

# TEXAS CHILDREN'S JUSTICE ACT THREE YEAR ASSESSMENT 2018-2021

May 31, 2018

Strengthening  
Partnerships and  
Improving Systems to  
Better Serve  
Maltreated Children

## Contents

Review .....	2
Overview of the Methodology .....	2
Review of 2015 Three Year Assessment Priorities and Systems Improvements .....	3
1. Multidisciplinary Team Response and Coordination .....	3
2. Victim Advocacy .....	11
3. Child Maltreatment Victims with Disabilities or Special Healthcare Needs .....	17
4. Child Maltreatment-Related Fatalities .....	20
5. Medical Evaluations for Child Maltreatment Victims .....	23
Development of 2018 Priorities, Recommendations and Strategies.....	28
Priority 1: Strengthen Capacity and Better Leverage Existing Capacity .....	28
Recommendations .....	33
Priority 2: Improve Data and Information Sharing Across Systems.....	34
Recommendations .....	36
Priority 3: Improving Trauma Informed Systems.....	37
Response to Natural Disaster.....	37
Court Processes.....	40
Comprehensive Trauma Focus.....	41
Priority 4: Improving the Response to Internet Crimes Against Children & Use of Digital Evidence .....	43
Recommendations: .....	45
Proposed Strategies by Recommendation Category .....	46

## Review

The purpose of this assessment is to (1) review the state of child protection in Texas and significant activities undertaken in the last three years; (2) provide an overview of relevant research and promising practices in the field of child protection within identified priority areas; and (3) make recommendations for systems' improvements. During the 2012 assessment, the CJA Task Force identified six priority areas which led to the 2015-2018 Task Force recommendations and served as a starting point for the 2018 re-assessment. CJA staff and the ad hoc Priorities Committee appraised each priority area and discussed any related activities and/or policy reforms which took place in the State over the last three years. Through this process, the Task Force, at the October Task Force Retreat and the January Quarterly meeting, further refined the priority areas to four that are core to the purpose of the CJA program, where the needs are greatest, and towards which CJA resources should be strategically directed to make the greatest impact in the state. In each of these areas, CJA staff reviewed existing research and relevant reports and interviewed key stakeholders from around the state. Based on these findings, the Task Force recommends the following:

- Strengthen Capacity and Better Leverage Existing Capacity
- Improve Data and Information Sharing Across Systems
- Improve Trauma Informed Systems
- Improve the Response to Internet Crimes Against Children and the Use of Digital Evidence in Child Abuse Cases

## Overview of the Methodology

Pursuant to the federal program instructions, every three years the CJA Task Force must conduct a comprehensive evaluation of the State systems responsible for the investigative, administrative, and judicial handling of child abuse and neglect cases and make policy and training recommendations for improvements. During the 2015 assessment, the CJA Task Force identified the following areas of interest:

- Enhancing Multidisciplinary Team Response and Coordination
- Improving Access to Quality Victim Advocacy
- Improving Multidisciplinary Response to Child Maltreatment Victims with Disabilities or Special Healthcare Needs

- Improving Multidisciplinary Response to Suspected Child Maltreatment-Related Fatalities
- Improving Access to Quality Medical Assessments for Child Maltreatment Victims

These areas served as a starting point for the 2018 assessment. CJA staff begin collecting and compiling data to describe any related activities and/or policy reforms that took place in the state since 2015 with a particular focus on CJA funded projects and related achievements.

## Review of 2015 Three Year Assessment Priorities and Systems Improvements

### 1. Multidisciplinary Team Response and Coordination

#### **Recommendations**

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

#### ***Systems Improvements:***

#### **CJA Funded Projects:**

#### **The Multidisciplinary Team Enhancement Program and Data Integration**

Starting in August of 2014, CJA funded a pilot project between the Department of Family and Protective Services' (DFPS) Statewide Intake (SWI) and a local children's advocacy center (CAC). The local CAC would receive notifications of abuse reports directly from SWI via email in an effort to better facilitate joint investigations, assist MDT partners in the investigation of child abuse by offering administrative support, and ultimately ensure that reports of child abuse are not falling through the cracks. Prior to this pilot, CACs did not have direct access to these reports. The reports were directly sent to all law enforcement agencies throughout the state but DFPS had received reports that law enforcement offices were not able to effectively utilize these reports and there were fears that cases of abuse were being overlooked. CJA funds were used to pay for a staff member to review SWI reports, determine if the case was appropriate for MDT staffing, and schedule the MDT case review.

This initial pilot project was an overwhelming success. The number of forensic interviews conducted for children increased by 82% compared to the previous year. A significantly higher number of potential victims were being identified. CJA was asked to continue to fund this pilot for the remaining fiscal year and to fund similar pilots at two additional CACs.

These pilots were occurring at roughly the same time the Task Force was finalizing the recommendations for the 2015 Three Year Assessment. Based on the outstanding data from the CJA pilots, the Texas Legislature committed to fully fund the new MDT coordinator position at every local CAC in the state. This program was officially called the Multi-Disciplinary Team Enhancement Program. The program launched statewide on September 1, 2015.

48 of the (at that time) 69 children's advocacy centers opted to participate in the initial launch of the voluntary program. Local centers worked with the Children's Advocacy Centers of Texas (CACTX) on the program launch. Local centers had to submit an application to CACTX that included the submission of a work plan and an executed Memorandum of Understanding (MOU) demonstrating the support and willingness to participate by local partner agencies, including Child Protective Services (CPS), law enforcement and prosecution. Those local CACs were awarded increased state funding to assist with the costs associated with hiring one or more new staff to focus on strengthening the MDT and facilitating more effective collaboration and coordination among MDT members. All participating CACs were encouraged to start slowly during the implementation process to ensure positive outcomes as well as ensure staff capacity. 206 law enforcement agencies were participating with the project at the time of the launch and 70 additional agencies were added in January 2016. All 72 local CACs began participating with the MEP as of September 2017 and 66% of law enforcement jurisdictions are now covered.

Since the inception of the of the MEP, CACs have seen an increase in the number of children served for the first time since roughly 2008. CACs only see children through referrals from law enforcement and CPS partner agencies. Because they are now able to directly view SWI reports, they can ensure that cases appropriate for CAC services do not fall through the cracks. They can also make certain that investigations of reports that allege that a child has been the victim of conduct that constitutes a criminal offense that poses an immediate risk of physical or sexual abuse of a child are investigated jointly as prescribed by the Texas Family Code. As discussed in the 2015 Three Year Assessment, joint investigations were not occurring consistently throughout the state. The involvement of CACs with staff

solely dedicated to ensuring the success of the MDT has improved the consistency of these investigations.

Comparing the first quarter of 2017 to the first quarter of 2016, CACs across the state have seen a 20% increase in the number of children receiving services. This includes a 14% increase in forensic interviews, 18% in mental health services, 26% increase in family advocacy services, and 23% increase in forensic medical exams. Because of the increase in VOCA funding to the states, CACs have been able to ramp up their hiring for forensic interviewers, family advocates, and mental health providers and expand their capacity to be able to provide the needed services to these child victims and their families. The 85<sup>th</sup> Texas Legislative Session focused heavily on improving DFPS and providing increased funding and support for child welfare. This has allowed CPS to hire additional investigative staff to be able to more effectively work joint investigations and function as a productive member of the MDT.

As the MEP launched across the state, local CACs discovered a second barrier that affects the ability to effectively coordinate and track cases after the SWI report has been received. CAC staff are now able to review SWI reports to timely identify cases that fall into the CAC MDT case criteria in order to initiate a coordinated approach early in the investigative timeline. However, CAC staff are unable to identify the DFPS caseworker assigned to the cases after the initial screening process. Indeed, after this SWI report is sent, cases can change in priority, more comprehensive details about the allegations might be included or new allegations may be added, and caseworker assignment is made. To get this additional information, local CAC staff must contact their local DFPS staff which creates an additional administrative burden and prolongs the timeline of case coordination and service provision.

Over the past year, CACTX has worked with DFPS' IT department to jointly develop a solution. DFPS has created a method where this information will be extracted from the DFPS database for local center use. However, CACs still require a platform to receive and house this data.

CACTX is in the process of rolling out a new statewide case management system for local centers. CACTX approached CJA with a proposal to fund additional functionality to the case management system that will give centers the ability to batch the new DFPS data reports to give each of the local CACs access to this critical information that will greatly assist them at the beginning of the investigation. This additional to the case management system will begin in March 2018 and is expected to be completed by September 2018.

### **Evaluating the MDT Approach**

In FY16 and FY17, CJA supported a 20-month research project with Children's Advocacy Centers of Texas (CACTX) and the University of Texas (UT) Moody College of Communications. CAC of Texas and CJA were both aware of the need to turn the focus to the successful functioning of the MDT. The MDT model for responding to child abuse is recognized as a best practice, however, there was not clarity on what factors made an MDT successful and what barriers impeded the efficiency of an MDT. CACTX and the Moody College undertook a two-year comprehensive, communication-based study of the MDT model. The goal of the research project was to identify communication barriers and develop recommendations, tools and strategies to strengthen the MDT approach to investigating and prosecuting child abuse cases within CACs. The research team focused on three key elements that they determined were critical to effective MDTs. These were time sensitive coordination, interagency relationships, and team interaction process. The Moody School conducted 18 MDT Focus Groups with MDTs at CACs across the state as well as 6 discipline specific focus groups (MDT Coordinators, law enforcement, district attorneys, DFPS, mental health professionals and medical professionals). They also conducted a comprehensive survey of MDT members and received 1,424 survey responses representing all partner agencies.

Based upon the research, four prominent themes emerged regarding what contributes to MDT effectiveness and positive case outcomes.

1. **Social support predicts resilience and positive case outcomes.** First, positive case outcomes for child abuse investigations are associated with strong MDTs. Second, this social support not only leads to improved case outcomes but also allows MDT members to carry out their work more effectively and to have more longevity in their careers within their agencies.
2. **Institutional barriers weaken MDTs. Institutional support strengthens MDTs.** A number of structural and professional barriers exist inside the various partner agencies. These institutional barriers may serve to systematically weaken team processes and create impediments for team members' full participation on the MDT. When partner agencies support the model, MDTs are more effective. Analyses revealed that perceived external supervisory support of the MDT model was a strong predictor of MDT effectiveness.
3. **Proximity facilitates information sharing and collaboration.** Proximity served as a powerful predictor of information sharing, collaboration, and identity and diminished barriers associated with professional identity. Physical distance increased these barriers and reduced the ease of

information sharing and collaboration.

**4. Staff dedicated to MDT support and coordination are a valuable resource to improve case outcomes.**

These outcomes from this research project have the potential to greatly strengthen the effectiveness of MDTs throughout the state as well as help with the problem of turnover/burn out that plagues many of the disciplines that make up the MDT. CACTX presented the research findings to all Texas CACs at the annual CAC Executive Director Leadership Summit as well as to statewide stakeholders at the CJA-supported Statewide Multidisciplinary Team meeting. The Moody College and CACTX worked to create a MDT Coordinator Toolkit, General Statewide Toolkit, Case Study Scenarios, and Time Type Indicator for distribution to all CACs in early 2018.

