

2010 DALLAS COUNTY COMMUNITY PLAN

CHILD ABUSE SECTION

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Introduction

Dallas County is a large and diverse area with an estimated population of 2,412,827 people, including 655,177 children under 18. Approximately 24% of children are white, 51% are Hispanic, 20% are black with the remaining 5% being Asian, Native American, mixed race or “other.” As many as a third of residents speak a language other than English. The vast majority (as much as 99%) of the population lives in an urban setting. According to US Census Bureau estimates, approximately 17% of Dallas County residents live under the federal poverty level while over 25% of its children live in poverty. This translates to more than 170,000 children living in poverty and therefore at higher risk for abuse.

Number of Confirmed Victims of Child Abuse in Dallas County

2005	2006	2007	2008	2009
5116	5532	5443	5403	5862

These numbers are staggering. Each victim is an innocent child whose life is forever altered by the experience of abuse. In addition, Dallas County leads the state in child abuse related deaths with 28 in 2009, up from 17 in 2005. This is a 60% increase in 5 years.

Clearly there is a desperate need in Dallas County to address this issue from every conceivable angle. We must increase prevention programs in the schools and communities; we must strengthen the child welfare system and increase the availability of quality foster care; we must strengthen the legal response to child abuse; we must increase medical, mental health and educational services for at risk and abused children/families; and we must support all those who support our children and families.

Following is a more detailed description of the major aspects of the child abuse epidemic along with suggested actions needed to reduce the incidence of abuse and improve the lives of children in Dallas County.

Prevention

Children who are abused or neglected are more likely to be arrested as juveniles, especially for violent crimes. Children who are abused, especially those who do not receive treatment, have a much greater risk of a host of mental health issues as well as a number of serious physical issues. Children who are abused or neglected are also at great risk for revictimization, compounding the impact of the abuse/neglect. The national cost of all of these issues is tremendous, totaling an estimated \$90 billion annually.

According to the Adverse Childhood Experiences (ACE) Study conducted by the Centers for Disease Control and Prevention in 2006, adults who experience child abuse and neglect were significantly more likely to have experienced alcoholism, depression, illicit drug use, heart disease, intimate partner violence, suicide attempts, fetal deaths, multiple sex partners, sexually transmitted infections and unplanned pregnancies (CDC, 2007). This is the largest study of its kind to document the impact of child maltreatment on more than 17,000 participants.

Prevention is widely known to be much more cost effective than treatment and earlier treatment (in childhood) is much more cost effective than later treatment (in adulthood). Therefore it is incumbent on any community wanting to be wise stewards of limited public funding, to allocate a significant sum to prevention programs. Preventing child abuse prevents a host of other lifelong issues and saves money and lives in the long run.

Prevention programs should logically focus on addressing known risk factors for child abuse including poverty, lack of knowledge/parenting skills, exposure to past domestic violence and current domestic violence, teen parenting, substance abuse, child disability, mental illness and social isolation. Prevention programs should also include recognizing and reporting seminars for all those with contact with children as well as programs designed to help children disclose abuse that has already occurred.

Evidence-based programs, interventions with at least one peer-reviewed journal publication demonstrating statistically significant impact, should be favored to receive funding. Programs may include home mentoring, parenting education and child education programs, as well as child-parent centers. Programs are most impactful when working in strong collaboration with multi-disciplinary agencies and community stakeholders to ensure that there is a continuum of prevention and intervention services.

High rates of multiple risk factors are often concentrated in certain areas/zip codes. Unfortunately, these areas are usually the least served by appropriate prevention programs. Evidence-based programs should be funded in high risk communities to ameliorate risk factors and should be targeted at high risk and or underserved areas. Recipients of funding should be able to demonstrate the ability to comprehensively evaluate and adjust their intervention(s).

Dallas County Child Death Review Team

In 2006-2007, 891 children age 0-17 died in Dallas County. Nearly one in five of these deaths were preventable.

- In 2007, Dallas County ranked #1 in Texas for deaths due to child maltreatment.
- Dallas County's child homicide rate is 1.5 times higher than the rate for Texas and the US.
- While the state of Texas and the US infant mortality rates have remained stable, Dallas County has seen a 29% increase between 2000 and 2007.

Child Death Review is a mechanism to describe the causes and circumstances of death among our children. The Dallas County Child Death Review Team (CDRT) is a multi-disciplinary group of stakeholders (e.g., law enforcement, child protective services, the medical examiner, etc); charged with reviewing the deaths of children and adolescents age 0-17 in Dallas County. Each year the team reviews over 400 deaths.

