suggests that, nationwide, youth commit one-quarter of all sex offenses and more than one-third of sex offenses against juvenile victims. Children and youth with sexual behavior problems do not constitute a homogenous group and are different than adult offenders. Most youth with sexual behavior problems have a history of traumatic experiences, though not necessarily sexual abuse. Youth are more likely to respond positively to treatment, particularly immediately following their detection by the criminal justice system, and are much less likely to reoffend over time. The ideal solution for these children and youth is community-based and family-centered with active multidisciplinary team involvement at case and systems level. Unfortunately, there are not enough of these programs throughout the state. This shortage of providers means that many youth are not getting the ideal community-based, family-centered treatment. In some cases, it may mean that youth are not getting any treatment. Multiple systems are involved in these cases but not all together and not consistently. CPS, law enforcement, juvenile probation, and the courts need to be educated on the importance of effective identification, investigation, and intervention in cases of children and youth with sexual behavior problems to so that these cases are consistently managed across the state to both ensure treatment for offenders and safety for victims.

**Recommendations:**

The CJA Task Force recommends supporting programs and policies to ensure consistent, high quality resources and services to child victims and their non-offending caregivers in order to limit additional trauma.

Examples of strategies supported by CJA may include:

- Training for MDT members and other partners on resiliency, family engagement, respect for caregivers, alternatives to removal, etc.;
- Support for programs to facilitate cross-system collaboration in order to improve communication and service delivery and ultimately reduce trauma for child victims.
- Resources and training for courts, DFPS, and juvenile probation on the importance of appropriately assessing and treating children and youth with sexual behavior problems;
- Support for children’s advocacy centers to assist in handling cases involving children and youth with sexual behavior problems.

3. **Child Maltreatment Victims with Disabilities or Special Healthcare Needs**

Studies examining patterns of child maltreatment have found that children with disabilities experience higher rates of maltreatment than children without disabilities. Studies (Jonson-Reid, Drake, Kim,
Porterfield & Han, 2004; Lightfoot, Hill, & LaLiberte, 2011; Sullivan & Knutsen, 2000) have found that, while children with all types of disabilities experience abuse at a greater rate, children with emotional or behavioral disorders are particularly susceptible to abuse. Some studies have shown that children with disabilities and/or medical issues are more likely to experience neglect as well as unique forms of disability-related maltreatment such as withholding medication or not providing personal care. Prevalence studies as well as reports that are more anecdotal point to neglect as the most common type of maltreatment experienced by children with disabilities. One study (Sullivan and Knutson, 2000) found that children with disabilities were 3.76 times more likely to be victims of neglect than children without disabilities. Reviews of child fatalities in Texas as well as in other states and countries have found that children born premature, with low birth weight or with early medical issues die because of abuse, accident, co-sleeping, or SUIDs at a substantially higher rate than other children.

The lack of empirical knowledge about the prevalence of children with disabilities or special health care needs involved the child welfare system is a significant barrier to addressing risk. It’s vital that CPS workers accurately gauge child safety and risk. They are unable to do this unless they are also prepared to recognize disabilities/medical needs, appropriately assess for safety based on individual needs associated with disability and provide families with relevant, necessary services. Failure to fully appreciate the importance of the interplay of multiple risk factors in a family and how to best serve the family in order to keep the child safe means that the child/family will keep coming to the attention of the various systems as the untreated problems get increasingly worse.

**Recommendations:**

The CJA Task Force recommends supporting policies and programs to improve awareness of the increased risk of abuse for children with disabilities, medically fragile children, and children with special healthcare needs as well as promote interagency collaboration to improve system response to these cases.

Examples of strategies supported by CJA may include:

- Encourage improved data collection on the prevalence of children with disabilities and primary medical needs with child abuse allegations in Texas;
- Training on the necessity of in-depth investigations in cases involving children with primary medical needs, particularly infants. Particular care should be taken in cases where a child has primary medical needs and a health care professional has reported medical neglect.
- Training/resources for medical providers to improve awareness of the increased risk of abuse for children with primary medical needs, children with neonatal abstinence syndrome and children with disabilities;
- Training/resources for WIC program staff on risk of abuse and neglect for children with disabilities or primary medical needs;
- Training/resources to improve communication and collaboration between CPS caseworkers, disability services providers and medical professionals to ensure better support for at-risk families.
4. **Child Maltreatment-Related Fatalities**

Texas DFPS investigates roughly 27% of the child fatalities in the state each year. Local Child Fatality Review Teams (CFRTs) cover 200 of Texas’ 254 counties and, according to the State Child Fatality Review Team (SCFRT) Report from 2013, they reviewed 54.2% of the child deaths in those 200 counties. To fully understand the circumstances and risks leading to a child death, identify trends, and implement effective prevention activities, 100% of child deaths need to be reviewed and recorded. Additionally, Texas needs to use multiple data sources (vital statistics, death certificates, uniform crime reports, child death review, etc.) to enhance surveillance and measurement of child abuse fatalities.

The cause of death in a child case is difficult to determine. High quality death investigations, including standardized response by first responders, death scene investigations by law enforcement and justices of the peace, standardized autopsies conducted by trained forensic pathologists with knowledge of pediatric pathology, and open communication between law enforcement, CPS, healthcare professionals, coroners, and medical examiners, are necessary in order to make the correct determination in a child death case. If any of these areas is inadequate, the system runs the risk of failing. Joint investigations are critical and consistency across every level of the process is necessary if justice is to be served.

**Recommendations:**
The CJA Task Force recommends supporting policies and programs to improve the quality and consistency of data collection, investigation, and certification of cases of child death in Texas.

Examples of strategies supported by CJA may include:

- Review existing CFRTs and promote increased standardization as well as data collection capacity;
- Promote standardized, cross-system coordination and data-sharing on child fatalities;
- Training to improve and standardize the quality of death scene investigations and the determination of death in suspected child abuse/neglect related fatalities;
- Regular training and tools should be provided to law enforcement and prosecutors involved in these cases including developments in the law and latest advancements in investigative and forensic techniques.

5. **Medical Evaluations for Child Maltreatment Victims**

Healthcare professionals are a critical part of the reporting, investigation, assessment and prosecution of child abuse cases. Medical personnel were the number one source of completed child abuse investigations in Texas in 2013 (17.6%) and the number two source, second to teachers, in 2014 (17.5%).
This percentage is more than double the national average of child abuse reports from medical professionals. However, in spite of continued effort, the child abuse medical expertise in Texas has not successfully been able to extend to the poorer, more rural areas of the state. Texas does not have enough primary care doctors in 126 of its 254 counties. The majority of these counties are rural. 73% of hospitals are located in urban areas and 63 counties in Texas have no hospital. There is also a potential for a difference in the diagnosis that a child will receive when seen by a child abuse pediatrician versus a pediatrician without child abuse expertise. There is a need for medical child abuse expertise for physicians, CPS and law enforcement throughout the state yet the majority of this knowledge is available only in select, urban areas.