**Statewide Multidisciplinary Team**

The child welfare system involves a number of stakeholder groups and disciplines involved in the intake, assessment, investigation, and prosecution of child abuse in both the civil and criminal sectors including DFPS, law enforcement, mental health and medical professionals, attorneys, children's advocacy centers, among others. These different stakeholder groups have different jurisdictions, priorities, and missions and this can result in disconnection, lack of information sharing, and missed opportunities. CACs across the state help facilitate county-based MDTs to facilitate joint investigations within best practices that encourage collaboration and information sharing to better investigate cases and serve the needs of children and families. These MDTs represent every DFPS region in the state, over 200 district and county attorney's offices, over 1,000 law enforcement jurisdictions, and numerous medical and mental health professionals. While the disciplines that make up the MDT have statewide membership associations, there is no statewide group that represents the MDT viewpoint. CACTX approached CJA with a proposal to create an entity, properly structured and managed, to pull together the individuals and organizations who represent each of the MDT partners statewide. CACTX would take the lead to coordinate a statewide multidisciplinary team (SMDT) that meets regularly to communicate, collaborate, problem-solve, and strategically plan. The hope is that the group can break down existing system-level silos as they relate to front-end intake, joint investigation, and prosecution of child abuse and neglect with a statewide perspective.

The SMDT will discuss a number of critical issues. CACTX has identified topics for the SMDT to consider during the initial grant period. Each of these represents issues which have received attention at various

levels and/or have been a longstanding item to which systemic solutions have not yet been developed or discussed.

- Partner Agency Capacity – Law enforcement and prosecutor capacity was already stretched to the limit to meet their obligations with existing caseloads let alone the increasing caseloads across the state. This creates additional challenges to engaging in a joint investigation that will be run with required DFPS timeframes.
- Medical Evaluations – Local CACs have attempted to address the low rates of child abuse medical examinations in Texas through training and obtaining resources for facilities but this approach has not increased the rate of exam to a significant degree. This issue needs a systemic approach with discussion at the state level.

Because this group has never convened to have a discussion about the MDT approach to child abuse investigations, it is assured that other issues will be uncovered and discussed. CACTX will also promote the SMDT as a resource to key decision makers in the state when they are encountering challenges to policy implementation and/or needing to vet procedures or efforts.

### **Law Enforcement Breadth Metric**

Up until the DFPS Statewide Intake pilot project, local children's advocacy centers were only able to assist with child abuse cases when an investigator or caseworker referred a child for services. By sharing SWI notifications with the CAC, the local center can assist in identifying cases within the MDT's defined working protocol (cases fitting a specific criterion wherein the team has already determined a CAC-style joint investigation is necessary). Through the MEP, local CACs have been able to see the cases that are reported to the statewide child abuse hotline. However, CACs are still not aware of the cases that present directly to law enforcement. It is not known how many of these cases do not come to the attention of the local CAC. Sam Houston State University (SHSU) proposed a research project to calculate a law enforcement breadth metric. The breadth metric is intended to capture the prevalence to child abuse reports made directly to law enforcement that have no DFPS involvement.

SHSU will randomly select 20 CACs based on geographic region to ensure representation in each of the main regions of the state. Next, law enforcement agencies partnering with the selected CACs will be obtained. A final sample size of 60 law enforcement agencies will be selected. Case files over a 3-month period will be reviewed. Members of the research team will review all case files received to determine

whether a case meets CAC case acceptance criteria. For all files that meet CAC case acceptance criteria, screening for DFPS involvement will ensue. A Law Enforcement Case File Checklist will be used. Law enforcement case file data will be entered into a secured, computerized database at SHSU. The breadth metric will be calculated by measuring the number of child abuse cases that have no DFPS involvement by the total number of child abuse case files in the sample of law enforcement agencies. Because prevalence rates are more meaningful when expressed as a percentage, the breadth metric will be multiplied by 100 to convert the rate into a percentage.

Once the project is completed, CACTX will understand how many cases are potentially being missed from the law enforcement side and can work with law enforcement agencies to come up with a solution so that these cases can get the appropriate care and attention they deserve.

### **Trainings**

Almost all the projects CJA funded over the last three years included a training element that involved improving multidisciplinary team response and coordination. In 2016, CJA started funding a training grant with TMPA to train law enforcement and CPS investigation professionals together in an effort to bolster collaboration and communication as well as educate both disciplines about the essentials of investigating serious cases of child abuse and neglect. 1,099 Law enforcement officers and 301 CPS professionals have been trained together since the inception of the program. The training is free and has a particular focus on rural counties in underserved areas of the state.

In 2017, CJA provided a grant to DFPS to support regional trainings for over two thousand CPS investigators, their supervisors and management teams on child abuse investigations where physical abuse or sexual abuse is alleged. The purpose of these trainings was to develop collaborative relationships between law enforcement, medical professionals, child abuse pediatricians, and service providers to coordinate investigations; to utilize child advocacy centers to support coordinated investigations, multidisciplinary team involvement, and service delivery to reduce trauma for alleged victims and protective parents/caregivers; to coordinate and complete joint investigations with law enforcement on physical abuse and sexual abuse investigations; to identify and utilize medical assessment and forensic interviews when there are concerns for physical abuse and sexual abuse and; to identify, utilize and act in a timely manner upon medical findings of physical abuse, sexual abuse, or concerns for a child's safety or wellbeing. A total of 2,490 CPS employees attended these trainings.

Additionally, CJA provides scholarships to stakeholders to allow them to attend the annual Crimes Against Children Conference in Dallas. This conference had more than 4,300 attendees from around the world in 2017 and numerous tracks on the investigation, assessment, and prosecution of child abuse cases for every relevant discipline. CJA also provides scholarships for professionals to attend the annual Driscoll Child Abuse Summit in Corpus Christi. This conference attracts participants from counties in the Coastal Bend region and covers topics information relevant for medical professionals and those treating child abuse victims in a healthcare setting in order to improve patient care.

**Other Statewide Programs, Policies and Trainings:**

In December of 2015, a federal judge in Corpus Christi ruled that the Texas foster care system violated the 14<sup>th</sup> Amendment and that long-term foster care in the state was “broken” (M.D. v. Abbott). Judge Janis Jack said that abuse in the foster care system had become the norm and appointed Special Masters charged with coming up with recommendation for how to fix the system. In 2016, leading up to the 85<sup>th</sup> Legislative Session, CPS was struggling with crippling caseworker turnover – in some areas of the state it was as high as 56% - and caseworkers were juggling caseloads as high as 80 cases at one time. CPS was also struggling to investigate child abuse allegations in a timely fashion because of these staffing issues. In Texas’ large urban areas – Dallas, Houston, and Austin – investigators were buried under substantial backlogs of Priority 1 cases.

These issues made DFPS one of the primary areas of focus for 85<sup>th</sup> Legislative Session in 2017. Because of the urgency of its problems, DFPS received \$150 million in additional funding before the regular session began. This funding allowed the agency to hire 829 new caseworkers and give \$12,000 raises to existing caseworkers. In the 85<sup>th</sup> Legislative Session, lawmakers approved more than 500 more hires and a net funding increase over the two year budget cycle of \$494.2 million. Since the salary increases and the additional hires, average daily caseloads have rapidly decreased and employee turnover has stabilized. In additional, the agency has also started competency testing for supervisors that involves an examination with questions they’ll likely be asked by caseworkers in the field.

One of the key legislative changes of the 85<sup>th</sup> Legislative Session affecting the MDT/joint investigations was to consolidate all abuse and neglect investigations within Child Protective Services (CPS) while moving the regulatory functions of Child Care Licensing (CCL) to the Health and Human Services Commission (HHSC). In House Bill 5 (HB 5), DFPS created a new, independent Investigations Divisions. The Investigations Divisions is now separate from CPS and has been elevated to report directly to DFPS

Commissioner Hank Whitman. The division includes CPS investigations, CCL Investigations (responsible for conducting investigations of reports of abuse, neglect or exploitation occurring at a child-care facility, including a residential child-care facility), and special investigators (CPS staff with law enforcement backgrounds and experience in criminal investigations). CCL investigations will now be utilizing the same definition of abuse and neglect as CPS. The Investigations Division has a separate regional management structure from CPS with its own Investigations Regional Directors.

Also during the 85<sup>th</sup> Legislative Session, Senate Bill 1806 (SB 1806) was passed. This will require DFPS to refer certain cases to a children's advocacy center to ensure an MDT response. These cases include those in which there has been a child fatality in which there are surviving children in the deceased child's household and those cases with a report of alleged child sexual abuse made by a professional reporter. As a result of SB 1806, CACs are seeing many more child fatality cases and the number of cases being referred for a forensic interview is continuing to increase. In response to the SB 1806, DFPS has started to conduct joint trainings for peace officers and CPS investigators on how to approach families about child abuse. In a mock situation, participants were put into an environment that could be dangerous for themselves or the children they're trying to protect. The training has been offered twice as of April 2018 in and may be rolled out statewide.

Texas has numerous statewide trainings dedicated to improving the investigation, assessment and prosecution of child abuse that attract a multidisciplinary audience. The Crimes Against Children Conference (mentioned above) is one of the largest such trainings in the country. Local and regional trainings intended for a multidisciplinary audience occur frequently across the state. These trainings are typically hosted by local CACs in partnership with local law enforcement, district attorney's office, etc.

## 2. Victim Advocacy

### **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.

### ***Systems Improvements:***

### **CJA Funded Projects:**

#### **Texas Council on Family Violence**

In FY16, the CJA Task Force funded Texas Council of Family Violence (TCFV) for its third and final year to support the continued collaboration between domestic violence service providers and Child Protective Services. In this third year of grant funding, DFPS finally rolled out the new Disposition Guidelines that it been working on with TCFV since 2012. For many years, the disposition of a case in which there was domestic violence was "Reason to Believe" that child abuse also occurred. The "Reason to Believe" finding was often placed on the survivor of domestic violence, not the perpetrator. Family plans would be primarily focused on the survivor, typically the mother, who would then be registered into the Statewide Child Abuse Registry as a designated perpetrator of child abuse. The new Disposition Guidelines went live on April 15, 2016. The new guidelines are guided by the principle that a child should remain in the care of an adult victim of domestic violence who demonstrates sufficient protective actions to keep the child safe and that an adult victim should be held accountable only for failing to remove the child from the risk of harm (after considering the totality of the circumstances), not solely based on being a victim of domestic violence.

The new disposition guidelines represent a fundamental change to CPS policy and show the commitment to continued collaboration between DFPS and Texas domestic violence service providers in order to provide the best outcomes for children and families.

### **Parent Resource Helpline**

Parents who find themselves in the CPS system, are frequently confused by the CPS terminology, as well as the administrative and judicial processes. They do not understand their legal rights or responsibilities within the CPS system, and typically have a poor understanding of the statutory deadlines and pressures they are under. CJA, with the Texas Access to Justice Foundation and the Supreme Court of Texas' Children's Commission, funded a project with Texas Legal Service Center to create a helpline dedicated to assisting parents with CPS legal issues. The Parent Resource Helpline will offer extended conversations about the legal processes and how the CPS system works potentially easing some of CPS's call volume (to caseworkers and supervisors).

The overarching goal of the Parent Resource Helpline Project is to support parents engaged at any stage of a CPS case by providing legal information, answering questions, and closing the knowledge gap that parents experience going through this unfamiliar process. By educating parents on the complexities of the legal process in which they are about to participate, callers will feel knowledgeable, engaged, and

empowered to express their concerns, needs, and desires as the case progresses. This is especially important when negotiating a service plan.

