
**Department of Family and Protective Services
Strategic Plan for Child Abuse and Neglect Prevention
Services**

Submitted by

The Department of Family and Protective Services

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Executive Summary

By passing House Bill 662 in 2007, the 80th Texas Legislature amended Section 265.001 of the Texas Family Code, and in so doing, required the Texas Department of Family and Protective Services (DFPS) to develop a statewide, long-range Strategic Plan for Child Abuse and Neglect Prevention Services. Following the Legislature's direction, DFPS developed the plan in consultation with the Interagency Coordinating Council (ICC) for Building Healthy Families. The new plan was required to address the following elements:

1. Reduce the need for state and local governments to provide services in addressing maltreatment (i.e., intervention and treatment);
2. Guide a transition toward a system that will promote child abuse and neglect prevention services in order to create costs savings that will support future prevention efforts; and,
3. Provide details of efforts regarding child abuse and neglect public awareness and outreach.

Plan Overview

The DFPS strategic plan rests on a comprehensive framework that will support increased effectiveness of prevention efforts and lead to decreases in the number of children entering the child welfare system and in turn the number of children and families requiring treatment services. As a result, the direct costs associated with intervention and treatment as well as the long term direct and indirect costs resulting from child maltreatment are anticipated to decrease, freeing funding for increased prevention efforts, triggering an ongoing cycle of improvement. Public awareness of child abuse and neglect and usable prevention strategies and techniques will be key in this transformation, and increasing the level of public awareness is at the core of several of the plan's outreach-oriented strategies.

Vision

Texas will provide its children and families with a safe, stable and nurturing environment that will maximize child well-being and ensure that all children lead healthy, self-sufficient lives as adults.

Mission

To reduce and prevent the incidence and impact of child abuse and neglect, through coordinated efforts with public and private partners. To deliver effective prevention

services where they will have the greatest impact, through a network of skilled and knowledgeable community-based service providers.

Goals

The seven goals for the Texas Statewide Child Abuse and Neglect Prevention Plan are as follows:

1. Children and youth are nurtured, safe and engaged;
2. Families are strong and connected;
3. Identified families access services and supports;
4. Families are free from substance abuse and mental illness;
5. Communities are caring and responsive;
6. Vulnerable communities have capacity to respond; and,
7. Provide prevention information and data to stakeholders.

Planning Context

In Fiscal Year (FY) 2007 DFPS Child Protective Services costs related to child abuse and neglect intervention and treatment reached nearly \$1 billion. Direct and indirect costs associated with child maltreatment surpassed \$6.3 billion statewide in calendar year 2007. For the same year, DFPS investigated over 163,000 cases of alleged child abuse and neglect involving over 278,000 children. DFPS confirmed that 71,344 children had been abused or neglected statewide. Child abuse and neglect rates in Texas have increased each year since 2001, moving from 7.4 per 1000 to 11.2 per 1,000 in 2007.

The causes of child abuse and neglect are numerous. Maltreatment can often trace its origins to the presence of “risk” factors that have negative effects on a child and his/her family, and increase the probability that the child will be abused or neglected. On the other hand, resilient individuals and families are able to resolve stress and challenges in healthy, non-violent ways, reducing the likelihood of abuse and neglect. This resiliency results from, or is enhanced by the presence of “protective” factors.

Prevention of child abuse and neglect on the front end works and is cost-effective. Reducing risk factors and increasing protective factors entails a substantially smaller investment than back-end spending involving intervention, treatment, incarceration, etc. Recent research has demonstrated that many prevention programs have yielded returns of several dollars or more for every dollar invested. Nevertheless, combined national spending for treating child abuse in 2004 exceeded prevention spending by a ratio of 400 to 1.

DFPS selected a well-substantiated and validated planning model that is congruent with Texas’ diversity and many needs. The “Pathways” model is particularly well-suited for

adoption in that it meets the three critical goals of adaptability set forth by DFPS in early planning work. It will:

1. Allow for growth of the plan over time;
2. Generate replication; and,
3. Be flexible.

In developing the plan, DFPS analyzed its development and implementation from a strengths, weaknesses, opportunities, and threats perspective. One particularly salient threat that emerged rapidly and repeatedly during that process involved the availability of resources. The ability for DFPS to execute the new strategic plan will depend on the availability of adequate funding to support the provision of prevention services across Texas. In the absence of increased resources, DFPS may not be able to attain all of the plan's objectives.