Founded in 1992, the Dallas County CDRT was the first local team to review child and adolescent fatalities in the state of Texas. The purpose of the review team is to systematically review all child deaths in Dallas County, collect data on how and why our children are dying,

improve the response to child deaths and ultimately reduce the number of preventable deaths. The team meets under Chapter 264 of the Texas Family Code.

To prevent injuries and violence, it is important to first understand the problem. Who is being affected? What is causing the problem? Where does the problem occur? To answer these questions and others, it is critical that data be collected.

Because of the multidisciplinary nature of the CDRT, information about trends and patterns of risk are discovered that would not otherwise be known. The information is used to develop recommendations on ways to prevent deaths and improve the review process. These recommendations are presented annually to the state Child Fatality Review Team and incorporated in a state report to the Governor's office.

Why invest in prevention? *Because it works and it saves money.*

- **Child Safety Seats:** Every \$52 spent on a child safety seat, saves \$2,200 in societal costs.
- **Booster Seats:** Every \$35 spent on a booster seat, saves \$2,500.
- **Home Visitation Programs:** Every dollar spent on home visitation programs saves \$3-\$6 related to child maltreatment.

Dallas County must increase funding for the CDRT and for these proven prevention programs in order to reduce preventable child deaths in Dallas County.

CHILD PROTECTIVE SERVICES

Investigations

The Investigation program in Dallas County has twenty seven units that serve Dallas County. There are five Investigation Program Directors, twenty seven Investigation Supervisors and one hundred sixty two Investigation Worker positions. There is one unit housed at the Dallas County Children’s Advocacy Center that completes investigations on all child deaths in Dallas County. This unit also completes serious injury cases and sexual abuse cases in the City of Dallas. There is another unit that completes sexual abuse investigation for the City of Dallas only. In November 2009, there were four investigation units disbanded and increased the supervisor span of control from five workers to six workers. There was no increase of investigation staff in Dallas County in the 2009 or 2010 fiscal year.

Dallas County continues investigate and complete the investigations at a higher rate than the majority of counties in the State of Texas. The Investigation staff determines immediate safety of the children and also assesses the current and future risk factors in the family. The risk factors that are addressed include child vulnerability, caregiver capability, quality of care, home environment, maltreatment pattern, social environment, protective capacity of the caregiver and response to intervention. The CPS Data Book reports that there were 23,060 alleged victims with 5,862 confirmed victims in Dallas County in 2009. There were 4,320 alleged victims that were provided ongoing services. CPS sought legal intervention on 814 children in Dallas County during 2009. There were 13,560 completed investigations in Dallas County during 2009. There were 3,480 Priority One investigations in Dallas County which requires response within 24 hours of the investigation being called in by the reporter. There were 10,080 Priority Two investigations in Dallas County which requires response within 72 hours of the investigation being called in by the reporter.

The turnover with Investigation staff continues to be higher than other stages of service within Child Protective Services as well as higher in Dallas County compared to the Statewide Investigation turnover. In 2007, the Dallas County turnover rate was 42.7% compared to the statewide comparison of 31.8%. In 2008, the Dallas County turnover rate decreased to 40.3% compared to the statewide comparison of 29.7%. In 2009, the Dallas County turnover rate for investigation staff dropped significantly, but this could be attributed to the recession. The 2009 turnover rate was 26.1% compared to the statewide comparison of 17.2%. The turnover rate was lower in 2009, however; there was a hiring freeze for five months during the 2009 fiscal year which means the workers that left were not replaced. The hiring freeze ended four months into the 2010 fiscal year.

FBSS

The Child Protective Services Family Based Safety Services units provide services to children and families where the children are in their own homes or temporarily placed outside the home by their parents (Parental Child Safety Placement) and have been victims of abuse or neglect. The services are intended to address the problems that led to CPS involvement and strengthen families so that children are safe in their own homes (or that of a relative caregiver).

The Dallas County FBSS Program consists of Two Program Directors who manage 9 regular units and one partial unit (includes staff from both Dallas and Ellis County). A unit includes one supervisor, two support staff and six caseworkers. Thus, for Dallas County, there are ten supervisors, 20 support staff and 57 caseworkers. Some of the units are specialized in that they focus on certain client populations. The units are not limited to those specializations.

Additionally, the non-specialized units provide services to client population that fall under the specialized units as one unit cannot cover the number of families in a particular area.

Specialized units include: Substance abuse (where the focus on families with children under the age of three and drugs more intense than marijuana); Domestic Violence where the focus is to work with families with older children who are more emotionally affected by family violence; and Disproportionality where the focus is to work with families in identified zip code areas within Dallas County in an effort to reduce disparities to African American Children in the CPS System. Five units are housed at the Park Stemmons office; three regular and the one partial unit are located at the Westmoreland office and the unit that specializes in working with the 75216 zip code is housed at the Ledbetter Office along with the other stages of services identified to focus on families in the 75216 zip code area.