Callers' lack of knowledge, ignorance of the system, and their inability to know what questions to ask after they have intersected with the CPS system can lead to great frustration, fear, and anger.

Overwhelmed DFPS/CPS staff may feel equal frustration in their inability to provide these individuals the time and level of detailed explanations that are required to address their concerns properly. The Parent Resource Helpline will reduce parental confusion by assisting the Department with educating family members on various topics related to the process, ultimately alleviating some of the burden on the caseworker.

The Helpline officially opened to begin receiving calls on January 31, 2017. Between January 31, 2017 and March 30, 2018, the Helpline received 2,126 calls. The project is now fully staffed with 3 part-time staff attorneys, one full-time staff attorney, and one full-time managing attorney. Legal issues Family Helpline attorneys address for callers continue to be complex. Most calls involve multiple overlapping issues. The top ten issues addressed by Family Helpline attorneys were obtaining original conservatorship or modifying existing conservatorship orders; parent visitation issues; CPS investigations; substance abuse; reporting abuse or neglect; domestic violence between adults; child neglect; physical abuse of a child; temporary orders; and safety plans and parent-child safety placement issues.

#### **Other Statewide Programs and Policies:**

Increased VOCA funding has allowed local CACs to hire more family advocates and mental health providers to support their increased caseloads. In FY17, 26% more families received advocacy services and 5% more children received trauma-focused mental health services. CACTX also expanded its training offerings for family advocates.

HB 1144 in the 84<sup>th</sup> Legislative Session created a Task Force on Improving Outcomes for Juveniles Adjudicated of Sexual Offenses in Texas. The Task Force submitted its final report to the Legislature on December 1, 2016. The report made a number of recommendations consistent with those in the CJA's 2015 Three Year Assessment such as recommendation the establishment of a committee to investigate the shortage of Licensed Sex Offender Treatment Providers and identify ways to increase the number across the state, developing and implementing standardized curriculum for professionals applying to become Licensed Sex Offender Treatment Providers, developing training curriculum for juvenile justice

stakeholders, and improve statistical tracking of juvenile sex offender adjudications and dispositions data. Unfortunately, the recommendations made by the Task Force did not move forward in the 85<sup>th</sup> Legislative Session.

#### Project S.A.F.E.

In addition to the collaborative work the CJA was supporting between CPS and TCFV, TCFV launched Project S.A.F.E. (Survivors are Fundamental to the Equation) in late 2015. Under this project, four domestic violence centers across Texas began designing pilot initiatives to enhance their relationships with CPS. The initiatives tested innovative new strategies for cross-system collaboration, including joint trainings, designated liaisons to facilitate communication between agencies, and policy revisions to promote coordinated service delivery. TCFV contracted with the Center for Child and Family Research at the University of Texas at Austin (CFRP) to conduct an evaluation of Project S.A.F.E. to understand the extent to which these pilots are improving communication and collaboration between domestic violence staff and CPS staff. CFRP published a Policy Brief in August 2017 to highlight lessons learned from the first year of the project. Lesson included:

- Enhanced CPS Liaisons are a promising model for building specialized knowledge and advocacy with domestic violence centers. While all domestic violence service centers that receive funding from the Texas Health and Human Services Commission must designate a CPS Liaison, this is an unfunded mandate. The pilot project provided fully funded CPS Liaisons at two project sites. These Enhanced CPS Liaisons addressed tensions by serving as central points of contact for CPS, building relationships between agencies, developing specialized knowledge about CPS practices and policies, and managing cases for dual-involved clients.
- Cross-trainings and Enhanced CPS Liaisons have started to build understanding between domestic violence staff and CPS staff. The cross-trainings at both the pilot sites and the ones supported under the CJA grant have improved knowledge of their counterparts' operations, motivations, and limitations. This increased awareness of policies and regulations has improved communication and has the potential to ease friction on the ground.
- CPS's new Disposition Guidelines for Domestic Violence, which rolled out statewide at the same time as the S.A.F.E. pilot, were integral to the advances that have taken place during Project S.A.F.E. The cultural and practice shifts with CPS with regard to assigning dispositions to domestic violence cases laid an essential foundation and the shift toward perpetrator

accountability as well as increased recognition of the connection between the safety of adult victims and the safety of their children have been particularly helped in building a shared understanding of appropriate CPS responses to domestic violence.

- Key tensions between CPS and domestic violence centers are structural and will require attention from statewide leadership. A major challenge to improving collaboration is that some tensions stem from policy-level factors that frontline staff cannot change. These include frustration with domestic violence centers confidentiality policies, mandated by federal legislation, and domestic violence centers difficulty meeting 24-hour CPS investigative timelines for high priority cases, mandated by the Texas State Legislature.

### Trauma-Informed Care

There are numerous efforts across the state to advance trauma-informed care. Legislative mandates already require child welfare, juvenile justice, and state hospital staff to receive training on the effects of trauma. Additionally, public school employees are required to be trained in the detection of mental or emotional disorders as well as a complete best-practice-based program that provides instruction on how to respond to suicidal risk factors and behavioral health issues faced by students. Legislation passed in the 85<sup>th</sup> Legislative Session allows continuing education requirements for classroom teachers and principals to include instruction on grief and trauma; and how evidence-based, grief-informed, and trauma-informed strategies support the academic success of students affected by grief and trauma. Legislation also requires that children and youth entering the child welfare system are screened for trauma. Between the 82<sup>nd</sup> and the 84<sup>th</sup> legislative sessions, seven bills containing mandates to trauma-informed care were passed. The majority of legislation passed focused on training professionals working in child welfare, juvenile justice, state hospitals, and state supported living centers as well as foster care families and caregivers. There are many trainings throughout the state on trauma and trauma informed care going on at all times of the year and the efforts to expand trauma-informed care networks have grown rapidly over the past three years. It is rare to find a training for child-serving professions that does not touch upon Adverse Childhood Experiences (ACEs), the effects of trauma and the need for trauma awareness and trauma-informed services. Ideally, the results of all of this information is that children and families are receiving services that are better matched to their actual needs. Trauma informed care can also help decrease the chances that the institutions providing services to child victims will be traumatizing. An evaluation from the Texas Institute for Excellence in Mental Health reviewed the Texas Children Recovering from Trauma (TCRFT) initiative. The initiative set out to create

partnerships and increase collaboration and resource sharing at both state and local levels and achieved 220 different organizations involved in collaborations across Texas – through state-level steering committees, community-level steering committees, other committees, collaboratives, outreach, coordinated events and activities and trainings. Child Protective Services in the state is now using the Child and Adolescent Needs and Strengths (CANS) measure to screen children and all public mental health clinics are using CANS to screen children as well. The extent to which statewide organizations, regional collaboratives, funders, service providers, etc., have gone to champion this issue has been impressive.

#### Mental Health and Substance Abuse Resources

Roughly 2/3 of CPS removals are for cases that include parent substance use and about 3/4 of families receiving support services through FBSS have substance use needs. DFPS has active Memorandums of Understanding (MOUs) with agencies such as Child Advocacy Centers, Court Appointed Special Advocates, Crisis Centers, Juvenile Justice Department, and other agencies who serve clients with drug/alcohol, mental health and domestic violence needs. DFPS has worked to expand the array of services it is able to provide to serve the needs of children and families across the state. However, some concerns remain. These include:

- Some regions experience an inadequate number of providers to offer services in languages other than English;
- Some regions experience long waits for substance abuse services, especially programs that treat parents with their children;
- Some rural areas of the state have a lack of overall services available within close proximity of where the families live;
- Drug testing is cost prohibitive;
- Drug treatment with mother and child is not an available option across the state;
- Resources to address adult mental health issues are needed.

DFPS continues to collaborate with the Texas Health and Human Services Substance Use Disorder Unit to ensure that substance abuse services are available to families involved with CPS. HHSC is directed, to the extent authorized in state and federal law, to seek federal funds for the provision of substance use services to individuals who suffer from substance use disorder and are the guardians of children 18 or

younger, and have been identified as needing services through the DFPS Family-Based Services or Prevention Programs. In FY17, regional trainings were held with CPS that were facilitated by a Texas Health and Human Services Substance Use Disorder unit representative to promote local Health and Human Services funded Substance Use Prevention and Intervention resources that are available to populations that do not meet clinical criteria for treatment services.

The 85<sup>th</sup> Legislative Session passed a number of bills to increase access to mental health including legislation intended to strengthen mental health parity compliance and enforcement, create community collaboration programs for both rural and urban areas, expand opportunities for telehealth and telemedicine, and expedite the licensing process for board certified psychiatrists coming to Texas from other states. Additionally, bills were passed to streamline the process for children who receive Medicaid benefits to receive behavioral health services. Bills also passed to improve cross-agency communication between the juvenile justice system and DFPS.

One of the interim study charges to the Texas House Committee on Human Services is to analyze the prevalence of children involved with CPS who have a mental illness or a substance use disorder. In addition, analyze the prevalence of children involved in CPS due to their guardian's substance abuse or because of an untreated mental illness. The charge involves identifying methods to strengthen CPS processes and services, including efforts for family preservation; increasing the number of appropriate placements designed for children with high needs; and ensuring Texas Medicaid is providing access to appropriate and effective behavioral health services. Committees typically hold hearings on their charges during the interim – the time between sessions of the Legislature – and release a report on their findings and recommendations before the next regular session begins.

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

#### **Recommendations:**

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

#### ***Systems Improvements:***

#### **CJA Funded Projects:**

#### **Seeking Justice for Child Victims with Disabilities**

After funding training projects with SAFE Alliance (formerly SafePlace) to educate first responders and child welfare professionals about intake, investigation and prosecution of abuse against children with disabilities and special health care needs, it became apparent that this approach was not sufficient to address the need across the state. In FY16, SAFE Alliance proposed a two-year project to conduct a needs assessment and design, populate and launch a website for child maltreatment stakeholders. The project took longer than expected because of the vast amount of information SAFE Alliance collected and the logistics of the website itself. The website, *Promoting Justice*, officially launched in the fall of 2017. The reception of this project has been outstanding. SAFE Alliance is working with an organization to track website analytics and is working to ensure that the site is consistently updated and optimized.

In 2017, the Task Force funded an additional project with the Safe Alliance in response to some of the findings from the *M.D. v Abbott* lawsuit. Texas residential services staff and other providers (i.e., residential service workers, foster families, children shelter staff, medical/rehabilitation workers, etc.) do not routinely receive training on disability-related risks for abuse, signs/indicators, nor factors that may help identify when children with disabilities and/or significant healthcare needs are in at-risk situations or environments. Care providers need information about how they can better *understand* and *recognize* abuse and *enhance their abilities to effectively respond* to a suspicion or outcry of abuse and interact in ways that do not re-traumatize children and youth with intellectual, developmental, physical, emotional/mental, and health-related disabilities. Safe Alliance worked collaboratively with stakeholders to collaboratively develop training materials and resource protocols for residential service and other care provider staff serving children with disabilities/ health care needs. These materials were developed and the trainings were piloted during the 2017 grant year. They have now been posted to the *Promoting Justice* website.