Medical expertise is particularly critical in cases that involve a criminal component. Criminal child abuse cases are increasingly controversial. It’s challenging to distinguish between intentional and unintentional injuries. There is no single test that can prove or disprove child abuse. No single injury or symptom is synonymous with child abuse but rather it takes a combination of features to make the correct diagnosis. It’s one that is often difficult for doctors to make. Court cases are also increasingly dependent on scientific evidence and expert witnesses are playing a bigger role. These cases point to the need for additional research to develop and refine the tools and technologies to improve the diagnostic accuracy of abuse related injuries.

Recommendations

The CJA Task Force recommends support for programs to increase the consistency and accuracy of the medical diagnosis of child abuse and neglect as well as support for programs to improve access to quality medical evaluations for suspected victims of child maltreatment, particularly in rural and underserved areas.

Examples of strategies supported by CJA may include:

- Research and data collection to improve the consistency and accuracy of the diagnosis of child abuse to strengthen the investigation and prosecution of these cases;
- Programs to improve the recognition and reporting of child abuse and neglect by professionals in the health care system and other related service systems;
- Training for medical providers and attorneys on medical evidence in child abuse cases and courtroom testimony;
- Effective dissemination of best practices in the medical diagnosis of child abuse and enhanced collaboration between child abuse pediatricians, CPS, law enforcement, and medical professionals in Texas.
PART II – APPLICATION SUBMISSION REQUIREMENTS

A. Preparing an Application

Please provide the following application components in the order listed below:

1. Application Coversheet
2. Contact Information
3. Project Narrative
4. Budget Narrative
5. Budget Workbook
6. Pre Award Questionnaire
7. Additional Attachments as listed below

Commonly Used Terms
Here are terms that occur frequently in the process:

- Goal – A broad statement that answers the question, “What does your organization hope to accomplish?”
- Objective – Answers the question, “What steps do you intend to take to accomplish your goal?”
- Outcome – Transformative change in behavior, conditions and/or understanding.
- Output – Tangible product, service, and/or knowledge resulting from a grant’s activities
- Activities – Actions and processes employed to produce outputs and/or outcomes

B. Application Coversheet

The Application Coversheet form is provided as an attachment to this request and is also available on the CJA website. Fully complete the information as indicated on the form. The authorized official must read and initial certifications. Include the coversheet with the application submission.

C. Contact Information

The Contact Information form is provided as an attachment to this request. Complete the information as indicated on the form and include as part of application submission.

D. Project Narrative (80 Points)

The project narrative is the main body of information describing the problem to be addressed, the plan to address the identified problem through appropriate and achievable objectives and activities, and the ability of the applicant to implement the plan. Applicant should refer to pages 2-10 for more information on specific project requirements. The project narrative should include the headings and information set out below. Page limits are included for each section. Pages should be single spaced. Please use 12-point font with 1-inch margins.
a. Project Summary/Abstract

Please condense the content of this application into a 1 page document that could be shared separately from this application.

b. CJA Priorities

Describe how the project supports one or more of the CJA priorities.

This section should be no more than 1 page.

c. Statement of Need

Describe the current issue/need to be addressed by the project. Provide data on the significance or prevalence of the problem or issues. What is the demand for this project with the intended audience and how have you determined the demand? The proposal should also contain reference to similar projects or other work in Texas (or nationwide, if applicable) addressing the same issues. Describe how your work differs from, contributes to, or complements this work.

This section should be no more than 1.5 pages – roughly 750-800 words.

d. Goal(s) and Objectives

The goal is the largest overall effect your program will have on its target audience. Addressing the issues that were identified in the statement of need, specify the overall goal(s) of the project. Objectives should be clearly stated, specific, measurable, and achievable in the grant period. What results are you committed to achieving during the grant period? What evidence will prove your success?

This section should be no more than 2 pages.

e. Approach/Implementation Timeline

Outline the specific activities necessary to accomplish the proposed objectives. Specific activities should be sufficiently detailed, reflective of the project budget, and support the achievement of the project goals and outcomes.

Please include major events and activities and when they are expected to take place. If possible, detail the person(s) responsible for each activity, including whether existing staff and/or contractors will perform tasks, or if new persons will need to be hired.

There is no page limit to this section but please include only major events and activities and when they will take place.

f. Evaluation/Dissemination Plan

Describe how the implementation of the project and its results will be evaluated. Identify the
specific outputs which will result from the project activities. Outputs are the direct, tangible result of project activities. These are often, but not always quantitative measures, i.e. number of participants trained, number of education hours offered. While outputs are important, please make sure the outputs are tied to meaningful outcomes.

Identify the outcomes you are trying to achieve and determine the impact on the target audience. Outcomes reveal the extent and kinds of impact the project has on its participants. An outcome is the actual result or consequence that will occur through the achievement of the objectives.

Identify the indicators you will use to determine whether you have achieved those outcomes. Describe how outcomes are measured and monitored, and how this will inform program refinements. Perform a critical analysis of the results of the project.

Include a plan for distributing final products, written materials, evaluation results, and other outputs to colleagues and to the public. Describe the method, volume, and timing of distribution as well as the intended audience.

This section should be no more than 1.5 pages – roughly 750-800 words.

E. Project Budget (10 Points)

The purpose of the project budget is to demonstrate how the applicant will implement the plan with the funds available through this program. Project costs must be directly related to the objectives and activities of the project. The project budget includes a budget narrative and a budget workbook. *Please note that the indirect cost rate is limited to a maximum of 18%.

1. Budget Narrative

The budget narrative clearly explains all costs necessary to implement the proposed project, as well as other contributing funding sources. The narrative should expand on the budget line item, describing how you arrived at the projected dollar amounts. Additional consideration with this section will help the proposal avoid unnecessary red flags. The narrative should coincide with the specific budget categories described on Tab 2 of the Budget Workbook and support project activities. The narrative should include a description of anticipated program income, if applicable. For expenses shared between CJA and other funding sources, applicant should include the total expense, the percentage budgeted to CJA, and a description of the methodology used to allocate each shared expense.