The scope of the planning process and the timeframe for development required focusing on the efforts of DFPS and ICC-member agencies. All parties recognized that a fully comprehensive statewide effort, which will impact the complex and multi-faceted challenge of preventing and reducing child maltreatment, must in time coordinate state efforts with those of public and private entities operating at the local, regional, and state levels. DFPS and the ICC anticipate that development of the implementation plan will include the first significant step in drawing in the participation of these local, regional, and state-level entities as new external partners.

DFPS and the ICC believe that the strategic plan presented here will serve as a starting point for more comprehensive planning to prevent child abuse and neglect in the future. The planning approach utilized is flexible enough to grow and incorporate the participation and resources of local government, community-based organizations, providers, businesses, and other non-ICC state agencies. The ultimate goal for Texas is the integration and coordination of the prevention activities, services, and programs of these other entities with those of DFPS and the ICC-member agencies in order to reduce (1) the occurrence of child abuse and neglect, and (2) the great costs associated with intervention and treatment.

I. Introduction

Why Does Texas Need a Statewide Child Abuse and Neglect Prevention Plan?

In 2007, the Texas Department of Family and Protective Services (DFPS) investigated over 163,000 cases of alleged child abuse and neglect involving over 278,000 children. DFPS confirmed that 71,344 children had been abused or neglected statewide. These numbers make it hard to deny that Texas has a problem with child abuse and neglect. Recent statistics also point to the fact that we have a growing problem. The recorded rate of child abuse and neglect in Texas has increased each year since 2001, moving from 7.4 per 1000 to 11.2 per 1,000 in 2007.¹ National statistics compiled over roughly the same period of time indicate that Texas fares better than average as the nationwide rate of child abuse and neglect ranged from 12.0 to 12.3 per 1,000 between 2002 and 2006.² The recent upward trend in Texas numbers is a sign of an undesired convergence between national and statewide trends in child maltreatment. In addition to the human costs inflicted by child abuse and neglect, the financial repercussions are staggering. According to a University of Houston estimate, the combined immediate and downstream costs of child maltreatment in Texas exceeded \$6.3 billion for the year 2007.³

Parents do not leave the hospital with their newborn babies planning to physically or psychologically harm them. Research has proven there are certain characteristics in children, parents/caregivers, and communities, or certain conditions and situations in which children live or spend significant time that contribute to an increased probability of abuse and neglect. These are “risk” factors. Conversely, however, researchers have also confirmed that there are “protective” factors at work. These are characteristics, traits, and circumstances that protect children from abuse and neglect by strengthening them, their families, and surrounding neighborhoods and communities and, thus, reduce the likelihood of maltreatment.

Recognizing the need to reduce the incidence of child maltreatment in our state, and the effectiveness of prevention efforts, the 80th Texas Legislature passed House Bill (HB) 662 in 2007. The legislation amended section 265.001 of the Texas Family Code by requiring DFPS to develop a statewide, long-range strategic plan for child abuse and neglect prevention services, by no later than December 1, 2008. DFPS was instructed to collaborate on plan development with the Interagency Coordinating Council (ICC) for Building Healthy Families. Additionally, the Legislature required the ICC to submit a report with recommendations addressing the implementation of the DFPS strategic plan.

The Legislature explicitly instructed DFPS to address the following elements in the strategic plan:

- reduce the need for state and local governments to provide services in addressing maltreatment (i.e., intervention and treatment);

- guide a transition toward a system that will promote child abuse and neglect prevention services in order to create costs savings that will support future prevention efforts; and,
- provide details of efforts regarding child abuse and neglect public awareness and outreach.

The first two elements served as the driving force in creation of the strategic plan. By successfully executing the plan's strategies aimed at preventing abuse and neglect, and thus, achieving its stated goals, Texas will in time have decreased the number of children entering the state's child welfare system. By doing so, it will reduce the need for state and local jurisdictions to intervene and provide treatment to maltreated children and their families. These developments, in turn, will allow officials to divert a greater level of resources toward enhancing and increasing long-term prevention efforts. Increasing the public's awareness of the need to prevent child abuse and neglect will be key in this transformation and is at the core of several outreach-oriented strategies located within the plan.