**Other Statewide Programs and Policies:**

As part of the overall assessment of DFPS in 2015 (discussed in the 2015 Three Year Assessment), The Stephen Group conducted an assessment of the status, policies, and practices that existed between CPS and Child Placing Agencies (CPA) in providing behavioral health case management to children with the highest need and made recommendations on improving care. The assessment reached a similar conclusion as the one the Task Force reached in our 2012 and 2015 Three Year Assessments – there is no uniform, standard definition of children with “high needs” in the child welfare system. The Stephen

Group analysis included all children in the child welfare system with high needs but focused on conservatorship. However, the assessment did note that identifying children with high needs in open investigations or family based safety services is difficult because “there is no data element in IMPACT that captures whether a child has special needs”. While documentation in case files from teachers, physicians, parents, or other sources may indicate that a child has certain characteristics or needs, this data cannot be readily captured and thus the information is not available to quantify. “The investigations and family based safety services stages are important, but the information is not available to quantify and address the issues with the children in these stages of service.” The Stephen Group recommended that DFPS develop a uniform definition of children with “high needs” as it relates to children coming into care. As this report was focused on the population of children in foster care, no recommendations were made regarding the investigations and assessment stage but one hopes that it is an area that DFPS is also exploring.

DFPS has twelve Developmental Disability Specialists who serve as subject matter experts for services related to children with intellectual and developmental disabilities and provide consultations and training to assist staff in securing available services and specialized placements for these children. As of February 2017, Resource Guides were created for caseworkers by the Developmental Disability Specialists with topics such as HCS, Guardianship, and Working with Parents with Disabilities. The Developmental Disability Specialists hold monthly teleconferences to increase awareness and resources for children with intellectual and developmental disabilities.

Through a collaborative effort of the Hogg Foundation for Mental Health, the National Child Traumatic Stress Network, the Texas Council of Community Centers and the SAFE Alliance in Austin, a training institute entitled Road to Recovery has been developed entitled Road to Recovery: Supporting Children with Intellectual and Developmental Disabilities Who Have Experienced Trauma. This train-the-trainer experience focuses on supporting children's safety, well-being, and recovery from traumatic experiences. The Hogg Foundation has made mental health and trauma-informed care for individuals with intellectual/development disabilities one of its policy priorities for the upcoming legislative session in 2019. Recommendations include:

- Develop standards for services to individuals with intellectual/developmental disabilities and co-occurring mental health conditions within the Texas Health and Safety Code. These standards

should ensure access to quality mental health assessments, diagnosis, and treatment for individuals with IDD in the state health and human services system.

- Require each Regional Education Service Center to offer teachers and other educators employed by school districts training specifically developed for children with IDD to address their mental health needs, including trauma-informed care.
- Ensure adequate service availability and network adequacy in managed care.
- Include individuals with IDD in the public mental health recovery-oriented system.
- Include capacity to provide mental health services to individuals with IDD in the comprehensive workforce development plan.

In addition to the CJA funded project with SAFE Alliance, the Texas Autism Research and Resource Center provides a free online autism spectrum disorder (ASD) recognition and response training to first responders including law enforce, fire rescue, and emergency medical services (EMT). First responders are trained to effectively address the unique communication and behavioral needs of people with ASD in daily encounters and emergency situations.

#### 4. Child Maltreatment-Related Fatalities

##### **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.

##### ***Systems Improvements:***

##### **CJA Funded Projects:**

##### **CFRT Local Coordinator Pilot Project**

Child Fatality Review Teams (CFRT) are comprised of volunteers and without a paid team coordinator, often struggle with the administrative tasks required to convene meetings, perform data entry into the statewide data system, and complete reviews for all unexplained child deaths in their jurisdiction. In addition, there are several counties in Texas that do not have a CFRT and therefore child death data is not being collected. CJA supported 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 CFRTs to increase the quality of data reported and the quantity of cases reviewed. The proposed pilot would be through the Department of State Health Services (DSHS), the agency in charge of child fatality review in Texas. DSHS

will evaluate the effectiveness of the presence of a paid dedicated CFRT Coordinator by comparing the quality and quantity of the case reviews before and after the addition of the CFRT Coordinator.

This project came to the CJA Task Force as a recommendation from the work of the Protect Our Kids Commission, a Commission created by the Texas Legislature in 2013 and charged with identifying evidence-based strategies and promising practices to reduce child abuse and neglect fatalities. The hope is that the results from this pilot will prove that the investment of only a few employees statewide to support the CFRTs could dramatically impact the effectiveness and consistency of the CFRTs' work by providing meeting coordination, training and data entry assistance to local CFRTs and could ultimately lead to better child fatality information and thereby better prevention efforts.

Due to unforeseen issues related to contracting, the project had a much-delayed start. However, the coordinators have been hired this year and DSHS should have comparison data in time for the 86<sup>th</sup> Legislative Session.

#### **Multidisciplinary Approach to Death Investigations**

Prior to autopsy, a broad range of information pertaining to the child, family or caregivers, the environment in which the death occurred, as well as circumstances surrounding the death is obtained during the death investigation. How this information is obtained may affect the quality of the information provided by the family and the type of information recorded. The information is paramount for forensic pathologists to assist with the determination of cause and manner of death. There is currently insufficient guidance available regarding appropriate techniques for gathering this information from caregivers and family. Death investigators are also often deficient in their specific understanding of injury patterns and interpretations as determined through the postmortem examination by forensic pathologists.

A multidisciplinary group of researchers known as the Child Abuse Research Team (CART), which is chaired by members of the Harris County Institute of Forensic Sciences (HCIFS) conducts research involving issues related to potential child abuse and infant deaths. One of the products of the CART was the development of the Infant Injury Database (IID). The database is a repository for detailed data regarding the external and internal injuries associated with inflicted trauma and is of considerable value to clinicians, forensic pathologists, and medicolegal death investigators.

In FY17, Harris County proposed a project to CJA to provide focused training and guidance regarding the family interview (In person and over the phone) as a mechanism to improve data collection for various categories of infant deaths as well as training in recognizing and characterizing accidental and non-accidental injuries observed at the scene or hospital for developing the pre-autopsy report. This project will advance the investigation of child fatalities by incorporating: 1) social science crisis interview techniques into the death investigation process through direct training with a social worker, and; 2) a data-informed training program regarding the external injuries typical of abused children.

HCIFS developed a new Infant Death Supplement and developed a sustainment strategy for the training. The training was incorporated into the standard Investigator training curriculum. HCIFS had contracted with a social worker to develop the supplement and, through another grant, retained the social worker to sustain and expand the training program. The training has been provided to both HCIFS death investigation staff and the Houston Police Department Police Special Victims Division. The goal is to make the program available to other jurisdictions via website and to continue to train law enforcement partners.

The Infant Injury Database was modified to improve data collection. An extensive redesign of the database was completed and the IID was moved from Access to a web-based platform that included necessary security safeguards. These security safeguards include the ability to control user access to the IID and restrict access to protected health information and personal identifiers. Another security feature is the ability for an administrator to verify data submitted by outside users prior to its acceptance into the database.

**Other Statewide Programs and Policies:**

Legislation passed in 2015 required DFPS to develop a comprehensive strategic plan for child abuse and neglect fatality prevention and early intervention programs. The current five-year plan calls for a public health approach that recognizes the importance of strong and collective responsibility across agencies.

The 85<sup>th</sup> Legislative Session passed bills that specifically addressed child fatality investigations. HB 1549 requires DFPS to designate current tenured caseworkers to conduct investigations involving child fatalities and adds additional members to the child fatality review team committee. The bill also requires the Department of State Health Services (DSHS) to develop and implement training for justices of the peace and medical examiners regarding inquests into child death cases, evaluate and use child

fatality data to create public health strategies for the prevention of child fatalities, and include near fatality child abuse and neglect cases in the child fatality case database. DSHS would also be required to track and analyze near fatality data and produce a report on the topic as well as provide child fatality review teams with electronic access to the preliminary death certificate for a deceased child. In addition, the bill would require local county commissioners courts to adopt regulations relating to the timelines for conducting an inquest into the death of a child, and would require the county's medical examiner or justice of the peace to notify the appropriate county child fatality review team not later than the 120<sup>th</sup> day after the death is reported.

SB 1806 requires DFPS to refer certain cases to a children's advocacy center. These cases include those in which there has been a child fatality in which there are surviving children in the deceased child's household or under the supervision of the caregiver involved in the child fatality. Local CACs are already reporting a significant increase in the number of cases receiving a forensic interview due to SB 1806.

## 5. Medical Evaluations for Child Maltreatment Victims

### ***Systems Improvements:***

#### **CJA Funded Projects:**

##### **Child Protector**

In FY16, The Task Force funded an update to a previous CJA project. CJA in Texas funded the University of Texas Health Science Center San Antonio (UTHSCSA) for the development of the "Mechanisms of Injury in Childhood" (MIC) program. The MIC program, available as both a smart phone application (app) and CD-ROM, has been distributed nationally and internationally. It utilizes sophisticated and detailed medical illustration, professional narration and animation as well as radiographs to demonstrate the location, characteristics, and biomechanics of injuries in young children commonly encountered by Child Protective Services workers, legal professionals, law enforcement, and medical providers. The original MIC includes sections on head injuries, abdominal trauma, fractures, and history gathering. The proposal to the CJA Task Force for FY16 requested to update content to include sections on bruises and burns as well as information on regional and investigative partners (Texas specific content). Feedback from MIC users also indicated that accessibility and utility could be improved if the content was updated to include decision-trees for "on-the spot" medical and investigative guidance. The revamped app was named the Child Protector App.

The Child Protector App was approved by DFPS for use by CPS workers in May 2016. Child Protector was also presented at the Helfer Society national meeting in Tucson, AZ in mid-April 2016, at the Annual San Diego Chadwick Conference on Child Maltreatment in January 2017, and at the American Professional Society on the Abuse of Children (APSAC) 25<sup>th</sup> Annual Colloquium in June 2017. As part of the CJA funded regional training for DFPS investigators and supervisors (discussed below), UTHSCSA presented the Child Protector App as well as the Forensic Assessment Center Network (FACN). Both of these resources can help CPS investigators better evaluate injuries in child abuse cases and can help investigators include medical professionals in cases earlier to improve child safety. UTHSCSA also presented a number of trainings to pediatric providers, nursing students, and emergency room nurses.

### **Child Safety: Improving Physical Abuse and Sexual Abuse Investigations and Interventions**

DFPS identified a need for regional-based training for CPS investigation staff to support quality investigations and interventions when physical abuse and sexual abuse is alleged. The regional trainings were also identified as an opportunity to bring together community partners such as law enforcement, children's advocacy centers, child abuse pediatricians, domestic violence service providers and other stakeholders to develop collaborative relationships to better coordinate physical and sexual abuse investigations. Goals of this project included increasing the use of FACN and child abuse pediatricians, increasing completed joint investigations with law enforcement, and increasing the use of child advocacy centers for forensic interviews and ongoing services. 2,490 staff attended the regional trainings including investigators, their supervisors and management teams. Topics included preparing a case for legal intervention; CACs and a multidisciplinary approach to child abuse cases; FACN, the Child Protector app, and medical evaluations of children; and the use of child safety specialists for behaviorally-based safety planning.

### **Using Quantitative Ultrasound to Evaluate Infant Bone Health and Fracture Risk in the Medical**

#### **Examiner and Clinical Settings**

Highly accurate and precise instruments are available to measure bone mineral density (BMD) in adult bones: dual energy X-ray absorption (DXA) and quantitative computed tomography (QCT). However, the standards for infant bone health are not well defined and the assessment of poor bone quality is often subjective. Furthermore, the use of DXA and QCT requires radiation exposure, advanced scheduling, is difficult to use for examining infants, and is not typically available in the medical examiner's office. Without scientific evidence regarding bone quality and fracture susceptibility in infants, alternative

hypothesis for non-accidental injuries presented during child abuse trials can neither be substantiated or unsubstantiated. In other words, more research is needed to differentiate pediatric fractures due to non-accidental injuries from those associated with pathological conditions.