In Fiscal year 2010, Dallas County FBSS program provided in-home services to an average of 3124 children monthly. This is an increase of 20% of the average number of children served

monthly during fiscal year 2009 (2488). All data in this section obtained from the TDFPS IMPACT Family Data Warehouse and is approved to be released to the non-DPS entities.

Staff turnover in FBSS is a major barrier to providing services to children and families as it impacts caseload and employee morale which in turn results in additional turnover. Turnover rate for the 4th quarter fiscal year 2010 for FBSS for the state was 28.9%. The regional rate was 26% and Dallas county turnover in FBSS for that period is 29.7% (higher than all other stages of services for that time period).

Lack of resources is another barrier to providing services to children and families in Dallas County. The accessibility of resources for many communities within Dallas County is poor. Although there is a public transportation within the city of Dallas, the system does not run in all of Dallas County. Additionally, some families may not have the resources to utilize public transportation and it poses such an inconvenience to many (multiple young children, distance from resident, and lack of frequency of schedule) that many are hesitant to utilize it.

Permanency

Achieving appropriate and successful permanency outcomes for children in care remains the primary goal for Child Protective Services. Statistical data from the Department of Family and Protective Services data warehouse indicates that in fiscal year 2009, in Dallas County, there were 1,019 children removed from their homes. Of that number 516 were African American, 203 were Anglo, 273 Hispanic, 23 listed as other and 4 were Native Americans. African American children represented 20.3% of the Dallas population and 50.6% of the children removed from their homes, Anglo children 23.7 percent of the population and 19.9% of removals, Hispanic children represented 50.9 of the population and 26.8% of children removed, 4.8 of the population were listed as other with 2.3% of those children removed and Native Americans were listed as 0.3% of the population and 0.3% in terms of removals. Of those

children and youth not reunited with their families 443 were still awaiting adoption of which 42.1% were African American, 18.6% were Anglo, 35.4% were Hispanic, 3.6% were listed as other and 0.3% Native Americans.

Permanency for children and youth can vary based on their particular situations. In Dallas County there are two designated Permanency Units within CPS that work with youth in the Permanent Managing Conservatorship of CPS where parental rights have been terminated. For older youth permanency may result in their aging out of the foster care system at age eighteen. Youth can opt to remain in care until their twenty-first birth date if they agree to follow following agency rules for acceptable behavior, completing high school and/or seeking further education or a trade that will lead to self sufficiency. Additionally, youth can enter the Preparation for Adult Living or PAL Program at age fifteen and a half and remain there also until their twenty first birthday. CPS staff conducts Family Team Meetings and Family Group Conferences all in an effort to achieve appropriate permanency for children and youth either with relatives or with kinship placements. Most recently, in October of 2010, the Fostering Connections Program began with the purpose to provide ongoing financial resources to relatives and established kinship families who provide placements for children and youth that will result in permanency. These families undergo a qualifying process to become caregivers licensed by the state and eligible for compensation. As part of the process they have to maintain the placements with the children and youth for a six month period of time prior to their being named Permanent Manager Conservator of these children and youth, with continued monthly compensation. The primary goal of Fostering Connections remains adoption for those children and youth who are unable to be safely returned to the care of their parents.

The biggest barrier to achieving permanency within the mandated one year time frame is the lack of adoptive home. This is especially true for older children as many adoptive families

specify that they will only take younger children. According to the TDFPS Data Warehouse Report, as of August 2009 there were 443 children waiting to be adopted in Dallas County.

Substitute Care/Conservatorship

Dallas CPS is served by twenty two units under the umbrella of the Conservatorship Program. There are four CVS Program Directors, twenty two CVS Supervisors and approximately one hundred and thirty four CVS workers. Within the four CVS Programs one Program area has six Conservatorship units. A second Program has four CVS units, one of which addresses issues of Disproportionality which is the overrepresentation of African American Children in CVS. The unit is also responsible for the Minor Moms program which addresses teen pregnancy. A third CVS Program area has seven units three of which are Adoption units, three Permanency units and one Transitional Living unit. The fourth Program area has five units, four of which are Conservatorship and one is Preparation for Adult Living or PAL. The Dallas County Conservatorship Program, recently had four CVS units disbanded and the staff in those staff members were re-assigned to various programs. This action led to the staff numbers cited above. The reasons given for the reductions in staff were decreased caseloads due to fewer removals in the investigative stage.