2. Budget Workbook

An Excel Budget Workbook has been provided as part of this request. Enter the applicant information on the Getting Started tab of the Workbook (tab 1). The point of contact should be the person responsible for preparing the project budget and answering budget-related questions. Budget Category definitions are also included on Tab 2 of the Budget Workbook. Tab 3 contains a worksheet for each specific budget category. The left column on each budget category worksheet requires line item detail including the calculation and justification for each
expense. Enter the amount of each line item in the right column. Charges should be rounded up to the nearest whole dollar. You may insert additional rows if necessary. The budget summary on Tab 1 is pre-formatted to automatically pull totals from the subsequent budget category worksheet. These cells will be locked. The total of all budget categories will calculate on this page. The budget total should match the amount of funds requested on the Application Coversheet.

F. Qualifications (5 Points)

Describe the training or qualifications of your organization relevant to the ability to complete the proposed project, including experience and expertise in the field of child abuse and neglect; ability to access or collaborate with the various professional disciplines in the development/implementation/evaluation of the project; and experience and expertise in the development of similar programs. If you feel it will strengthen your proposal, you may include as attachments relevant documentation, such as bios of key personnel and job descriptions for vacant key personnel, information on partnering organizations relevant to their ability to fulfill identified roles and functions, and organizational charts.

This section should be no more than 1 page. There is no page limit to attachments, should you choose to include them.

G. Pre Award Questionnaire (High Risk = -5 points; Medium Risk = 0 points; Low Risk = +5 points)

The Pre Award Questionnaire form is **required** and provided as an attachment to this request. Complete the information as indicated on the form and include the form as part of the application submission. The Pre Award Questionnaire will be used to conduct a grantee risk assessment. The results of the risk assessment will result in the addition/subtraction of points to the application score. CJA staff will also use an applicant’s past performance as a CJA grantee (if relevant) to evaluate potential risk.

H. Additional Attachments

Please label and submit the following materials electronically with completed application:

1. Key staff list
2. List of current funders for this project and amount of support
3. List of pending requests for support for this project and amounts requested, if applicable
4. Organizational budget for current fiscal year
5. Most recent audited financial statement (if available)
6. Annual report (if available)
7. IRS determination letter, if applicable
PART III – POLICIES AND PROCEDURES

A. Review and Selection

a. Initial Screening

CJA staff will conduct an initial screening to determine whether:

i. The application is complete
ii. The applicant is an eligible entity
iii. The application demonstrates the potential for statewide, systems-level improvement and does not request funding for prevention, treatment or direct services to child abuse victims and their families.
iv. The application is responsive to one or more of the Task Force priority areas

b. Application Scoring

Applications will be reviewed by the CJA Program Director to ensure that they meet the initial program criteria. All applications meeting the initial program criteria will be passed on to the Grants Committee for consideration. The Grants Committee will consider each application and either approve, revise, or reject the proposal. The final recommendations of the Grants Committee, along with summaries of the relevant applications, will be presented to the full Task Force for approval.

CJA may elect not to fund applicants with management or financial problems that would indicate an inability to successfully complete the proposed project. Applications may be funded in whole or in part. Successful applicants may be funded at an amount lower than that requested. CJA reserves the right to consider a preference to fund projects aimed at serving emerging, unserved, or under-served populations, and to consider the geographic distributions of CJA funds or distinctive project elements in its funding decisions.

c. Notification Process

Applicants will be notified of their application status by email.
d. Evaluation Criteria – 100 total points available

**Project Narrative (80 points)**

(a) The project narrative is clear and complete and includes specific and measurable goals and objectives. The project narrative should be a clear statement of the work to be undertaken and objectives for the period of the proposed work. The goals and objectives, and the plans and procedures for achieving them, should be clearly stated, well developed, worthwhile, and realistic. Objectives are specific and measurable. Outcomes match objectives. **(20 points)**

(b) The project narrative directly supports and is aligned with the CJA priorities. The project narrative should include specific references to the CJA priorities which it supports. **(10 points)**

(c) The project narrative clearly articulates the relationship to an identified, documented need. The proposal will fill an identified gap in research, services, knowledge, etc. The target population is clearly defined. **(10 points)**

(d) The proposal reflects best practices in the discipline. The proposed methods, approaches, and strategies are realistic, reasonable, effective – drawing on best practices and the latest thinking and research. **(10 points)**

(e) The evaluation plan is complete and appropriate to the size and scale of the project. Qualitative and quantitative assessment of the project is clear. Expected results are clearly defined. Performance measures are listed and measures are reliable. **(5 points)**

(f) The plans to communicate the results of the project to other professionals, both internally and externally, are clear and appropriate. The project narrative should identify how the results of the project would be disseminated broadly to other relevant professionals. The narrative should effectively address plans for outreach and collaboration as well as replication. **(5 points)**

(g) The proposed approach is clearly outlined. The rationale for selecting particular activities or components for development or adoption should be clearly articulated. An adequate description of the general plan of work, including the broad design of activities to be undertaken, should be stated. **(5 points)**

(i) The responsibilities/roles of the participants are specifically stated. The roles and/or responsibilities of all personnel should be described in the proposal. It should be clear as to what involvement, leadership, and commitment each participant has in the project and the human resource allocation should be appropriate. **(5 points)**

(j) The personnel requirements are commensurate with the budget request. **(5 points)**

(l) Detailed timelines and milestones for the grant period are evident. Project plans are realistic and feasible given the timeline. **(5 points)**

**Budget (10 Points)**

(a) The budget is clearly outlined and justifies the amount requested. Each proposal must include a budget that documents and justifies the amounts requested. The budget request should be realistic for the project and reflect the goals of the project.
Qualifications (5 points)

(a) Applicant demonstrates relevant expertise and experience necessary to carry out the proposed activities. Applicant is positioned to access or collaborate with pertinent professional disciplines in the development, implementation, and evaluation of the project.

Pre Award Questionnaire (High Risk = -5 points; Medium Risk = 0 points; Low Risk = +5 points)

(a) The Pre Award Questionnaire form is provided as an attachment to this request. Complete the information as indicated on the form. Include the form as part of the application submission. The Pre Award Questionnaire will be used to conduct a grantee risk assessment. The results of the risk assessment will result in the addition/subtraction of points to the application score.

B. Finalizing the Grant Award Agreement

1. Approval of the Application - This application is subject to approval by the Texas Children’s Justice Act Task Force. All applications must first be approved by the CJA Task Force and the Grant Award Agreement must be fully executed before expenditures can be reimbursed. Expenditures incurred prior to authorization are made at the applicant’s own risk and may be disallowed. When the fully executed grant agreement is received, the applicant may begin to submit monthly requests for reimbursement (RFRs).

2. Grant Award Conditions – TCJ may add grant award conditions to the Grant Award Agreement prior to or after funding. If conditions are added, these will be discussed with the applicant and a copy of the conditions will be sent to the recipient.