In FY16, the Harris County Institute of Forensic Sciences (HCIFS) submitted a proposal to the CJA Task to study a quantitative method for evaluating infant bone quality to improve the consistency and accuracy of the diagnosis of child abuse. CJA had funded a previous project related to determining bone health. This project would 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.

HCIFS scientists evaluated a sample of bone that exceeds the size of any other sample in the published literature in order to explore the unique properties of developing infant bone. Multiple chemical and microstructural modalities were used to assess the strength and makeup of bones of this large cohort. The results show significant differences between infant bones and bones from adolescents and adults. Bones strength and stiffness increases with age: the specimens in the Harris County study had about 50% of the strength of the specimens from adolescents and adults and about 10%-25% of the stiffness. In contrast ductility decreases with age: the infant specimens in the Harris County study were about 6 times more ductile than adult bone specimens. They found quadratic relationships between measures of ductility and age for both the tibia and rib specimens in the first year, with peak values around 4-5 months. One third of the rib samples were so ductile that the failure criterion of 30% strain after yield was used to end the test rather than the event of fracture. In contrast, this failure criterion was applied to a single tibia specimen. The difference in apparent ductility may have significant ramifications for injury patterns seen in the thorax versus the appendicular skeleton of infants. Biomechanical data for normal human infant bone is critical for understanding bone quality in skeletal diseases such as osteogenesis imperfecta and rickets, the impact of malnutrition on the skeleton, and assessing fracture risk. Despite this importance, existing mechanical property data for infants is rare at best or completely absent. This study represents the largest sample studied to date and provides the basis for HCIFS' ongoing studies in which they are using dynamic mechanical analysis, quantitative ultrasound, and Raman spectroscopy to investigate additional aspects of infant bone quality. The results of these studies will provide a methodology for doctors and forensic pathologists to more accurately differentiate between fracture caused from abuse versus fracture caused from skeletal diseases. It will also greatly

assist prosecutors and judges by providing scientific evidence regarding infant bone quality and fracture susceptibility in young children.

### **Other Statewide Programs**

#### **FACN**

In March of 2018, DFPS released a new resource guide on the Forensic Assessment Center Network (FACN) to assist staff with understanding the FACN process. FACN is a coordinated group of physicians from six medical schools in Texas who are experts in child abuse and neglect. The goal of the network is to ensure that medical professionals with expertise in maltreatment are more readily available to offer their advice and assistance to DFPS caseworkers. The intent is for this network to fill in gaps when no local medical experts are available. As discussed above, CJA supported DFPS' trainings for investigators on using FACN as well as the Child Protector app to increase the number of specialty medical consultations initiated by CPS caseworkers. All stages of service (Conservatorship, Investigations, Alternative Response, and Family Based Safety Services) have been added to the FACN portal so that CPS staff have access to the information provided by the network physician on specific investigations.

#### **MEDCARES**

The Medical Child Abuse Resources and Education System (MEDCARES) grant program began June 1, 2010 to award grants that develop and support regional programs to improve the assessment, diagnosis, and treatment of child abuse and neglect. The goal of this program is to increase access to medical child abuse experts and improve timely and accurate child abuse diagnoses. The Department of State Health Services (DSHS) administratively supports the MEDCARES grant program through Title V Maternal and Child Health. Grants are distributed to 11 contractors throughout the state who provide, at a minimum, comprehensive medical evaluations, psychosocial assessments, and treatment of child abuse of neglect.

MEDCARES prepares biennial reports each even numbered year. The most recent report covered results and outcomes of the MEDCARES grant program from 2015 to 2016 (MEDCARES Biennial Report 2016). During the reporting period, MEDCARES providers examined 4,205 children through inpatient consultations. Of the children examined, 2,150 were confirmed abuse cases with 1,175 due to physical abuse, 836 due to neglect or other, and 139 due to sexual abuse. Providers also examined children through outpatient consultations. Of the 18,827 children examined, 18,663 children were identified as

having injuries related to abuse with 9,171 due to sexual abuse, 5,215 due to physical abuse, and 4,280 due to neglect or other. During this reporting period, DFPS reports 290,471 alleged victims of child abuse/neglect and 66,271 confirmed victims. Of these confirmed victims, 10,907 cases were for physical abuse followed by 5,721 cases of sexual abuse. The remaining cases were neglect.

#### SANE Program

A forensic medical exam, performed by specially trained Sexual Assault Nurse Examiners (SANEs) for the purposes of assessment treatment of trauma, referral to counseling and follow-up medical care, and for the collection of evidence following a report of sexual assault by a victim. It is considered a best practice to obtain a medical evaluation in alleged child abuse cases to ensure the overall health of the child. Additionally, research suggests that medical evaluations may help in the substantiation and prosecution of child abuse cases. CJA, through projects with CACTX, has supported endeavors to increase the number of forensic medical exams of children. One of the challenges has been the need for more SANE nurses throughout the state. Fortunately, Texas Health Resources received philanthropic support the system-wide expansion of its SANE Program. This expansion will provide North Texas communities across a 16-county region with access to SANE services, making it one of the largest sexual assault treatment programs in the United States. Additionally, the University Medical Center (UMC) of El Paso expanded its SANE program so that it now has a certified, 24/7 program. UMC of El Paso is the only Level 1 Trauma Center in a 280-mile radius of El Paso.

## Development of 2018 Priorities, Recommendations and Strategies

CJA staff presented on the assessment at the October 2017 Task Force retreat and the Task Force spent the two-day meeting discussing priorities and listening to presentations on potential areas of focus. The CJA Task Force Priorities Committee was appointed by the Executive Committee in August of 2017 and met several times by conference call to discuss issues raised at the retreat as well as additional topic areas where there was a gap that could be addressed by CJA. This Committee consisted of Task Force members representing a variety of disciplines who provided input and oversight of the assessment process. Additionally, CJA staff met with grantees to collect data and information about the needs of the populations they serve and discuss potential gaps and priorities. At the January 2018 Quarterly Task Force Meeting, CJA staff presented the priorities and recommendations collected from the October retreat, from the meetings with the Priorities Committee, and meetings with stakeholders, and asked the Task Force to review, discuss, refine and make any additions. From this meeting, staff created the four priorities listed below along with the funding recommendations. These were presented and approved at the April 2018 Task Force meeting. The recommendations from the 2015 Three Year Assessment are integral to the core mission of CJA and parts of these priorities are still included in the 2018 priorities, recommendations and strategies. The priorities, strategies, and recommendations for the 2018 Three Year Assessment are more specific and the result of many hours of discussion and collaboration amongst members of the CJA Task Force.

### Priority 1: Strengthen Capacity and Better Leverage Existing Capacity

A number of disciplines, vital to a child abuse case, face shortages in rural areas, including health care and mental health professionals, lawyers, law enforcement. Rural areas also struggle with decreasing populations and decreasing county budgets with which to provide services to residents. Urban areas face burgeoning populations and while they might have more resources, often these resources are inadequate to reach the size of their population. In the foreseeable future, the resource and capacity challenges are not likely to be solved by an influx of abundant new funding and/or many new professionals to fill the gaps. As a Task Force, we have learned that the need for training and resources is on-going and that in-person training events can only be one small piece of the puzzle. The challenge is to evaluate community needs and look for creative responses that have the potential to create lasting solutions.

#### Law Enforcement

Texas cities, just like cities across many states, have been contending with police shortages. As populations in these cities have swelled, the hiring in police and sheriff's departments has not been able to keep pace. The dedicated units that investigate crimes against children have not seen growth in their ranks comparable to the exponential growth in population. In large urban areas, there might not be enough detectives to handle the volume of the child abuse cases that are reported to them. In 2016, a Fort Worth detective assigned to the Crimes Against Children unit was fired for mishandling multiple cases over the course of years in the department. It was alleged that the department had been understaffed for years and that officers assigned to the unit were struggling with excessive caseloads, exhaustion and burnout. In 2017, it was alleged that a San Antonio Police detective assigned to investigate child sexual and physical abuse cases improperly investigated 130 cases dating back to 2013. Dallas' family violence unit, which includes child abuse cases, was shaken similar scandals when it was discovered thousands of cases from roughly 2009 to 2011 had not been properly investigated. Detectives involved claimed to be overwhelmed by the workload. The Austin Police Department has recently stated that the officers and detectives that worked homicide and child abuse are "extremely overworked and have way too many cases to work for one person" (KXAN "It's not enough: APD, AFD staffing requests are in, 09/04/17). A recent study based on data collected from a survey of 1,400 officers from three urban Texas police agencies (Bishopp, Piquero, Worrall, & Piquero, *Deviant Behavior*, 2018) showed that more experiences with organizational stressors (fatigue, overtime demands, dealing with supervisors, negative comments from the public, court proceedings, internal investigations) were related to higher rates of depression, higher anger and burnout. High caseloads, overwork and burnout can lead to cases not being properly investigated which can mean that cases may not be able to be successfully prosecuted.

Rural areas face public safety issues similar to those found in urban areas. Recent studies have shown that while urban areas generally have higher crime rates, rural areas have similarly high rates of violent and property crime. A recent report by the nonprofit Heartland Alliance analyzed the overlap between poverty and crime at state and national levels. The report found that "the conditions that perpetuate poverty and the conditions that foster violence often intersect and reinforce each other. People living in poverty are more likely than people with higher incomes to become victims of violence. People with the lowest incomes nationwide experience a rate of violent victimization that is 206 percent higher than people with the highest incomes. The disparity is even greater for serious violent crime....People living in poverty experience intimate partner violence at rate 286 percent higher than high-income people, while they experience crime committed by other family members at a rate 278 percent higher than people

with high incomes....The largest income disparity in victimization rates is in rural areas – the rural poor experience violent crime at a rate 192 percent higher than high income people in rural areas. In rural areas, 23 percent of women reported being victims of domestic violence, compared with 16 percent of women in urban areas – and the violence experienced by rural women was more severe.” (Heartland Alliance, *Cycle of Risk: The Intersection of Poverty, Violence and Trauma*, 2017)

Law enforcement officers in rural areas face unique challenges such as geographic isolation which can lead to long travel distances for law enforcement response and court attendance; limited staff and infrastructure which may require staff to play multiple roles; funding shortfalls; and lack of community-based services and resources. Rural areas may not struggle with the same issues in terms of volume of child abuse caseloads and lack of manpower but they might find that all officers do not have the resources and expertise necessary to investigate child abuse cases due to the relative infrequency of these cases. Law enforcement officers in small police departments will, by necessity, be generalists instead of specialists. The resources in these smaller departments are limited which places a heavy burden on the officers. According to Texas Commission of Law Enforcement (TCOLE) data, roughly 25% of the state's law enforcement agencies report having one officer. There are also a number of small, rural communities across the state that have had to close their police departments in an attempt to cut costs. Rural law enforcement agencies struggle with funding shortfalls that can lead to low wages and slow adoption of new technology. This, in turn, can make it difficult to attract, retain and train qualified staff. Additionally, training is difficult in smaller agencies because when an officer is attending a training, it can be difficult to find another colleague to cover his or her shift.