The CPS Data Book for fiscal year 2009 determined the average CVS caseload to be 23.4 cases per worker. However, more recently those averages are reported by CVS staff to be increasing due to increased removal of children in the Investigative stage, and worker turnover. The challenges faced by CVS units include the lack of a Dallas County Children's Shelter. A county funded shelter could benefit children and youth removed from their homes by providing transitional placement where children could decompress from the trauma of the removal and assessed for a period of thirty days or more to help determine how to best meet the infant,

children and youth's placement needs. Another challenge is the lack of Residential Treatment Centers in the Dallas metroplex, especially for teens. This has led to placements outside of the Dallas area, in some cases these placements are hundreds of miles away from the child's family. This hinders family involvement in the treatment process, which is a huge barrier to the successful treatment of children. Additionally, there is a shortage of foster homes and other placements equipped to deal with moderate to severe mental health or behavioral issues. As a result there have been instances where some children and youth whose behaviors have been determined to be uncontrollable or dangerous have spent hours and sometimes overnight or several days in CPS offices, supervised by CVS staff while placements are secured for these children and youth. It is still unknown what the effect of the new Child Protective Service as a Child Placement Agency mandates will have on staff retention as CVS staff will have to follow the same guidelines as other licensed placement agencies.

At this time placement decisions are made by the Child Placement Unit, which is part of the Foster and Adopt Program for Region 3. The CPU is comprised of a supervisor and ten workers who secure placements from basic foster care to residential treatment for Investigative, CVS and Family Based Safety Service staff. There is widespread agreement within CPS that a child aging out of CPS care is not the best outcome for youth. The newly initiated Fostering Connections Program will work to license and pay relatives and kinship persons to provide care for children and youth. Youth aging out of care also have the option of signing an extended stay agreement where they can remain in foster care up to age twenty-one if they abide by CPS policy of completing high school, vocational school or college. CPS also now employs Youth Specialists who serve as advocates for children and youth in the foster care system. Thus far those persons who held the position in Region 3 have been persons who as youths were in the CPS foster care system.

Disproportionality

Child Protective Services has a poor image in the community throughout the State of Texas, but especially in larger counties like Dallas County. Dallas County has a large media market that focuses their attention on the large number of child deaths and serious injuries on children. The media rarely contacts the CPS Public Information Officer for positive stories about CPS workers in Dallas County which affects the image of CPS.

However, in September 2005 the Texas Legislature passed Senate Bill Six to include Disproportionality which is the overrepresentation of a particular race or culture in a particular program or system. Dallas County has one Disproportionality Specialist to address the overrepresentation of African American children within CPS system. CPS addresses disproportionality with community members and leaders and this is improving the relationship in the specific community located in South Oak Cliff. There are investigation, family based safety service, conservatorship and family group conferencing staff housed in the South Oak Cliff area to build positive relationships. CPS staff attends community meetings and training that are held by local community organizations to discuss services available to our CPS families. There are also monthly Parent Empowering Parent meetings held in the community as a support group for parents who are involved with CPS to learn how to navigate the CPS system. All CPS staff is required to attend Cultural Competency Training and a Knowing Who You Are training to assist with the bias that workers might have with the families that we serve. The Disproportionality initiative is improving the relationship between CPS and our families.

Assessment Center

Currently there is no facility where children being brought into care can be evaluated to determine all of their mental and physical health as well as social and educational needs. The Buckner Assessment Center used to provide this service but has closed down. There is a huge need for this type of placement because a thorough evaluation of children coming into care would greatly improve the stability of their future placements and ensure that all of their needs are identified and that a plan is in place to meet those needs. Children whose needs are not identified often end up being moved from placement to placement with no stability and no real understanding of their needs. An initial evaluation would reduce the trauma of repeated placement disruptions as well as save money in the long run.

LEGAL ISSUES

Law Enforcement

Municipal police departments are the primary groups responsible for the investigation of criminal acts of child abuse. Nearly all of the police departments in Dallas County need additional funding to provide the manpower and training needed to ensure thorough investigations of child abuse cases.

The Dallas Police Department's Child Abuse Investigation Unit consists of 11 detectives and their sergeant. Together they are responsible for reviewing all of the reports of abuse/neglect received by CPS to determine if a criminal investigation is warranted. The number of CPS reports has risen from approximately 15,000 in 2003 to 18,000 in 2008. Of these cases the unit was assigned 1442 cases for investigation in 2008. Of these cases 51 were child death cases, which require a great deal of extra time/manpower. This is a staggering load for such a small group, making it very difficult to give each case, each child, the time it deserves.