In passing HB 662, the Legislature continued building on its earlier work of consolidating child abuse and neglect prevention and early intervention services (Senate Bill 1574, 76th Leg., Reg. Session, 1999) and creating the ICC to coordinate the planning and delivery of those services by state government agencies (HB 1685, 79th Leg., Reg. Session, 2005). Our state's elected officials are aware of the magnitude of the problem and the need to coordinate the efforts of state and local government agencies that administer services and programs, along with a cross section of private community-based organizations, advocacy groups, schools and businesses. Funding for prevention services is limited, although the elevated incidence of abuse and neglect noted in the introductory paragraph suggests the need for additional resources. Maltreatment prevention programs must efficiently and effectively utilize their funding and develop innovative methods for coordinating multiple funding sources in delivering services. To that end, the Legislature charged the ICC with evaluating how its member agencies can achieve these objectives. Evaluation findings will be addressed in the ICC reports that will be submitted to the Legislature. Texas state agencies represented on the ICC are as follows:

- Office of the Attorney General
- Texas Department of Aging and Disability Services
- Texas Department of Assistive and Rehabilitative Services
- Texas Department of Family and Protective Services
- Texas Department of Housing and Community Affairs
- Texas Department of State Health Services
- Texas Education Agency
- Texas Health and Human Services Commission
- Texas Juvenile Probation Commission
- Texas Workforce Commission
- Texas Youth Commission.

Adding to the complexity of the issue of adequate resources for prevention is the fact that current spending on intervention and treatment must be maintained, or even increased, in light of the elevated incidence of abuse and neglect noted earlier. However, Texas leaders and those working to support families understand that, regardless of the sums committed to investigating and substantiating alleged cases of abuse and neglect, and treating the involved victims and perpetrators, our state will not be able to significantly reduce these “back end” costs until we have significantly increased our commitment to prevention funding on the “front end.”

How Did DFPS Develop a Statewide Child Abuse and Neglect Prevention Plan?

Since the Legislature assigned development of the strategic plan to DFPS, the Division of Prevention and Early Intervention (PEI) assumed the lead role in supporting plan development. PEI constructed a plan framework which was approved by the ICC. In collaboration with the ICC, PEI crafted a rough draft by the first quarter of 2008. After presenting the draft to the ICC in April 2008, PEI revised the document and prepared an interim draft for public input. In June 2008, PEI posted an electronic version of the plan and a notice to hold a public hearing regarding plan development and implementation. The hearing was held on June 16, 2008 to collect input from interested and affected stakeholders in person. Additional public input was received through June 30, 2008.

In July 2008, PEI presented a revised draft of the strategic plan to the ICC incorporating many revisions suggested by the public. Between July and October 2008, PEI and the ICC focused on making the last key revisions to the plan and developing high level implementation recommendations to involve all ICC agencies. During November, ICC members solicited review of the strategic plan by their respective agency leadership. In addition, work was completed on the implementation recommendations. Both the strategic plan and ICC report are being submitted to the Legislature.

Vision, Mission and Strategic Goals

PEI and the ICC developed a vision regarding child abuse and neglect in Texas, a mission statement for the strategic plan, and set of goals that an implemented strategic plan will achieve. Before discussing these below, it is important to note the other significant and related event that has impacted the strategic plan’s development. While this plan has been developed and submitted in fulfillment of the requirements laid out by the Legislature in 2007, it is also expected to serve as a platform for expansion to include both areas of prevention that the division is charged with addressing: child maltreatment and juvenile delinquency.

Vision

Texas will provide its children and families with a safe, stable and nurturing environment that will maximize child well-being and ensure that all children lead healthy, self-sufficient lives as adults.

Mission

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Goals

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7. Provide prevention information and data to stakeholders.

Implementing the Strategic Plan

Following submission of the strategic plan, DFPS will begin developing the implementation plan, including specific implementation steps, responsible parties, and timelines. As noted in the implementation recommendations of the ICC and in the plan itself, it is recognized that involvement of a broader range of stakeholders will be important in this process. It is anticipated that development of the implementation plan will be an incremental and ongoing process, starting first with development of the steps that directly involve DFPS/PEI and the ICC members, and then expanding to broader involvement of additional private and public planning partners from local, regional, and state levels. Additionally, and as addressed below, the expectation is that other plans and activities undertaken to address child maltreatment prevention within Texas may be synchronized with but not necessarily incorporated within the current plan.

Strategic Plan: What It Is and What It Is Not

As a transition between the introduction and the later sections of this document addressing subjects such as background, the context for planning, and the strategic plan itself, PEI and the ICC believe it is important to share with the public its assumptions regarding scope and intent. The plan's developers want to be explicit in clarifying what the plan is meant to be, and what it is not meant to be. With respect to scope, it is not a fully comprehensive statewide plan. It is principally a DFPS plan for preventing child abuse and neglect that has incorporated the input and guidance provided by the ICC. The plan will have impact throughout the state and involves a number of partners. Nevertheless, the resources committed to executing the plan will primarily originate in DFPS or the other ICC-member agencies. Few entities outside of the ICC member agencies and their affiliated contractors are specifically designated as stakeholders at this time, from the perspective of having clear, mutually agreed roles in supporting implementation of the plan strategies. The scope of the current planning process and the timeframe for development have focused the plan on the efforts of these state agencies. However, all parties clearly recognize that a fully comprehensive statewide effort with the ability to meaningfully impact this complex and multi-faceted challenge, must coordinate state efforts with those of community level organizations, including private non-profit and other family-serving entities.