The availability of corroborating evidence is one of the most critical factors in prosecutors' decisions to accept or decline a child sexual abuse case. Law enforcement investigators are encouraged to invest additional effort in corroborating every possible element of a child's statement and nothing can be considered too small. This is necessary not only to prove the abuse but to establish a child's credibility. If law enforcement officers lack the training or time to be able to properly investigate a child maltreatment case, this may affect whether a case can be moved forward in the criminal justice system. In cases of child death or serious bodily injury to a nonverbal child, law enforcement may be first on the scene and the way in which they conduct the investigation from the beginning can make all the difference in how the case moves forward.

#### Court Capacity

Many regions in the state do not have enough qualified attorneys to provide adequate representation for children and parents in CPS cases. For years, rural areas across the country have been struggling to attract attorneys. In metropolitan areas of Texas, the state has 1 attorney for every 288 citizens, which is close to the national average of 1:252. However, in rural areas, the ratio becomes 1:896. Some rural counties have exceptionally high attorney-population ratios, eight Texas counties have no attorneys, and 67 counties have fewer than five.

Judges and attorneys get less training on criminal child abuse cases than what is provided for civil court staff. Child abuse cases can be some of the most challenging cases to prosecute and the number of child abuse cases local authorities are willing prosecute varies by region. Training and increased expertise can increase the number of cases prosecuted. Research has found that child abuse cases are less likely to get charged than other felonies though once they are charged, they carry a guilty plea and conviction rate similar to other felonies.

#### Health Professional Capacity

Texas has numerous challenges to ensuring the physical and mental health of its residents. According to the Kaiser Family Foundation, as of December 31, 2016, Texas has 412 Mental Health Care Health Provider Shortage Areas (HPSAs) with 8,309,798 people living in these designated HPSAs. 185 counties have no psychiatrist, 149 have no licensed psychologist, and 117 counties have no licensed clinical social worker. In the state's nearly 200 rural counties, there are only 1.8 psychiatrists per 100,000 residents, about half the national rural average of 3.4 and a fraction of the 8.4 in large metro areas (Rural Health Quarterly, Fall 2017). Over the past fifteen years, non-metro counties have had consistently higher suicide rates than metro counties. Rural adolescents commit suicide at roughly twice the rate of urban youths. Texas has 3,513,863 children enrolled in Medicaid/CHIP, higher than any other state, and the highest number of children under age 18 receiving SSE benefits. 76% of Texas psychiatrists reported not accepting new clients who are recipients of Medicaid and under half of psychiatrists report accepting *any* commercial insurance.

While Texas continues to try and find ways to add physicians to its workforce, this supply is not keeping up with demand. Texas ranks 47<sup>th</sup> in the nation in practicing primary care physicians per capita. Texas has 39.1 primary care physicians per 100,000 residents practicing in rural counties. The national average for rural counties is 54.5 per 100,000 (Rural Health Quarterly, Fall 2017). This is also a problem that affects urban areas. There are 432 Primary Care Health Professional Shortage Areas and many of them

are located in the most populous counties, including Houston, Dallas, and San Antonio. Only 41% of Texas physicians accepted Medicaid patients according to a 2016 Texas Medical Association Survey. Additionally, the Texas Hospital Association is predicting that Texas will have a shortfall of 70,000 registered nurses by 2020.

There are more high risk pregnancies and higher pre-term births in rural counties. Infant deaths are higher in rural America for four of the five leading causes – SIDS, congenital malformations, unintentional injuries and homicides. With SIDS, the rural rate is almost double the urban rate. The poverty rate and unemployment rate is high in rural Texas. The rural uninsured rate for people under the age of 65 in Texas is 25.3% - the second highest in the U.S. and rural Texans dies from heart disease and stroke at rates well above the national average. The percentage of children diagnosed with a mental, behavioral, or developmental disorder is higher in rural areas as is the percentage of the rural population under age 65 who lives with a disability. Finally, the increase in drug-dependent newborns has been disproportionately larger in rural areas than in urban areas (Villapiano, Winkelman, Kozhimannil, et al, *Rural and Urban Differences in Neonatal Abstinence Syndrome and Maternal Opioid Use, 2004 to 2013*, JAMA Pediatrics, 2017). In other words, in the areas of the state where the need is greatest, we have the fewest resources.

Finally, there is the trend of rural hospitals closing. Since 2013, 16 rural hospitals in the state have closed – 8% of all rural hospitals in Texas. The closures are largely driven by Medicare cuts, Medicaid underpayment and the uninsured. These closures are often economically devastating to the local communities.

Behavioral and medical health professionals are critical to the front-end of the child protection system. Families in FBSS stage of CPS case are often referred for services to preserve the family and these services will usually involve mental health assessments and treatments for the children as well as the parents. Child victims of abuse will need some sort of behavioral health intervention to treat their trauma and be able to heal. Children with disabilities and special health care needs are particularly susceptible to abuse and neglect. Physicians are necessary in order to correctly identify injuries caused by abuse as well as the collection of forensic evidence needed to successfully prosecute a child abuse case. The health care system is also crucial for the identification and reporting of child abuse and neglect or recognizing risk factors in a child's caregivers. For infants and toddlers who are not yet in the school system, the health system is the only system with "eyes" on them.

### Death Investigations

Many Texas counties, even the most populous ones, do not have a medical examiner. In counties without a medical examiner, the cause of death is determined by roughly 860 elected justices of the peace (JP) who also sign death certificates. The cause of death determination can vary widely depending on the JP and the method of death investigation can vary greatly depending on where a death occurs.

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 all necessary to make the correct determination in a child death case. Child abuse fatalities are less attributable as homicide from the outset and initial circumstances may show no obvious cause of death. This might be true even after an autopsy. Consistency in every level of the investigation is critical. A lack of consistency and a standardized approach to infant and child death investigations means that child abuse and neglect fatalities are more difficult to track, prosecute and prevent.

### Recommendations

The CJA Task Force recommends supporting creative solutions to address the unequal access to the necessary resources to investigate, assess, and prosecute suspected cases of child abuse in neglect in various regions of the state.

Examples of strategies supported by CJA may include:

- Support the development of pilot projects or programs that creatively use technology to enhance education, collaboration and resource sharing;
- Support demonstration projects, such as telemedicine, to leverage the capacity of existing resources to improve healthcare delivery, particularly child abuse examinations, to underserved areas of the state;
- Support projects to encourage regional collaboration in order to enhance capacity and resource sharing as well as regional multidisciplinary trainings;
- Support the development of pilot projects to test creative solutions to resolve capacity challenges in various disciplines (law enforcement, attorneys, health professionals, etc.);

- Support projects that ensure that smaller communities have consistent access to the training, resources and expertise necessary to investigate and prosecute crimes against children;
- Support the development and use of standardized protocols and procedures in child death investigations;
- 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;
- Support the development of an innovative platform for the effective dissemination of best practices, new resources and tools, new research, etc., across stakeholders and regions.

### Priority 2: Improve Data and Information Sharing Across Systems

There are numerous potential ways that interagency data-sharing could improve child welfare outcomes. Stakeholders involved in both the front and back end of the child welfare system acknowledge that real-time information sharing would yield rewards but there seems to be little consensus on what data can be shared with whom and how it can be done in a way that does not further burden agencies. Agencies might fall back on claims of confidentiality of information in order to protect themselves and their agencies rather than any reality of confidentiality. Concerns about confidentiality and the lack of systems for identifying when agencies have clients in common prevents effective collaboration and recognition of risk or possible strategies to assist families in need. Federal and state statutes and regulations were put into place to protect privacy and confidentiality but sometimes these rules can make it difficult to achieve broader goals to help individuals and families that can best be advanced by sharing information across multiple programs.

CJA promotes the importance of interagency cooperation and the multidisciplinary team approach to child abuse cases because it brings about the best outcomes for children and families and it promotes job satisfaction and resiliency for the stakeholders involved. Creating data systems that are interfaced and well-integrated with other systems that deliver related services to the same community is a logical extension of the support for the philosophy of interagency cooperation - breaking down the silos that exist in the child welfare stakeholder communities that lead to redundant data entry, duplicate processing, missed details, wasted time, and unnecessarily difficult and complicated operations. Texas has numerous initiatives to encourage interagency cooperation between the stakeholders involved in child welfare and child abuse cases and the state has made great strides in increasing communication between CPS and law enforcement, the courts, domestic violence service providers, community

stakeholders, etc. However, information sharing and cross-program data analysis efforts require the manual sharing of data because of system separation. This often means that every time information/data is shared across agencies, it is treated as a unique, one-off event that requires potentially time-consuming legal and programmatic review in addition to the time it takes to gather the requested information in a format that is usable to the requesting party. In priority cases when investigators are trying to accurately assess whether a child is in imminent danger, gathering collateral information from outside stakeholders is both essential and urgent and the added difficulty inherent in system separation potentially compromises child safety. Linking information in a way that can help improve the investigation and assessment processes to be able to more accurately assess risk as well as be able to more accurately align services to children and families' needs is critically important. Timely information sharing is critical to safeguarding and promoting the wellbeing of children. It enables interventions that tackle problems at an early stage. Information sharing also helps professionals accurately assess the risk faced by the child. Data sharing can also assist in program oversight and accountability.

Health and human services typically have administrative data systems that were custom built or acquired and then customized for the specific programmatic and agency requirements, usually funded through program-specific streams. The information systems are often designed with the goals of accommodating and meeting state and federal policies and regulations and not necessarily to meeting the informational needs of caseworkers who might be better served by a more comprehensive view enabling them to assess risk and plan and deliver services in coordination with other agencies. The information systems, as they were designed, can be very effective in generating data that allows an agency to capture and report on the performance indicators for which they may be held publicly accountable but may have little relation to serving the needs of caseworkers or individuals receiving services. It's unlikely that an administrative data system that captures data and information relevant to only one system can give a complete picture of the clients being served.

Additionally, combining data systems can give a better understanding of the actual incidence of child maltreatment and child abuse fatalities in a state. One of the purposes of child abuse data collection is to be able to analyze and interpret that data in order to inform an effective response to child maltreatment. However, child maltreatment data is only broadly collected from CPS agency data. CPS is in charge of ensuring that children are safe in their home and the agencies primarily look at cases of abuse by caregivers. This means that child maltreatment data is missing from law enforcement agencies,

who would be responsible for investigating criminal child maltreatment cases including those outside of the scope of CPS. Additionally, this also does not include hospital data or death certificate data. While neither one of these datasets would give a clear picture in and of itself, when combined with other data sources, they can give insights into trends that only looking at CPS or law enforcement data might miss. There are initiatives funded by the CDC in California, Michigan and Rhode Island to link child records from multiple sources to better identify child abuse fatalities. By combining at least two data sources, these states ascertained more than 90% of child maltreatment deaths in their jurisdiction.

In 2013, the GAO was asked to review how selected states and localities share data to improve the administration of human services, the challenges these agencies face in balancing privacy protections with greater data sharing, and the actions the federal government could take to help address these challenges. The GAO discovered confusion or misperception around what agencies are allowed to share as well as a tendency for agencies to be risk averse and overly cautious in their interpretation of federal privacy requirements. Since the GAO report, federal agencies have made efforts to clarify what data sharing is permissible. The Administration for Children and Families (ACF) released a Confidentiality toolkit to bring clarity to the rules governing confidentiality in ACF and related programs and provide examples of how confidentiality requirements can be met and addressed in a manner consistent with underlying laws and policies. While ACF and other federal agencies have taken a lead in this area, there are still common misperceptions among statewide agency staff and local personnel about what data can be shared and progress has been slow although there are an increasing number of states, counties, and cities undertaking bold data integration and information sharing initiatives in order to facilitate the comprehensive assessment and support for children and families in the child welfare system.