3. Grant Award Agreement – An electronic copy of the executed Grant Award Agreement and pertinent attachments will be sent to the Project Director following its execution.

C. General Grant Terms and Conditions

The following requirements apply to projects selected for funding and are explained below for the recipients planning purposes. Failure to comply with these terms and conditions may result in the loss of Federal funds and may be considered grounds for the suspension or termination of the grant award.

1. Program Standards

Section 107(a),(b),(c),(d),(e), and (f) of the Child Abuse Prevention and Treatment Act (CAPTA) (42 U.S.C. 5106c et seq.) as amended by Public Law (P.L.) 111-320 enacted December 20, 2010; and the Victims of Crime Act of 1984, as amended (42 U.S.C. 10603 et seq.).

2. Administrative Requirements:
The regulation which apply to the administration of this grant are contained in 45 CFR Part 92, “Uniform Administrative Requirements for Grants and Cooperative Agreements to States and Local Governments.”

3. These programs are governed by the Office of Management and Budget 2 CFR 200 Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards (Uniform Guidance).

4. Public Law 103-333

In accordance with Public Law 103-333, the “Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act of 1995,” the following provisions are applicable to this grant award:

Section 507: “Purchase of American-Made Equipment and Products – It is the sense of Congress that, to the greatest extent practicable, all equipment and products purchased with funds made available in this Act should be American-made.”

Section 508: “When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all States receiving Federal funds, including but not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.”

5. Drug-Free Workplace Requirements

In accordance with provisions of Title V, Subtitle D of Public Law 100-690 (41 USC 701 et. seq.), the “Drug-Free Workplace Act of 1988,” all grantees must maintain a drug-free workplace and must publish a statement informing employees that the unlawful manufacture, distribution, dispensing, possession, or use if a controlled substance is prohibited in the workplace and establishing the actions that will be taken against employees violating this prohibitions. The Grantee must notify ACF if an employee is convicted of violating a criminal drug statute. Failure to comply with these requirements may be cause for debarment. (See 2 CFR Part 382)

6. Smoking Prohibitions

In accordance with Title XII of Public Law 103-227, the “PRO-KIDS Act of 1994”, smoking may not be permitted in any portion of any indoor facility owned or regularly used for the provision of health, day care, education, or library services to children under the age of 18, if the services are funded by Federal programs whether directly or through State or local governments. Federal programs include grants, cooperative agreements, loans and loan guarantees, and contracts.
7. **Religious Activity Prohibitions**

   Direct Federal grants, subawards, or contracts under this program shall not be used to support inherently religious activities such as religious instruction, worship, or proselytization. Therefore, organizations must take steps to separate, in time or location, their inherently religious activities from the services funded under this program.

8. **Prohibition Against Lobbying**

   Federal grant funds provided under this award may not be used by the grantee or any subgrantee to support lobbying activities to influence proposed or pending Federal or State legislation or appropriations. This prohibition is related to the use of Federal grant funds and is not intended to affect an individual’s right or that of any organization, to petition Congress, or any other level of Government, through the use of other resources. (See 45 CFR Part 93.)

9. **Human Trafficking**

   These awards are subject to the requirements of Section 106(g) of the “Trafficking Victims Protection Act of 2000” (22 USC 7104).

10. **Transparency Act Requirements**

   Awards under these programs are included under the provisions of the P.L. 109-282 of the “Federal Funds Accountability and Transparency Act of 2006” (FFATA). Under this statute, the State is required to report information regarding executive compensation and all subgrants, contracts, and subcontracts in excess of $25,000 through the Federal Subaward Reporting System [https://www.fsrs.gov/](https://www.fsrs.gov/) and in accordance with the terms found in the Federal regulations at 2 CFR Part 170, including Appendix A.

11. **Construction Prohibitions**

   Unless superseded by program-specific regulations, these awards may not be used for construction of the purchase of land.

12. **Debarment and Suspension**

   No organization may participate in this project in any capacity or be a recipient of Federal funds designated for this project if the organization has been debarred or suspended or otherwise found to be ineligible for participation in Federal assistance programs under Executive Order 12549, “Debarment and Suspension.” (See 45 CFR 92.35 and 45 CFR 74.13.)

13. **Monitoring**

   CJA staff will monitor Subgrantee’s compliance with the performance obligations and fiscal requirements of this Agreement using appropriate and necessary monitoring and inspections. If Subgrantee is designated as high-risk, Texas Center for the Judiciary
(TCJ) reserves the right to impose additional monitoring requirements. TCJ has the right to examine all records, books, papers, or documents related to this Agreement.

14. **Method of Payment**

Payment under this Agreement will be on a reimbursement basis. Subgrantee agrees to submit monthly Requests for Reimbursement within thirty (30) days after the end of the billing period supported by appropriate source documentation. Subgrantee agrees to use the Request for Reimbursement form provided by staff. To be eligible for reimbursement under this Agreement, a cost must be incurred in accordance with the approved budget, applicable Cost Principles, and within the grant period.

15. **Source Documentation**

Subgrantee agrees to maintain all checks supported by appropriate documentation. Documentation may include copies of contracts, invoices, purchase orders, canceled checks, etc. and must be kept in accordance with generally accepted accounting principles and state and federal procurement and purchasing requirements. Staff salaries and wages must be supported by personnel activity reports, as prescribed in the applicable Cost Principles.

16. **Performance Reporting**

Subgrantee shall submit quarterly performance reports. The first report will cover the first 3 months of funding, and is due no later than fifteen (15) days following the close of the reporting period. A final performance report covering all twelve months of funding must be submitted no later than thirty (30) days following the close of the grant period. TCJ reserves the right to require more frequent reporting. Subgrantee will use the Performance Report form provided.

17. **Financial Reporting**

Subgrantee shall submit a final Financial Status Report, covering all twelve months of funding must be submitted no later than thirty (30) days following the close of the grant period. TCJ reserves the right to require more frequent reporting. Subgrantee will use the Financial Status Report form provided.

18. **Other Reporting**

Subgrantee shall promptly advise CJA staff in writing of events that will have a significant impact upon this Agreement, including: (1) Problems, delays, or adverse conditions, including a change of project director or other changes in Subgrantee personnel, that will materially affect the ability to attain objectives and performance measures, prevent the meeting of time schedules and objectives, or preclude the attainment of project objectives or performance measures by the established time periods. This disclosure shall be accompanied by a statement of the action taken or contemplated and any TCJ or federal assistance needed to resolve the situation; and (2) Favorable developments or events that enable meeting time schedules and objectives sooner than anticipated or achieving greater performance measure output than originally projected.
19. Logo Credit

Logo credit must be given to the Texas Children’s Justice Act program in all promotional and educational materials distributed in association with any CJA-funded program, including brochures, pamphlets, flyers, postcards, etc.