And this is only in the City of Dallas. There are 23 other cities in Dallas County. Only 8 of those have detectives dedicated to investigating child abuse cases. Only half of those officially have a Crimes Against Children Unit. This leaves the children in 15 cities in Dallas County without personnel dedicated or trained to investigate crimes against them. Sometimes overworked, small police departments lack the manpower to investigate these crimes altogether and perpetrators escape investigation and prosecution completely. This cannot continue.

Each law enforcement agency in Dallas County should have at least one detective with specialized training in crimes against children. This specialized training should cover topics such as interview child abuse victims, general information on the effects of trauma on children and families, tips on working with medical personnel in child abuse cases, and unique aspects of testifying in child abuse cases.

In addition to law enforcement personnel needing specialized training, paramedics and 911 operators should have specialized training to equip them to most effectively assist child abuse victims and families in emergencies. Training for 911 operators on how to talk to callers in child abuse cases to get the most information possible would also assist in the investigation and prosecution of crimes against children.

The Texas Family Code mandates that CPS and local law enforcement jointly investigate reports of abuse. In most cities in Dallas County, CPS workers are housed separately from police, with no liaisons, and communication regarding investigations is inconsistent at best and sometimes non-existent. Each city with a dedicated crimes against children unit should have a CPS worker housed at the police headquarters. All other cities should have a liaison from CPS to whom all communication regarding criminal child abuse investigations in their city should be directed.

In addition to adequate staff numbers and specialized training, police departments can assist child abuse victims and their families by having a victim assistance coordinator or victim advocate on staff. It is vital that families be offered assistance in receiving information about their cases, filling out Crime Victim's Compensation Fund applications, and referrals for counseling and any other social services that might be helpful. It is critical that these services be offered as soon as possible after the crime has been reported to increase follow-through in accessing services. Providing this assistance can ensure that children and families get the support they need to heal and break the cycle of abuse, ultimately reducing the cost to the community.

Criminal Prosecution

The Dallas County District Attorney's Office is the agency responsible for the prosecution of all crimes in Dallas County. Dallas County has a unit dedicated to prosecution of child abuse crimes. This unit is made up of the division chief, 13 prosecutors, 10 investigators and several support staff. While staffing in this department has risen steadily over the past 5 years, it is still

inadequate to handle the volume of cases in a timely and effective way. Each prosecutor carries approximately 80 pending cases at any given time. This number represents a slight decrease for previous years but is still too high. This high case load, coupled with backlogs in the courts, results in a long wait time before these cases come to trial. While the wait time is down, it is still over a year. For a child victim, 18 months is too long – details of the crime become more difficult to remember and testify to and families lose motivation to follow through with the process. In addition, child abuse cases are more labor intensive to prepare than other cases and are more likely to go to trial, requiring prosecutors and investigators to spend more time per case than prosecutors in other divisions of the DA's office.

One of the prosecutors from the DA's office is housed at DCAC with the DPD Child Abuse Unit. This prosecutor works closely with the police to ensure their cases are filed properly, etc. This prosecutor is also responsible for presenting the cases to the grand jury for indictment. This prosecutor is not able to review City of Dallas cases involving children over age 13 or cases from other Dallas County Police Departments due to the overwhelming caseload. The addition of another prosecutor to review the additional City of Dallas cases and another to work with all other police departments could significantly increase indictments and ultimately result in more child abusers being successfully prosecuted.

Multi-Disciplinary Setting including Forensic Interviewers

Coordinated systems designed to prevent as well as respond to reported child abuse are critical to prevent revictimization and increase public safety. Multi-disciplinary teams housed together and functioning as a unit are an effective way of organizing this prevention and response system. The benefits of the multidisciplinary model of child abuse prevention and response are numerous. First, it increases the ability of law enforcement and CPS to collaborate on investigations of abuse. This leads to an increase in the number of perpetrators who are charged with crimes. The model also greatly reduces the chances the child victim will need to be interviewed multiple times. This reduces stress and trauma for the child and increases the

chances of successful prosecution of the perpetrator. This model increases the likelihood of family cooperation with law enforcement, again increasing the chances of successful prosecution. Including treatment services in the model simplifies the process for the family and increases the likelihood they will follow through with getting the child the treatment they need to overcome the devastating effects of abuse. Finally, the setting should be child-friendly to help children and families feel comfortable participating in the process and receiving services.

A critical and unique component of this multidisciplinary team is trained forensic interviewers. These interviewers are independent/un-biased professionals who work with law enforcement and child protective services to aid in their investigations of child abuse allegations. There are currently 5 forensic interviewers working in a multi-disciplinary setting in Dallas County. All of these are employed by the Dallas Children’s Advocacy Center. Four conduct interviews at the Advocacy Center’s Dallas location and one conducts interviews at the Irving Family Advocacy Center. The number of interviews they conduct each year is impressive:

2005	2006	2007	2008	2009
998	1154	1167	1343	1330

The number has increased significantly since 2005 but when compared with the number of abuse reports received by CPS (approximately 18,000 in 2008) this is still a very small percentage of cases. Certainly not all cases warrant a full forensic interview, but many more than the 1330 children who were interviewed last year could benefit from a forensic interview.