### Recommendations

The CJA Task Force recommends supporting projects, protocols, and initiatives to facilitate interagency data and information sharing in order to improve safety and well-being for the children and families involved in the child welfare system.

Examples of strategies supported by CJA may include:

- Support for small scale, regional data and information sharing pilot projects between systems involved in the front-end of the child welfare system;
- Resources and training on confidentiality issues and information sharing laws for various disciplines to clarify what can and cannot be shared with whom and under what circumstances;

- Support for a feasibility study to look at the viability of integrated data systems and support for protocol and policies to facilitate interagency data and information sharing;
- Provide support to leverage existing work in this area.

### Priority 3: Improving Trauma Informed Systems

#### Response to Natural Disaster

Hurricane Harvey made landfall near Rockport, Texas on August 25<sup>th</sup>, 2017. In December 2017, the Institute for Health Policy at the UT Health School of Public Health conducted a brief survey of Harris County residents to assess their health and recovery status, four months after the Harvey floods. The results of the survey found that roughly around half of the residents are still experiencing an unmet need as a result of the hurricane and a lingering presence of Serious Psychological Distress (SPD) at levels rarely seen in the United States. While a previous survey done by UT in 2010 found SPD levels higher in Houston higher than the national rates, there was nothing close to what they found after four months of hurricane recovery. SPD reflects damage to people's sense of well-being that will take a much longer time to repair than property and housing. Roughly 18% of residents had signs of serious psychological distress and 52% say they still have an unmet need. The effects of Harvey were also felt more significantly in some communities than others. Geographically, those in the "Golden Triangle" (areas east of Houston where the cities of Beaumont, Orange and Port Arthur are located) and several counties southwest of Houston that make up the coastal areas including Corpus Christi and Rockport were more likely to report still feeling the effects of the hurricane than those in Harris County. Effects were also distributed unevenly across demographic groups with Black and Hispanic residents and those with lower incomes more likely to report being affected. For Hispanics, this disparity is largely driven by higher rates of employment effects while for Blacks it is driven by both employment effects and by higher rates of damage to their homes and vehicles. Those with lower incomes – who are less likely to hold salaried jobs and more likely to work on an hourly or contract basis – are more likely to report deleterious effects of the storm (Hamel, Wu, Brodie, Sim and Marks, *An Early Assessment of Hurricane Harvey's Impact on Vulnerable Texans in the Gulf Coast Region: Their Voices and Priorities to Inform Rebuilding Efforts*, Kaiser Family Foundation, 2017). When asked to report on the biggest challenge facing their family in recovery, one-third say that their biggest challenges are financial, including problems such as keeping up with bills and making up for lost wages. Disasters exacerbate existing inequalities which means that marginalized groups tend to get hit the hardest.

In communities experiencing disaster, child abuse and neglect may increase in frequency and severity. As referenced above, families may face a wide range of stressors including emotional stressors as well as disrupted housing, employment and social supports. In North Carolina, the counties affected by Hurricane Floyd (1999) saw a five-fold increase in cases of very young children with abuse-related traumatic brain injury. Additionally, these counties saw the rate of noninflicted injuries to children rise even more dramatically and remained moderately above the baseline more than 6 months post-flooding (Keenan, Marshall, Nocera, Runyan, *Increased Incidence of Inflicted Traumatic Brain Injury in Children After a Natural Disaster*, American Journal of Preventive Medicine, 2004). That's likely because parents are stretched to capacity trying to take care of basic needs for the family and they are less attentive caregivers. Women are also more likely to become victims of domestic or sexual violence following a disaster. 911 calls for domestic violence roughly quadrupled between September and November in Puerto Rico following Hurricane Maria. That's likely a fraction of the number of actual incidents given that electricity, phone lines, and cell service were wiped out for weeks. Hurricanes Rita and Katrina demonstrated that natural disasters can create environments ripe for sexual exploitation, with sexual assaults occurring at evacuation sites shelters.

Studies have shown that the more destabilizing factors that children experience – house damaged in a fire/flood, living in a shelter, parental job loss, parental incarceration, excessive number of moves – the more likely they were to experience at least three forms of victimization in the prior year. The number of destabilizing factors in a child's life is a strong predictor of polyvictimization. One study examining children and exposure to disaster (Becker-Blease, Finkelhor, Turner, *Disasters, Victimization, and Children's Mental Health*, Child Development, 2010) found an association between exposure to disasters, maltreatment, and adversity. Risk for disaster exposure shares some risk factors with risk for maltreatment and adversity. It is also possible, as previous studies have found, that disaster exposure increases children's risk for subsequent maltreatment and adversity. Texas has had more natural disaster declarations than any state in the last 60 years. At least one major disaster is declared every year. The state faces tornadoes, floods, and wildfires in addition to hurricanes. Children may be more vulnerable after a natural disaster. They rely on caregivers who may be unprepared or overwhelmed. Children's physiology makes them more vulnerable to certain health impacts. They may have greater difficulty processing emotional trauma. A disaster may impact a child through multiple, interrelated pathways.

A study of births in Texas from 1996 to 2008 looked at the effects experienced by women who experienced hurricanes (Currie, Rossin-Slater, *Weathering the Storm: Hurricanes and Birth Outcomes*, Journal of Health Economics, 2013). The study compared pregnant women who lived within 30 kilometers of a hurricane's path during their first or third trimester with pregnant women who lived within 100 kilometers. Researchers found that living closer to a hurricane increased the probability of labor or delivery complications by 30 percent and the probability of abnormal conditions – such as the baby requiring a ventilator for more than 30 minutes – by 60%. A number of studies have also shown that exposure to heat waves could be linked to a higher risk of premature births, stillbirths or other negative pregnancy outcomes. Recent research has shown a marked increase in stillbirths and premature births with an increase in weekly average apparent temperatures. Maternal stress during pregnancy can have harmful consequences

The National Commission on Children and Disasters assessed the gaps in federal planning that could put children at risk of harm and published its comprehensive assessment in 2010. The assessment found that “children were more of an afterthought than a priority” across 11 functional areas of disaster planning. As of 2015, 79% of the Commission's recommendations for disaster planning remain unfulfilled and of every \$10 in federal emergency preparedness grants, less than \$0.01 has been targeted to children's safety. Even as the federal government has made some progress, state and local entities are where the bulk of disaster planning and management takes place. There has been less progress on the state and local level regarding child safety and emergency preparedness.

*Recommendations:*

The CJA Task Force recommends supporting policies and programs to improve state and local progress regarding child safety and emergency preparedness. Additionally, the Task Force recommends research into the needs of a community following a natural disaster – whether child abuse reports increase, if confirmed cases of physical abuse, sexual abuse, or neglect increase, and what are the increased burdens on the stakeholder systems, if any.

Examples of strategies supported by CJA may include:

- Resources and training on child safety and disaster response both during and in the immediate aftermath of a natural disaster;

- Research into the various communities hit by different types of disasters and the impact on child safety 3, 6 and 12 months after the disaster as well as the impact on resources and increased workloads for stakeholder systems;
- Support for the development of policies or protocols to improve state and local response to child safety and emergency preparedness.

### Court Processes

Studies have clearly established that children experience anxiety surrounding testifying in court. One of the main fears is facing the defendant. Other fears include being hurt by the defendant, crying in court, not being able to answer questions and going to jail. The more frightened a child is, the less he or she is able to answer questions and this anxiety can negatively affect a child's trial performance. When a trial outcome is dependent on a child's testimony, as is often the case in child sexual abuse cases, the child's anxiety is particularly significant. Postponements and trial delays also cause emotional stress and having to testify more than once is associated with long-term mental health outcomes. A study of 218 children found that delay in testifying increased anxiety symptoms (Goodman, Jones, Pyle Taub, Prado, *Testifying in Criminal Court: Emotional Effects on Child Sexual Assault Victims*, Monographs of the Society for Research in Child Development, 1992).

Child witnesses who learn about the judicial system before they testify experience less anxiety while children who don't know what is expected of them report more anxiety (Nathanson, Saywitz; *Children's Testimony and Their Perceptions In and Out of the Courtroom*; Child Abuse & Neglect; 1993).

The American Bar Association has set five months or 180 days as the target time frame in which felony cases should be resolved. Children who have to wait more than five months for resolution in criminal proceedings have increased depression and anxiety compared to children whose cases are resolved within five months (controlling for other factors). A recent study in Maricopa County showed that 85% of their felony cases were resolved within the 180 day target. However, the average time for child sexual abuse cases were two-and-one-half times for all pending felonies in general and 1 in 3 child sexual abuse cases took more than two years to reach disposition or were still pending (Walsh, Steelman; *Criminal Disposition Time for Child Sexual Abuse Cases in a Large Urban Court*; Justice System Journal; 2013). Another study in Oregon showed similar results – child abuse felonies took much longer to resolve than other felonies (Walsh, Lippert, Edelson, Jones; *Length of Time to Resolve Criminal Charges of Child Sexual Abuse: A Three County Case Study*; Behavioral Sciences & the Law; 2015). A third study examined CAC NCAtrak data in Norfolk, Virginia and looked at child physical abuse and child sexual abuse,

separating crimes committed by adult perpetrators and those committed by juvenile perpetrators. Interestingly, of these three crimes, child physical abuse cases took the longest to resolve, particularly those cases with younger victims.

*Recommendations:*

The CJA Task Force recommends training and resources for judges and prosecutors to help them better understand the needs of child victims in court and the accommodations that are allowable while still promoting procedural fairness for the accused. Additionally, the Task Force recommends projects that will study how Texas courts handle child abuse cases.

Examples of strategies supported by CJA may include:

- Training and resources for judges and prosecutors to help them better understand the needs of child victims in court;
- Support for projects that will study how Texas courts handle child abuse cases – such as case resolution times and barriers to speedy trials, judicial and prosecutorial understanding of child abuse cases, trials, and impacts on child victims, prevalence and types of accommodations made by judges or requested by prosecutors, etc., and the development of policies and guidance to improve the judicial handling of criminal child abuse cases, particularly related to child victims in court.

*Comprehensive Trauma Focus*

Child welfare systems have become increasingly focused on becoming trauma-informed. However, the emphasis has primarily been on the back-end of the system (once the child has been removed from their home) – child placing agencies, residential service providers, foster parents, CASA, Child Protection Courts, etc. There is no argument that this group needs to be central and trauma-informed service delivery in foster care is essential, however, we are also missing the opportunity to impact children and families further upstream in the process as well as child victims of violence or abuse who might not ever be involved with CPS.

CACTX and local CACs throughout the state have been doing outstanding work, as mentioned earlier, to provide trauma-informed care and trauma treatment for children and their families throughout the state. Local CACs provide trauma-informed, evidence-based mental health services for children and their supportive caregivers across the state. The Family Advocacy program also plays a vital role in ensuring that families feel supported throughout the process.