20. Prior Approvals

Subgrantee will abide by the applicable federal administrative requirements and the terms and conditions of the Grant Award Agreement regarding prior approval requirements.

21. Audit Requirements

Subgrantees who expend $750,000 or more in federal grant money annually shall engage an independent, licensed Certified Public Accountant to conduct an annual OMB Circular A-133 audit. Subgrantee shall submit a copy of the audit report no later than fifteen (15) days after receipt from the audit firm.

22. Disallowance

In the event Subgrantee claims and receives payment from TCJ for a service, reimbursement for which is later disallowed, Subgrantee shall promptly refund the disallowed amount to TCJ on request, or at its option, TCJ may offset the amount disallowed from any payment due or to become due to Subgrantee under this Agreement or any other agreement. Similarly, a disallowance under a prior agreement may be offset against this Agreement.

23. Withholding Payment

TCJ may withhold payment until reports required under the Grant Award Agreement are received and approved by TCJ. TCJ may also withhold payment if Subgrantee is not in compliance with this agreement.

24. Full Cost Recovery of Investigation and Audit Costs

Subgrantee shall reimburse TCJ for all direct and indirect expenditures incurred in conducting an audit/investigation when Subgrantee is found in violation of the terms of the contract. Reimbursement for such costs shall be withheld from any amounts due to Subgrantee pursuant to the payment terms of the grant, or from any other amounts due to Subgrantee from TCJ.

25. Amendments

The Grant Award Agreement may be amended by mutual written consent of both parties.

26. Records

Subgrantee agrees to maintain all reports, documents, papers, accounting records, books, and other evidence pertaining to costs incurred and work performed
hereunder, for three (3) years from the date of final payment under this Agreement, or until completion of all audits or pending litigation has been completely and fully resolved, whichever occurs last.

Duly authorized representatives of TCJ, and their designees shall have access to the records. This right of access is not limited to the three (3) year period but shall last as long as the records are retained.

27. Indemnification

To the extent permitted by law, Subgrantee, if other than a government entity, shall indemnify, hold, and save harmless TCJ and its officers and employees from all claims and liability due to the acts or omissions of Subgrantee, its agents, or employees. Subgrantee also agrees, to the extent permitted by law, to indemnify, hold, and save harmless TCJ from any and all expenses, including but not limited to attorney fees, all court costs and awards for damages incurred by TCJ in litigation or otherwise resisting such claims or liabilities as a result of any activities of Subgrantee, its agents, or employees.

Further, to the extent permitted by law, Subgrantee, if other than a government entity, agrees to protect, indemnify, and save harmless TCJ from and against all claims, demands, and causes of action of every kind and character brought by any employee of Subgrantee against TCJ due to personal injuries or death to such employee resulting from any alleged negligent act, by either commission or omission on the part of Subgrantee.

If Subgrantee is a government entity, both parties to this Agreement agree that no party is an agent, servant, or employee of the other party and each party agrees it is responsible for its individual acts and deeds, as well as the acts and deeds of its contractors, employees, representatives, and agents.

28. Disputes and Remedies

The Grant Award Agreement supersedes any prior oral or written agreements. Subgrantee shall be responsible for the settlement of all contractual and administrative issues arising out of procurement made by Subgrantee in support of Agreement work. Disputes concerning performance or payment shall be submitted to TCJ for settlement, with the Executive Director or his or her designee acting as final referee.

29. Termination

The Grant Award Agreement shall remain in effect until Subgrantee has satisfactorily completed all services and obligations described herein and these have been accepted by TCJ, unless:

a. This Agreement is terminated in writing with the mutual consent of both parties;

b. There is a written thirty (30) day notice by either party; or
c. TCJ determines that the performance of the project is not in the best interest of TCJ and informs Subgrantee that the project is terminated immediately.

Subgrantee shall neither incur nor be reimbursed for any new obligations after the effective date of termination.

30. Inspection of Work

TCJ or any authorized representative thereof, has the right at all reasonable times to inspect or otherwise evaluate the work performed or being performed hereunder and the premises on which it is being performed.

31. Procurement and Property Management

Subgrantee shall establish and administer a system to procure, control, protect, preserve, use, maintain, and dispose of any property furnished to it by TCJ or purchased pursuant to this Agreement in accordance with its own property management procedures, provided that the procedures are not in conflict with applicable Federal administrative requirements.

32. Program Income

Program income earned during the grant period shall be reported and retained by the Subgrantee.
Texas Children’s Justice Act Task Force Bylaws

Adopted 9/28/07

Revised:
1/29/09
7/22/11
1/07/15
Article I - Name

1.1 The name of this advisory body shall be the Texas Children’s Justice Act Task Force (Task Force).

Article II – Statutory Basis/Purpose

2.1 **Purpose.** The Task Force is established in accordance with the Child Abuse Prevention and Treatment Act (codified at 42 USC 5106c) which authorizes grants to states to develop, establish, and operate programs designed to improve:

2.1.1 The assessment and investigation of suspected child abuse and neglect cases, including cases of suspected child sexual abuse and exploitation, in a manner which limits additional trauma to the child and the child’s family;

2.1.2 The assessment and investigation of cases of suspected child abuse-related fatalities and suspected child neglect-related fatalities;

2.1.3 The investigation and prosecution of cases of child abuse and neglect, including child sexual abuse and exploitation; and

2.1.4 The assessment and investigation of cases involving children with disabilities or serious health-related problems who are suspected victims of abuse or neglect.

2.2 **Recommendation Categories.** Children’s Justice Act grants shall be used to implement Task Force recommendations in the following three categories:

2.2.1 **Assessment and Investigation of cases of child abuse and neglect.** Investigative, administrative, and judicial handling of cases of child abuse and neglect, including child sexual abuse and exploitation, as well as cases involving suspected child maltreatment-related fatalities and cases involving a potential combination of jurisdictions, such as interstate, federal-state, and state-tribal, in a manner which reduces the additional trauma to the child victim and the victim’s family and which also ensures procedural fairness to the accused;

2.2.2 **Innovative approaches.** Experimental, model, and demonstration programs for testing innovative approaches and techniques which may improve the prompt and successful resolution of civil and criminal court proceedings or enhance the effectiveness of judicial and administrative action in child abuse and neglect cases, particularly child sexual abuse and exploitation cases and cases involving children with disabilities or serious health-related problems, including the enhancement of performance of court-appointed attorneys and guardians ad litem for children, and which also ensure procedural fairness to the accused; and

2.2.3 **Process improvement.** Reform of state laws, ordinances, regulations, protocols and procedures to provide comprehensive protection for children from abuse, including sexual abuse and exploitation, while ensuring fairness to all affected persons.
2.3 **Limitations.** Supporting child abuse prevention programs or treatment services is not an appropriate use of CJA funds. CJA funds are to be primarily focused on the front end, intake and investigative piece of child welfare. Projects selected by State Task Forces should be mindful that funds are to be spent to support efforts at this point in a child welfare case.