The benefits of a forensic interview are the reduction of stress and trauma associated with victims talking about their abuse. Reducing stress and trauma increases the chances of the child being able to disclose acts of abuse and therefore increases the chance that other involved professionals will be able to ensure the child’s safety. A forensic interview also improves outcomes in criminal prosecution by documenting the details of the abuse early on while the child is still able to recall important details.

Interviewing best practices recommend interviews conduct no more than 3-4 interviews per day. Based on the numbers of abuse cases reported in Dallas County, 8-10 forensic interviewers are needed to meet the demand. A significant barrier to adding this many interviewers is the lack physical space at the Dallas Children’s Advocacy Center. Additional space is needed to house the interviewers and additional dedicated interview rooms are needed. Adding more satellite locations with the facilities for conducting forensic interviews is also critical to optimize usage of interview services by non-City-of-Dallas law enforcement agencies.

An additional barrier to providing the best services possible and impacting the child abuse epidemic in Dallas County is the lack of interview services for Spanish speaking clients. More professionals who speak Spanish must be recruited into the field. It would also be helpful for DCAC to be able to offer bonuses to Spanish speaking interviewers to improve retention.

Dallas CASA

During the course of a year, more than 3,200 abused and neglected Dallas County children who have been removed from violent family situations are living in protective care. Working with the courts, Dallas CASA advocates for the best interests of these children, but with the current level of professional and volunteer staffing, they are able to help only 30-40% of these children.

Dallas CASA advocates for the best interests of abused and neglected children in protective care, to help them find safe, permanent homes where they can thrive. Today, nearly 2,000 Dallas children who have been removed from violent family situations are waiting for the courts to decide where they will live. Dallas CASA is an organization of volunteers who are the voices for these children, gathering data and make recommendations about their welfare to the

courts. CASA is not involved in investigations, intake procedures or providing services to parents. CASA volunteers only work to achieve what is in the best interest of each child.

The basic services and responsibilities of advocates are to: make regular visits to ensure safety and monitor progress of their children; help children access critical medical, psychological, and educational services; make recommendations to the court regarding services and placement; evaluate potential placements; assist teenagers in obtaining high school diplomas, GED, job skills, or help prepare them for college and/or independent living; and, to be supportive and caring role models. Volunteers take time to gather all the facts on each child’s case—time that others, such as attorneys and CPS caseworkers, simply do not have.

Dallas CASA serves children from Dallas County, although more than 50% of the children are temporarily placed in foster homes outside the county. In 2008, Child Protective Services (CPS) reported a child population of 655,177 for Dallas County and of this number, 3,253 were in out-of-home care under the supervision of CPS. These are the children to whom Dallas CASA is assigned, yet CASA was only able to advocate for 1 out of every 3 children who needed a CASA last year. Of the 1,037 served by Dallas CASA in 2008, there were 565 boys and 472 girls (unduplicated). Age and race/ethnicity of these children are provided in the following tables:

Age	
<i>Birth to 5</i>	446
<i>12 to 17</i>	262
<i>18+</i>	90

Race/Ethnicity	
<i>African American</i>	549
<i>Caucasian (Non-Latino)</i>	190
<i>Hispanic/Latino</i>	147
<i>Multi-racial</i>	100
<i>Asian/Pacific Islander,</i>	7

<i>Native American, Other</i>	
<i>Unknown or no data</i>	44

Personnel

Dallas CASA has a staff of 39, 24 of which are CASA supervisors who oversee a volunteer corps of 450 individuals. CASA volunteers are trained and supervised to make recommendations that help judges decide the best options for each child. For many children, CASA is the only constant during a very scary and uncertain time. On an ongoing basis, five supervisors travel throughout the state to visit and monitor children placed in foster homes outside of Dallas County.

Dallas CASA performs an additional service that is important to the community. Each month, Dallas CASA’s Executive Director facilitates a meeting that brings together:

- Juvenile District Court Judges, who oversee a majority of child abuse and neglect cases in Dallas County
- Associate Judges, Assistant District Attorneys and Public Defenders who represent parents whose children have been removed by CPS
- Attorneys representing children as both Attorney ad Litem and Guardian ad Litem
- Leadership from Child Protective Services in Dallas County and the 19-county North Texas Region, as well as the Regional Attorney for CPS
- Dallas CASA executive staff and program directors
- Invited guests who can share information or aid in the resolution of identified problems

At these meetings, participants discuss items ranging from: initiatives to improve court processes or child protection activities; procedural problems creating delays or barriers to justice for children; and potential challenges and opportunities.