Nonoffending parents are an important predictor of child outcomes post-trauma. Maternal support following child sexual abuse is associated with less distress as well as fewer symptoms whereas parental rejection or guilt significantly contributed to the expression of PTSD symptoms and depression (Deblinger, Steer, Lippman; *Child Maltreatment*, 1999). Parental variables have been shown to impact how children respond to therapy. Consistently, research has shown that parents' and children's response to trauma are related (Cummings; *Child Abuse & Neglect*, 2018). Studies have shown that parenting is impacted and changed by child trauma. Up to 53% of mothers of sexually abused children, in one sample, reported that feelings and behavior toward the victimized child changed after learning of the abuse (Leifer, Kibane, Grossman; *Child Maltreatment*, 2001). Parents of trauma victims across many studies report negative emotions, distress, interpersonal changes, poorer family functioning, decreased satisfaction with parenting, and feeling blamed.

Also, exposure to traumatic circumstances cause trauma responses in children. In 2014, more than two-thirds of children were exposed to violence within the past year, either directly (as victims) or indirectly (as witnesses). An experience of violence can lead to lasting physical, mental, and emotional harm whether the child is a direct victim or witness.

Numerous studies have focused on the negative impacts of child maltreatment or trauma by focusing on these experiences individually, controlling for co-occurring traumas, and thus obscuring the complex relationship between environmental traumas and maltreatment. Large-scale national surveys of children have demonstrated a substantial number of children have directly experienced or witnessed events that meet the National Child Traumatic Stress Network's (NCTSN) definition of trauma which is an experience that "threatens the life or physical integrity of a child or someone important to that child," frequently resulting in feelings of terror or hopelessness that overwhelms a child's capacity to cope. More research has been done as of late to try and understand the impact of how patterns of trauma come together in the lives of children, particularly low-income children, and how these patterns may be associated with distinct symptomatology (Rosen, Handley, Cicchetti, & Rogosch, *Child Abuse & Neglect*, 2018). The relationship between child maltreatment and additional trauma exposure is only beginning to be understood, however, it is clear that maltreated children are more likely to experience trauma across contexts than are nonmaltreated children, which is associated with higher levels of symptomatology. This is particularly true in relation to the co-occurrence of child abuse and domestic violence. Studies have shown that there is stronger negative effect on clinical outcomes with exposure to both domestic violence and child maltreatment than one or the other alone (Herrenkohl, Sousa, Tajima, Herrenkohl,

Moylan, *Trauma, Violence & Abuse*, 2008). It's equally important to look at the effect of the co-occurrence of witnessing and experiencing community violence can have on clinical outcomes. For example, the recent study by Rosen, Handley, Cicchetti, & Rogosch, found that examining multiple levels of trauma exposure in addition to child maltreatment is critical to understanding the mechanisms of internalizing and externalizing disorders in children and that such findings may be very important in identifying pathways toward the development of psychopathology. Also, programs designed to help maltreated children must also take into account the impact and prevalence of coexisting and connected trauma experiences. It is of little value to treat child maltreatment trauma without treating or taking into consideration additional trauma in the community or home.

#### *Recommendations*

The CJA Task Force recommends training and resources for stakeholders at the front-end of the child welfare system to increase their knowledge and understanding of the effects of trauma on child victims of violence, the impact of coexisting and connected trauma experiences, and the importance of including caregivers in the healing process.

Examples of strategies supported by CJA may include:

- Training and resources for stakeholders at the front-end of the child welfare system and the criminal justice system to increase their knowledge and understanding of the effects of trauma on child victims and improve their response to children and families;
- Support for projects that will improve the understanding and response of stakeholder systems to the relationship between child maltreatment and additional, coexisting trauma exposure.

#### *Priority 4: Improving the Response to Internet Crimes Against Children & Use of Digital Evidence*

Many law enforcement agencies do not have the training, tools or staff needed to effectively conduct cyber-crime investigations. The growth in internet crimes against children has outstripped the resources of law enforcement agencies to fight them. Many departments are behind the curve in handling digital evidence. There are several factors that contribute to this including rapid changes and proliferation of digital devices, budgetary limitations, and lack of training opportunities. Departments, including Internet Crimes Against Children units, face large forensic digital evidence backlogs, limited equipment and department turnover.

As traditional crime rates reach historic lows, cybercrime is on the rise. Technological advances force law enforcement agencies to continually evolve methods of tracking and catching online predators. Even the investigation of "traditional" crimes will often have a digital element to them and a certain degree of technological savvy is required. Local law enforcement agencies face enormous challenges in gathering digital evidence, including the complexity and cost, as well as the continuing evolution of technology

There are a variety of challenges to digital forensic analysis such as encryption, Internet-of-Things (IoT) devices, new apps, cloud storage, etc. The listing and variety of products pose challenges because there's no uniform process to obtain information across all makes and models. Digital evidence often may not exist primarily on a physical device but rather on a server in another state or county. This will involve complicated jurisdictional issues.

The challenges to law enforcement in internet crimes against children cases aren't limited to the technical aspects of evidence collection. The Supreme Court decision in *Riley v. California* establishes a rule for searching digital evidence that is separate from the rules for searching physical evidence and that a warrant is required before proceeding to extract data from cell phones. Even with a warrant, seizure of digital evidence can present challenges. For example, responding officers may not know how to properly secure and use digital evidence to preserve chain of custody and later admissibility in court. An additional key issue with data is authentication or establishing the identity of the author of digital records. Law enforcement must work with the courts and prosecutors to determine legal requirements regarding authentication, chain of custody and admissibility and stay up-to-date on legal issues.

While the prioritization of training for digital forensic units is necessary, it is also important that all law enforcement staff have some degree of training on digital evidence. Patrol officers need to understand the basics of preserving evidence and chain of custody. Administrators need an understanding of the value and importance of digital evidence. All law enforcement officers could benefit from training to understand how technology and digital evidence can benefit their investigation as well as the laws regarding digital evidence collection.

Beyond law enforcement, problems may arise when prosecutors and judges do not have the necessary understanding of digital evidence. Between one-quarter to one-third of child pornography cases will be tried in federal courts and that means that local prosecutors and state and county judges need to have knowledge of digital evidence. When the defense formally raises technology related questions, prosecutors will be required to explain technical details to a judge or jury. Prosecutors may

underestimate the quantity of data and time necessary for analysis. In a survey of prosecutors (National Juvenile Online Victimization Study, 2011) regarding child pornography cases, two-thirds noted difficulties arising from the computer forensics examination or the police investigation. Difficulties included the lack of timeliness of the digital forensic examination, lack of equipment or training for officers, and issues with search warrants. Prosecutors may also wrestle with charging decisions in these cases.

Lack of knowledge about digital evidence on the part of judges complicates appropriate use in court. Judges play a gatekeeper role in determining admissibility of scientific evidence in the courtroom. To fairly and justly evaluate the merit of digital evidence, judges should have some understanding of the technologies and applications from which the digital evidence is derived. Beyond the challenges of digital evidence, state and local judges might not have a complete understanding of the nature of child pornography offenses.

#### Recommendations:

The CJA Task Force recommends supporting policies and programs to improve the collection and use of digital evidence in child abuse cases as well as training and resources for law enforcement, prosecutors and judges on digital evidence in child abuse cases as well as the nature of child pornography offenses.

Examples of strategies supported by CJA may include:

- Support for training needs for law enforcement on technology and digital evidence in child abuse case, prioritizing projects that can most effectively address the need to disseminate training and resources to reach the broadest possible audience;
- Support for training and resources for law enforcement, prosecutors and judges on internet crimes against children and digital evidence issues related to child abuse cases;
- Support for pilot projects that improve the capacity for digital evidence processing for small to mid-sized law enforcement agencies with budget and personnel limitations.

## Proposed Strategies by Recommendation Category

CAPTA Section 107 (e) (1)	Priority	Supported Activities
<p><b>A. Activities to improve the 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 fatalities and cases involving a potential combination of jurisdictions, such as intrastate, 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</b></p>	<p>Priority 1: Strengthen Capacity and Better Leverage Existing Capacity</p>	<p>Projects to encourage regional collaboration to enhance capacity and resource sharing as well as multidisciplinary trainings</p>
		<p>Projects to ensure smaller communities have consistent access to the training, resources, and expertise necessary to investigate and prosecute crimes against children</p>
		<p>Projects to ensure smaller communities have consistent access to the training, resources, and expertise necessary to investigate and prosecute crimes against children</p>
		<p>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</p>
	<p>Priority 2: Improve Data and Information Sharing Across Systems</p>	<p>Resources and training on confidentiality issues and information sharing laws for various disciplines to clarify what can and cannot be shared with whom and under what circumstances</p>

		Provide support to leverage existing work in this area
	Priority 3: Improving Trauma Informed Systems	
		Resources and training on child safety and disaster response both during and in the immediate aftermath of a natural disaster
		Training and resources for judges and prosecutors to help them better understand the needs of child victims in court.
		Training and resources for stakeholders at the front-end of the child welfare system and the criminal justice system to increase their knowledge and understanding of the effects of trauma on child victims and improve their response to children and families
	Priority 4: Improving the Response to Internet Crimes Against Children and the Use of Digital Evidence	Support for training needs for law enforcement on technology and digital evidence in child abuse case, prioritizing projects that can most effectively address the need to disseminate training and resources to reach the broadest possible audience
		Support for training and resources for law enforcement, prosecutors and judges on internet crimes against children and digital evidence issues related to child abuse cases

<p><b>B. Support of 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, including the enhancement of performance of court appointed attorneys and guardians ad litem for children, and which also ensure procedural fairness to the accused.</b></p>	<p>Priority 1: Strengthen Capacity and Better Leverage Existing Capacity</p>	<p>Support the development of pilot projects or programs that creatively use technology to enhance education, collaboration and resource sharing.</p>
		<p>Support demonstration projects such as telemedicine, to leverage capacity of existing resources to improve healthcare delivery, particularly child abuse examinations, to underserved areas of the state.</p>
		<p>Support the development of pilot projects to test creative solutions to resolve capacity challenges in various disciplines (law enforcement, attorneys, health professionals, etc.)</p>
		<p>Support the development of an innovative platform for the effective dissemination of best practices, new resources and tools, new research, etc., across stakeholders and regions.</p>
	<p>Priority 2: Improve Data and Information Sharing Across Systems</p>	<p>Support for small scale, regional data and information sharing pilot projects between systems involved in the front-end of the child welfare system</p>
	<p>Priority 3: Improving Trauma Informed Systems</p>	

	Priority 4: Improving the Response to Internet Crimes Against Children and the Use of Digital Evidence	Support for pilot projects that improve the capacity for digital evidence processing for small to mid-sized law enforcement agencies with budget and personnel limitations
<b>C. Reform of State laws, ordinances, regulations, protocols, and procedures to provide comprehensive protection for children, which may include children involved in reports of child abuse or neglect with a potential combination of jurisdictions, such as intrastate, interstate, Federal-State, and State-Tribal, from child abuse and neglect, including child sexual abuse and exploitation, while ensuring fairness to all affected persons.</b>	Priority 1: Strengthen Capacity and Better Leverage Existing Capacity	Support the development and use of standardized protocols and procedures in child death investigations
	Priority 2: Improve Data and Information Sharing Across Systems	Support for improved policies and protocols to facilitate interagency data and information sharing
	Priority 3: Improving Trauma Informed Systems	Support for the development of improved policies or protocols to improve state and local response to child safety and emergency preparedness
		Support for the development of policies and guidance to improve the court system’s handling of child abuse cases, particularly related to child victims in court
	Priority 4: Improving the Response to Internet Crimes Against Children and the Use of Digital Evidence	