**Article III - Activities**

3.1 **Advisory Role.** The Task Force shall act as an Advisory Committee to the Governor’s Office and/or its designee.

3.2 **Task Force Responsibilities.** The Task Force’s responsibilities are as follows:

3.2.1 Participate in the three-year assessment process to comprehensively evaluate the State’s investigative, administrative, and judicial handling of cases of child abuse and neglect, including child sexual abuse, as well as cases involving suspected child maltreatment-related fatalities and cases involving a potential combination of jurisdictions. The results of the Three-Year Assessment will serve as the basis for policy and training recommendations to improve the child protection system.

3.2.2 Determine the priorities that will guide the grant-making process as well as inform CJA’s purpose.

3.2.3 Make recommendations regarding legislative or policy issues. The Task force may submit to the legislature proposed statutory improvements consistent with its mission or policy and training recommendations, propose related interim legislative studies and/or express shared opinions on other state policy issues. In order to make a recommendation on a legislative or policy issue, the matter must first be presented to and approved by the Task Force.

3.2.4 Support CJA staff. The Task Force should ensure that CJA staff has the resources and support they need to further the goals of the Task Force.

3.2.5 Ensure effective planning. The Task Force must actively participate in periodic planning processes and assist in implementing and monitoring resulting recommendations.

3.2.6 Monitor and strengthen programs and services. The Task Force’s responsibility is to determine which programs are consistent with Task Force recommendations and to monitor the effectiveness of those programs.

3.2.7 Build a competent Task Force. The Task Force has a responsibility to articulate prerequisites for candidates, orient new members, and periodically and comprehensively evaluate the effectiveness of the Task Force’s efforts.

3.2.8 Ensure ethical integrity. The Task Force is ultimately responsible for adherence to grant conditions and ethical norms. Task Force members shall recognize and disclose all actual and potential conflicts of interest. Task Force members shall not communicate with potential grantees regarding pending applications nor communicate with existing grantees in manners related to grant administration, unless such activity is conducted in coordination with CJA Project staff. Task Force members shall recognize and disclose all actual and potential conflicts of loyalty as well as conflicts of interest. Conflicts of loyalty sometimes arise that do not involve financial gain and we encourage that relationships
and affiliations that might result in future conflict of loyalty be disclosed. These relationships and affiliations have potential for both conflicts of loyalty and collaborative benefits and open discussion of such situations allows for informed and thoughtful choices.

3.2.9 Enhance the organization's public standing. The Task Force should clearly articulate CJA’s mission, accomplishments, and goals to the public and garner support from the community.

3.2.10 Attend Task Force meetings. New Task Force members shall attend a new member orientation prior to the first Task Force meeting of the fiscal year. All Task Force members shall regularly attend quarterly Task Force meetings.

3.2.11 Actively contribute skills, expertise, and knowledge to the Task Force. Members shall serve on committees and working groups and attend professional development programs relevant to the purpose and goals of the Task Force.

3.2.12 Approve projects supported by the CJA grant. The Task Force shall approve subawards and other project-related funding decisions.

3.3 **Staff Responsibilities.** Staff responsibilities are as follows:

3.3.1 Coordinate and provide support for Task Force, committee, and working group meetings.

3.3.2 Participate in discussions as appropriate during Task Force, committee, and working group meetings.

3.3.3 Prepare the annual federal application and other required reports.

3.3.4 Act as primary contact with federal funder and participate in meetings, discussions, and workgroups as needed

3.3.5 Coordinate and oversee the Three Year Assessment process

3.3.6 Develop processes for implementing Task Force recommendations.

3.3.7 Review and recommend projects for CJA support.

3.3.8 Perform daily administrative functions of the grant, including programmatic and fiscal monitoring.

3.3.9 Provide updates to Task Force members on grant activities.

3.3.10 Act as primary contact with grantees and prospective grantees regarding funding opportunities and grant activities.

3.3.11 Develop and maintain the Task Force budget.

**Article IV - Membership**

4.1 **Mandatory Representation.** The Task Force shall be composed of individuals with knowledge and
experience relating to the criminal justice system and issues of child physical abuse, child neglect, child sexual abuse and exploitation, and child maltreatment-related fatalities. In accordance with the federal program instructions, the Task Force shall include members representing the following disciplines:

4.1.1 Law Enforcement Community;
4.1.2 Criminal Court Judge(s);
4.1.3 Civil Court Judge(s);
4.1.4 Prosecuting Attorney(s);
4.1.5 Defense Attorney(s);
4.1.6 Child Advocate(s) (Attorneys for Children);
4.1.7 Court Appointed Special Advocate Representative(s);
4.1.8 Health Professional(s);
4.1.9 Mental Health Professional(s);
4.1.10 Child Protective Service Agencies;
4.1.11 Individual(s) Experienced in Working with Children with Disabilities;
4.1.12 Parent Group Representative(s);
4.1.13 Adult Former Victim(s) of Child Abuse or Neglect; and
4.1.14 Individual(s) Experienced in Working with Homeless Children and Youth.

4.2 Discretionary Members. In addition to the categories included in the federal program instructions, the Task Force shall include members representing the statewide membership association of local children’s advocacy centers, Other members may be added at the discretion of the Task Force.

4.3 Member Diversity. To the extent possible, the Task Force shall strive to include members who bring diverse perspectives and reflect varied race, ethnicities, and genders, as well as representing the various geographic regions of Texas.

4.4 Task Force Elections. The Membership Committee shall present nominations for new and renewing Task Force members at the final Task Force meeting of the fiscal year. Recommendations from the Membership Committee shall be provided to the Task Force in writing before nominations are made and voted on. New and renewing Task Force members shall be elected by a majority of Task Force members at the final Task Force meeting of the fiscal year or at the next Task Force meeting at which a quorum is present. Task force member terms shall commence on the first day of the federal fiscal year.

4.5 Term Limits. Members shall serve two-year terms. No person shall serve more than three consecutive two-year terms unless a majority of the Task Force at a Task Force meeting at which a quorum is present elects a Task Force member who is in his/her final year of service to an officer position. No person shall serve more than seven consecutive years. Following the expiration of his/her term, a Task Force member may be eligible for re-election to the Task Force after a one-year hiatus.
4.6 **Meeting Attendance.** In order to protect the Task Force from being out of compliance with the federal program instructions, if any member fails to attend two (2) consecutive, regularly scheduled meetings of the Task Force, the Chair will communicate in writing to the member a reminder of the Task Force meeting attendance policy. If any member fails to attend three (3) consecutive, regularly scheduled meetings of the Task Force, the Chair will communicate in writing requesting the member to recommit to the Task Force or resign.