Dallas CASA collaborates with all of the agencies involved in the child welfare system, to create better outcomes for the children they serve. In 2010, Dallas CASA plans on serving 1250 children, and recruiting/training 190 new volunteers.

HEALTH AND DEVELOPMENT

Mental Health Services

Child abuse has far reaching affects on the psychological, emotional, social, and behavioral health of its victims. Children who have been abused suffer a wide variety of well documented consequences including learning difficulties, developmental delays, poor self-esteem, attachment and relational problems and behavioral disorders.

The more long term impact of untreated child abuse includes increased rates of incarceration (both juvenile and adult), running away, substance abuse, prostitution and psychiatric problems. The costs of these indirect consequences of abuse are estimated by some to be as much at \$94 billion per year. In order to reduce the impact and the costs, we must provide specialized treatment for the child victims as well as their non-offending caregivers, and even the offenders (in some cases of mild physical abuse and juvenile sexual abuse perpetrators).

Of the 5,403 confirmed victims of child abuse in Dallas County in 2008, only 1636 received therapy services at the Dallas Children’s Advocacy Center, the County’s primary provider of specialized mental health services for child abuse victims. This is only 30% of the victims, all of whom would most certainly benefit from specialized treatment. It is likely that others received services from other providers but the numbers are unknown. Other providers include private practitioners and Victim’s Outreach, the only other agency in Dallas County specializing in mental health services for victims of child abuse/crime. There are other agencies offering services to abuse victims, in addition to a wide range of other groups, but the training the therapists in those agencies receive is general and usually is not specific to child abuse issues. In addition the Parkland Hospital Victim Intervention Program offers services to adult victims of crime and some child victims.

In order to provide therapy services to every victim of child abuse, Dallas County needs at least 55 full time mental health providers who are specially trained in treating child abuse victims. It is unknown how many providers in Dallas County have specialized training. The Dallas Children’s Advocacy Center employs 15 and Victim’s Outreach employs 3 therapists. The Dallas

Children’s Advocacy Center often has a waiting list for therapy services and research shows that the longer a child/family has to wait for therapy, the less likely they are to follow through and participate in services. Child Protective Services has recently reopened their group treatment program under the name “Heart”. They offer therapy groups for children who have been sexually abused and their non-offending caregivers. This program and the therapy department at Dallas Children’s Advocacy Center are the only specialized providers offering therapy services to parents/caregivers of sexually abused children. In order to break the cycle of abuse it is critical to offer support to the caregivers. Research shows that the most important factor in a child’s recovery from abuse is the level of belief and support they receive from the parents/caregivers.

Another issue in Dallas County is the lack of service providers who are bilingual/bicultural. Over 40% of therapy clients at Dallas Children’s Advocacy Center are Hispanic/Latino and many of those speak little or no English. It is often the Spanish speaking clients who are on the waiting list due to lack of availability of Spanish speaking therapists. Diligent efforts must be made to recruit Spanish speaking students in to quality counselor training programs and then into the child abuse treatment field after graduation/licensure. In addition, funds must be allocated to compensate bilingual therapists for this skill.

Another gap in services to abused children is therapy for children who sexually act out on others but are too young for residential programs or are not adjudicated for whatever reason. There are currently no specialized programs or providers for this population. It is critical to effectively treat these behaviors in childhood to prevent them from developing into more serious issues later on.

Yet another gap in services for abused children is the lack of psychiatric services for those children with serious mental illness who require medication. There are few psychiatrists who specialize in working with children. There are even fewer who understand the unique needs of abused children. Beyond this, there are very few who accept public insurance reimbursements such as Medicaid and Chip. It is critical to increase specialized training for psychiatrists and to

increase funding for public insurance programs in order to encourage psychiatrists to accept these reimbursements and therefore see these clients in their practices.

Just as it is critical for law enforcement agencies to provide victim assistance services, it is crucial for therapy agencies to have staff specially trained to respond to the material needs of abused children and their families. Direct assistance and referral to agencies that can help families with rent, utilities, food and other necessities frees caregivers from the stress of these issues and allows them to focus more fully on their children and give them the support they need. The Dallas Children’s Advocacy Center has a Family Assistance Coordinator providing these services but there is need for 2 more full time employees to adequately respond to the needs of all the families served in the therapy department. Additional funds for direct assistance are also needed.