While a limited number of non-state agency partners submitted their input during development of this initial version of the strategic plan, DFPS fully intends to reach out to a larger number of stakeholders as implementation steps are defined, and in discussion of ongoing coordination of statewide efforts. Multiple organizations including, but not limited to, the Texas Council on Family Violence, the United Way, Texas Council of Child Welfare Boards, Healthy Family Initiatives, Texas Network of Youth Services, and TexProtects, did submit input and the expectation is that they will increase their involvement as the scope of the plan broadens. Without the participation of new public and private individuals and organizations, the transition of the plan into an integrated and statewide effort will not be possible.

While the scope of the plan will continue to grow in the future, PEI and the ICC believe that the strategic plan they have developed will serve as a starting point, or better yet, as a foundation for more comprehensive planning to prevent child abuse and neglect in the future. The planning approach utilized will be flexible enough to grow and incorporate the participation and resources of local government, community-based organizations, providers, businesses, and other non-ICC state agencies. The ultimate goal for Texas is the integration and coordination of the prevention activities, services, and programs of these other entities with those of DFPS and the ICC-member agencies in order to reduce (1) the occurrence of child abuse and neglect, and (2) the great costs associated with intervention and treatment.

II. Background

Scope and Functions of DFPS and PEI

Department of Family and Protective Services

In 2003, the 78th Legislature passed landmark legislation and set in motion the complete re-organization of the state's health and human service agencies. As part of HB 2292, the Texas Department of Protective and Regulatory Services (PRS), was re-named the Texas Department of Family and Protective Services. The DFPS mission is to protect children, the elderly, and people with disabilities against abuse, neglect, and exploitation. In serving these populations, DFPS works with clients, their families, and communities throughout Texas and in all 11 HHS Regions. (See Appendix A for map of regions.) In addition to working directly with these populations, DFPS is also responsible for managing community-based programs that prevent delinquency, abuse and neglect of Texas children. The four major program areas within DFPS are Child Protective Services (CPS), Adult Protective Services (APS), Child Care Licensing (CCL), and Prevention and Early Intervention (PEI).

Division of Prevention and Early Intervention

Senate Bill 1574, passed by the 76th Legislature, consolidated prevention and early intervention services and programs and those of other agencies into the new PEI division. A primary objective of the strategy was to increase accountability and eliminate the fragmentation and duplication of services for at-risk children, youth, and families. By 2003, PEI operated with an annual budget of \$63 million.

Funding reductions to state agencies made to address a budget deficit for the 2004-2005 biennium left PEI substantially reduced. As a result of budget reductions and the move of the Communities In Schools (CIS) program to the Texas Education Agency (TEA), six of twelve prior programs were no longer supported through the division. Annual funding was reduced to \$50 million. But the shift of CIS to TEA also signified the transfer of its annual \$17 million appropriation, leaving PEI with prevention services funding closer to \$32 million per year during 2004-05. The total appropriation for PEI was restored to \$42 million per year in the FY06-07 biennium. The Legislature provided another increase in funds for FY08-09, bringing the current annual budget to \$43.6 million (in FY 2008, this represented \$25.1 million in general revenue and \$18.5 million in federal funds). However, it can be argued that as the state's sole unit statutorily charged with preventing child abuse and neglect, and in light of the growing incidence of child maltreatment in Texas, increased funding for prevention services is needed. (See Appendix B for an overview of PEI history.)

In fulfillment of its duties as specified in Section 265.002, Chapter 265 of the Texas Family Code, PEI is responsible for planning, developing, and administering a comprehensive and unified system of prevention and early intervention services for children and their families in at-risk situations. In addition, the division also operates two hotlines to offer counseling, crisis intervention, and referrals to youth and their

families. According to Rule 704.3 of Title 40, Texas Administrative Code, Chapter 704, PEI will administer:

Programs intended to proactively create conditions and/or personal attributes that promote the well-being of people, in order to prevent child abuse and neglect, juvenile delinquency, academic failure, and youth homelessness.