4.7 **Number.** The Task Force shall have a maximum of 30 and no fewer than 18 members.

4.9 **Vacancies.** Vacancies in membership shall be filled as soon as practical by a special election if necessary to maintain statutorily required representation as set out in Section 4.1. Otherwise, vacancies will be filled or additional members added (up to the maximum allowable number) at the next general election.

4.10 **Special Elections.** Special elections to fill unexpired terms shall be held in the same manner as task force elections (See section 4.5).

**Article V - Officers**

5.1 **Officers.** Officers of the Task Force shall consist of a Chair, Chair-Elect and Vice Chair.

5.2 **Chair.** The Duties of the Chair include the following:

5.2.1 Guiding and leading the Task Force toward its goals;

5.2.2 Presiding at Task Force meetings;

5.2.3 Approving the written agenda for meetings of the Task Force;

5.2.4 Appointing committees and committee chairs as provided by these bylaws; and

5.2.5 Overseeing federally required assessments.

5.3 **Vice Chair.** The Vice Chair shall preside at meetings in the absence of the Chair and perform other duties as may be assigned by the Chair or be necessary in the event of a temporary absence of the Chair.

5.4 **Chair-Elect.** The Chair-Elect shall participate in all activities of the Task Force Chair, so as to prepare to take over the leadership role of the Task Force and to ensure continuity in the leadership transition process. In the event the current chair must permanently relinquish his/her duties, the Chair-Elect shall assume the leadership role for the Task Force.

5.5 **Term.** Officers are elected for a one year period upon majority vote of Task Force members present or by the returning of e-mail ballots, and may serve a maximum of two one-year terms.

5.6 **Qualifications.** To the extent possible, officers should represent different disciplines to ensure Task Force leadership reflects a multidisciplinary perspective.
Article VI- Committees

6.1 Appointment. The Chair, Chair-Elect and Vice Chair shall designate and appoint committees of the Task Force as deemed necessary. Non-Task Force members may be appointed to any committee at the discretion of the Chair. Chairs of committees must be Task Force members.

6.2 Committee Chairs. The Task Force Chair shall designate the chairperson for each committee. Task Force members are expected to serve on committees as needed.

6.3 Standing Committees. The Task Force shall maintain the following standing committees: Executive Committee and Grants Committee.

6.3.1 Executive Committee. The Executive Committee shall be composed of the officers of the Task Force, the chairs of each standing committee, and at the Chair’s discretion, one additional voting member. The Executive Committee shall be responsible for overseeing Task Force business in the intervals between meetings and dealing with matters of urgency that may arise between meetings. The Executive Committee shall meet at the discretion of the Chair.

6.3.2 Grants Committee. The Grants Committee shall oversee the annual grant process, review grant applications, and make final recommendations regarding grant funding to the Task Force. Ex-officio members or members whose agencies have pending grant proposals before the Task Force shall not serve on the Grants Committee.

Ad Hoc Committees. The Task Force committee structure shall be established and aligned based on the needs identified in the three year assessment. The Chair-Elect may identify proposed committees and committee chairs for each new fiscal year at the July Task Force meeting.

6.5 Term of Office. Each member of a committee shall serve a term of one year, unless the committee is terminated sooner or unless a committee member is removed from such committee.

6.6 Vacancies. Vacancies in the membership of any committee may be filled by appointment made in the same manner as provided in the case of the original appointments.

Article VII- Meetings

7.1 Frequency of Meetings. The Task Force shall schedule at least four meetings a year with additional meetings called by the Chair if necessary. A meeting schedule with at least three future meeting dates set shall be established at the beginning of each federal fiscal year. The Chair shall establish meeting dates in consultation with the Task Force. Meetings may be cancelled by the approval of a majority of the Task Force members.

7.2 Quorum. The presence of a majority of Task Force members shall constitute a quorum.

7.3 Task Force Action. The Task Force may adopt a position, plan action, or amend a recommendation
upon a majority vote of members present at a duly announced meeting, at which a quorum is present, provided that a written agenda has been distributed to all members at least three days in advance of the meeting. Although additional items may arise for discussion at a meeting, no final action shall be taken without written notice to all members, unless there is unanimous consent of those present and a quorum exists. Each Task Force member shall have one vote.

7.4 **Electronic Voting.** Members must be present to vote on matters under consideration by the Task Force, except that at the discretion of the Task Force Chair, matters may be voted upon by e-mail ballot. Only duly elected Task Force members are permitted to vote.

7.5 **Governance.** Task Force meetings shall be conducted in accordance with the most current version of Robert’s Rules of Order unless otherwise specified by these bylaws.

**Article VIII - Conflicts of Interest**

8.1 Each Task Force member shall annually sign a Conflict of Interest Disclosure Form. Task Force members shall abide by the Conflict of Interest policy as it appears on the Disclosure Form.

**Article IX – Confidentiality**

9.1 Task Force members shall not disclose sensitive information obtained as a result of the grant award and monitoring process or the content of Task Force deliberations regarding grant approval. CJA staff shall act as sole contact with grantees and prospective grantees regarding pending applications and approved grant activities, as per Section 3.2.8

**Article X - Amendments**

10.1 These bylaws may be amended upon majority vote of the Task Force membership at a duly announced meeting at which a quorum is present, provided that proposed amendments are distributed to members at least ten days in advance of the meeting.
CJA 2015-2016 COMMITTEES
SCOPE OF WORK

CJA 2015-2016 MEMBERSHIP COMMITTEE

Membership Recruitment
The Membership Committee shall assess the composition of the Task Force to ensure compliance with mandated positions; diversity among its membership to include a variety of categories, including but not limited to, professional expertise/contacts, gender, ethnicity, race, and culture; as well as alignment with the current three-year plan priorities.