REACH Clinic

The Referral Evaluation of at Risk Children (REACH) Clinic at Children’s Medical Center of Dallas is involved in various stages of a child abuse investigation.

Since REACH is the sole provider of child abuse medical evaluations in Dallas County, this clinic plays a critical role in a child abuse investigation. The clinic is responsible for seeing victims of sexual abuse, physical abuse and neglect for medical evaluations and/or treatment on an in-patient or out-patient basis. Currently, there are 2 full-time physicians, 2 part-time physicians, 2 nurse practitioners, 2 social workers, 1 medical assistant, 1 child life specialist and 2 coordinators. This staff strives to meet the growing demand for this critical service. Referrals are received from Dallas County Child Protective Services, law enforcement agencies within Dallas County and the Dallas County District Attorney’s office. REACH also receives referrals from other jurisdictions in and outside of Texas. The staff provides Child Protective Services (CPS) and law enforcement with written medical statements regarding the medical status of these children. From 2007- 2009, 4,415 child abuse cases were seen at the clinic.

Once a case is referred to the District Attorney's office, the REACH staff again plays an important role in the criminal prosecution of child abuse cases. In addition to a written medical evaluation of a child, the medical staff provides expert testimony regarding the medical status of these children. From 2007-2009, there were a total of 2,426 court obligations as well as 455 written affidavits. The working relationship between REACH, CPS, the police department and the DA's office helps ensure the future safety of children in Dallas County.

REACH plays another major role in the ongoing safety and care of child abuse victims. This is done through the Foster Care Clinic. Children placed in foster are able to receive medical care at the clinic. Medical care is also available for children who are in kinship placements. From 2007-2009, a total of 4,689 children have been at the Foster Care Clinic.

SUPPORT

One of the most critical issues for abused children and their families is lack of support after a child has been referred to CPS. Besides the obvious emotional toll it has on the families and children, there are also many problems regarding finances, kinship care, aging out, and much needed services that might not continue after DFPS steps out of a case. These issues are important to each individual family, but also to our county. These issues are costly because of CPS recidivism rates, criminal problems involved with children aging out, and families raising kids with little to no real income.

Many extended family members or friends are left raising children for parents who are unable or unwilling to provide a safe environment for their children. When children enter kinship placements it is usually abrupt, invasive, and expensive. Many times these are older people who were not planning emotionally or financially for the arduous task of caring for children. Sometimes families are not willing to take the children because of lack of resources, so children wind up in a stranger's home. DFPS, through their kinship services department, pays only a small amount of the funds needed to raise a child/ren. Why is it that foster homes are paid so well, but families taking children are for the most part monetarily ignored? Increasing benefits, monies, and access to services would greatly improve the outcomes for these children.

Being scared, impoverished, confused, and lonely is unfortunately the fate of many of our foster youth when they turn 18 and have not found a permanent home. The high crime rates and homelessness experienced by this population is incomprehensible. Helping to build, sustain, and develop programs targeting these teens will inevitably lower crime and destitution.

Many times teens aging out of care simply need help adjusting to life on their own. Job training, transitional living, literacy programs, and increases in mentoring programs can make big differences in the lives of kids leaving care. Many times problems associated with aging out can also be addressed by a more proactive approach by providers and people who are closely involved with the child before they are 18. PAL and TRAC are two organizations that help with the transition to independent living but are underfunded. Helping build these organizations and

those like them could have an immediate impact on positive outcomes for Dallas county youth. SMU conducted a roundtable discussion regarding at risk youth leaving care and identified some key elements that can be improved upon as well.

1. Special training for Guardians ad Litem
2. Increased education on money management, sex education, job prep, and socialization
3. Exit interviews for youth aging out
4. Training foster parents on how to prepare the child for leaving the home
5. Free tutoring for at risk youth
6. Better connection between services
7. Need for more emergency shelters in high risk areas
8. Getting mental health needs met prior to leaving care
9. Sealing juvenile records
10. Getting health and disability benefit process started before leaving state care.

CONCLUSION

Child abuse is an epidemic in Dallas County. It has devastating affects on the individual victims and far reaching impact on the entire community. In order to reduce and eventually eradicate this epidemic, we must first recognize the scope of the problem, and then commit time, energy and financial support to attacking it on multiple levels, from individual to institution/systemic. We must provide support for victims, we must intervene with at risk families, and we must provide intensive education and prevention programs in the community. In addition, we must examine our institutional structures and make changes in them to remove any barriers to children and families receiving support as well as to implement new programming designed to reach our entire community. We must empower our legal system to send a strong message that we will not tolerate one more child being hurt in our community.

APPENDIX 1

Dallas County Community Plan Child Abuse Section Work Group

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