I. The Committee will meet to thoroughly review the current composition of the Task Force. The committee will assess strengths and weaknesses of Task Force membership and develop a specific, targeted plan to strengthen the Task Force. This plan may include recommendations to increase geographic diversity, ethnic/racial/culturally diversity, professional expertise, etc. The plan can also include recommendations to improve Task Force engagement. (October – April; Report back at April Task Force meeting)

II. The Committee will develop key criteria for 2016-2017 Task Force candidates and will enlist the other members of the Task Force in helping to identify potential candidates that meet one or more of the key criteria. (October – April; Report back at April Task Force meeting)

III. The Committee will work with staff to develop recruitment and orientation materials and publications for CJA (October – July)

IV. Once potential candidates have been identified, the Committee, with staff support, will schedule meetings (in person if possible) with these individuals to further determine their eligibility and level of interest in being presented as official nominees. (April – May)

V. The Committee will present a slate of candidates for member and officer positions to the Task Force prior to the July Task Force meeting at which elections will be conducted for Task Force members and officers for the following grant year beginning October 1, 2015. (April – July; Report back at July meeting)

Training and Education
The Membership Committee is also responsible for building the capacity of Task Force members:
I. The Committee will recommend and implement, with staff support, training for the Task Force throughout the year. Training presentations should be designed to further Task Force knowledge pertaining to the three-year assessment priority areas and should focus on work being done in different geographic regions of the state. Membership Committee will assist staff with planning quarterly meeting agenda. (Ongoing).

II. The Committee will assist staff with planning a Task Force retreat.

CJA 2015-2016 GRANTS COMMITTEE
The Grants Committee shall provide guidance and oversight of CJA’s grants processes and programs.

Application Process

I. The Committee shall meet with CJA staff to review and revise the annual grants process. (October – January; Report back at January Task Force meeting)

II. The Committee will review the Request for Applications (RFAs) drafted by staff to ensure the solicitations reflect the Task Force’s current priorities. (October-January; Report back at January Task Force meeting)

III. The Committee will assist with publicizing the availability of the CJA grant through appropriate venues.

IV. The Committee shall review all full grant submissions as well as staff recommendations related to grant submissions and make final recommendations to the full Task Force regarding grant approvals. (March-August)

Monitoring Process

I. The Committee members will attend CJA-funded trainings and programs and report back to staff and Task Force members. (Ongoing)

II. Committee members will attend grantee meetings with CJA staff, as appropriate. (Ongoing)
III. The Committee will assist staff in identifying grantee programs for possible presentations to the full Task Force throughout the year. (Ongoing)

IV. The Committee shall assist staff in identifying organizations/programs in the state doing work relevant to the CJA priorities. (Ongoing)

V. The Committee will assist staff in developing publications and materials to describe the work of CJA. (October – April)
# 2015-2016 Children’s Justice Act Task Force Committees

**Grants Committee**

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<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Organization</th>
<th>Office Location</th>
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<tbody>
<tr>
<td>Laura Wolf, <em>Ex Officio</em></td>
<td>Executive Director</td>
<td>CASA of Travis County</td>
<td>Austin, TX</td>
<td>(512) 539-2665</td>
<td><a href="mailto:laura.wolf@casatravis.org">laura.wolf@casatravis.org</a></td>
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<tr>
<td>Tymothy Belseth</td>
<td>ETV/Youth Specialist</td>
<td>Texas Department of Family and Protective Services</td>
<td>Austin, TX</td>
<td>(512) 438-3769</td>
<td><a href="mailto:tymothy.belseth@dfps.state.tx.us">tymothy.belseth@dfps.state.tx.us</a></td>
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<tr>
<td>Jamye Coffman</td>
<td>Medical Director</td>
<td>Cook Children’s Center for Prevention of Child</td>
<td>Fort Worth, TX</td>
<td>(512) 474-9911</td>
<td><a href="mailto:jamye.coffman@cookchildrens.org">jamye.coffman@cookchildrens.org</a></td>
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<tr>
<td>Denise Hyde</td>
<td>Attorney at Law</td>
<td>812 San Antonio Street, Ste 304</td>
<td>Austin, TX</td>
<td>(512) 474-9911</td>
<td><a href="mailto:denise@hyde-law.com">denise@hyde-law.com</a></td>
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<tr>
<td>Monica Reyes</td>
<td>Parent Liaison</td>
<td>The Children’s Partnership/Travis County Health and Human Services</td>
<td>Austin, TX</td>
<td>(512) 854-7872</td>
<td><a href="mailto:Monica.Reyes@co.travis.tx.us">Monica.Reyes@co.travis.tx.us</a></td>
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<tr>
<td>Stephanie Stephens</td>
<td>Assistant County Attorney</td>
<td>Nacogdoches County Attorney’s Office</td>
<td>Nacogdoches, TX</td>
<td>(936) 560-7788</td>
<td><a href="mailto:sstephens@co.nacogdoches.tx.us">sstephens@co.nacogdoches.tx.us</a></td>
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**Task Force Committees**

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<tr>
<td>Isidro Alaniz</td>
<td>District Attorney</td>
<td>Webb County District Attorney’s Office</td>
<td>Laredo, TX</td>
<td>(956) 523-4912</td>
<td><a href="mailto:Iralaniz@webbcountytx.gov">Iralaniz@webbcountytx.gov</a></td>
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<tr>
<td>Irene Clements</td>
<td>Executive Director</td>
<td>National Foster Parent Association</td>
<td>Pflugerville, TX</td>
<td>(512) 775-1024</td>
<td><a href="mailto:Irenecllements17@gmail.com">Irenecllements17@gmail.com</a></td>
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<tr>
<td>Cathy Crabtree</td>
<td>Special Projects Consultant/Trainer</td>
<td>Austin, TX</td>
<td>(512) 258-9920</td>
<td><a href="mailto:Ccrabtree5@yahoo.com">Ccrabtree5@yahoo.com</a></td>
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<tr>
<td>Julie Prudhome</td>
<td>Clinical Director</td>
<td>Garth House, Mickey Mahaffy CAC</td>
<td>Beaumont, TX</td>
<td>(409) 838-9084</td>
<td><a href="mailto:jprudhome@juno.com">jprudhome@juno.com</a></td>
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<tr>
<td>Craig Spinn</td>
<td>Superintendent of Schools - Retired</td>
<td>Thorndale ISD</td>
<td>Round Rock, TX</td>
<td>(512) 854-7872</td>
<td><a href="mailto:craig.spinn@gmail.com">craig.spinn@gmail.com</a></td>
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<tr>
<td>Nhung Tran</td>
<td>Developmental-Behavioral Pediatrician</td>
<td>Scott and White Healthcare Department of Pediatrics</td>
<td>Temple, TX</td>
<td>(254) 724-6060</td>
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<td>City of Laredo Police Department</td>
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<td><strong>Joy Rauls</strong></td>
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<td>Executive Director</td>
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<td><strong>Vicki Spriggs</strong></td>
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<td>CEO</td>
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<td><strong>Angela Tucker</strong></td>
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<td>Judge</td>
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<td>199th Judicial District Court – Collin County</td>
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<td>McKinney, TX</td>
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