PEI contracts with community-based organizations to provide services to prevent the abuse, neglect, delinquency, and truancy of children in Texas. To ensure the effectiveness of funded child maltreatment prevention efforts, PEI awards contracts to providers who deliver services that have been shown to accomplish their goals and/or stated client outcomes in preventing child abuse and neglect. Programs providing services according to evidence-based models are preferred due to their proven effectiveness in reducing the incidence of child abuse and neglect in families served. (See Appendix C for more information on evidence-based programs.)

PEI client service contracts assess two client outcomes to determine whether child maltreatment prevention programs are effective once they are implemented:

- Children remain safe as indicated by having no cases of validated child maltreatment occur while clients are receiving prevention services; and,
- Families are strengthened and acquire greater resiliency as indicated by an increase in known protective factors.

In order to more accurately and effectively determine changes in resiliency, DFPS has recently collaborated with the FRIENDS National Resource Center and the University of Kansas Institute for Educational Research to develop a Protective Factor Survey. Two national field tests were conducted to establish reliability and validity of the instrument. The recently deployed tool measures an increase in resiliency across five areas: (1) family functioning, (2) social emotional support, (3) concrete support, (4) bonding and attachment, and (5) knowledge of parenting/child development. DFPS providers are utilizing the tool to assess the effectiveness of their programs in increasing family resiliency, thus decreasing the likelihood that abuse or neglect will occur.

PEI contracted services are grouped within six programs, three that focus on child abuse and neglect prevention, two that target juvenile delinquency prevention, and one that addresses both priorities. PEI programs, with one exception, do not serve the entire state, nor are services available in most communities or broadly within all regions. Only the Services to At-Risk Youth program, addressing both child maltreatment prevention and juvenile delinquency, makes services available to residents of every county. The newly implemented juvenile delinquency prevention program, Statewide Youth Services Network, provides services in multiple counties within every Health and Human Service region. The other child maltreatment prevention programs, Family Strengthening, Texas Families: Together and Safe and Community Based Child Abuse Prevention, offer services in only some communities across a number of regions. All PEI services are strictly voluntary and provided at no cost to the clients. Descriptions

and more detailed data concerning the programs funded through PEI are located in Appendix D.

Direct and Indirect Impact on Child Abuse and Neglect

Throughout Texas, PEI and other governmental and community-based social service agencies are working toward “directly” or “indirectly” reducing the incidence of child abuse and neglect in their surrounding communities. Specifically:

- **direct programs** have a primary goal of reducing child abuse and neglect
- **indirect programs** do not have a primary goal of preventing child abuse and neglect, but include goals to reduce the risk factors and/or increase the protective factors known to impact the prevention of child abuse and neglect. For example, providing adults with substance abuse treatment is not usually considered a child maltreatment prevention program. Ultimately, however, if a parent/caregiver with chemical dependency problems receives treatment, that person is less likely to abuse or neglect their children.⁴

According to the 269 surveys collected by the ICC from its member agencies during a 2006 inventory of state-funded child abuse and neglect prevention and early intervention providers, 78 responses identified a direct-impact program, and 167 identified an indirect-impact program. Four responded with information that placed them between the direct and indirect designations, and the remaining 19 did not answer the item. The state agencies that were identified as funding the direct-impact programs are as follows:

- Department of Family and Protective Services (DFPS) – 77 responses for programs: *Services To At-Risk Youth, Community-Based Child Abuse Prevention program, Texas Families: Together and Safe, and Family Strengthening programs*
- Department of State Health Services (DSHS) – 1 response for the statewide *Pregnant, Post-Partum Intervention program* (see program description in Appendix D).

The most common types of services provided by the identified direct-impact programs were parent education and training, home visitation, public awareness campaigns, and life skills development. Four Emergency Shelter Grant Program providers funded by the Texas Department of Housing and Community Affairs comprised the “mixed” responses to the ICC survey. While the core intent of the federal funds was to provide shelter for homeless populations, there was enough flexibility in the structure of the program to allow funds to be used for related direct-impact child abuse and neglect prevention services.

Respondents to the survey also reported whether their direct-impact child maltreatment prevention programs are “evidence-based,” defined in the inventory as “those programs

that have been evaluated and found to be effective in accomplishing their goals and/or stated client outcomes, in this case, prevention of child abuse and neglect.” After reviewing responses to this section, the ICC members concluded that additional clarification and education efforts were needed regarding evidence-based practices and programs.

The majority of the programs supported by ICC agencies, represented by 167 survey respondents, were indirect impact programs or services. These programs included services such as child health insurance, food stamps, housing, domestic violence shelters, juvenile delinquency prevention programs, life skills programs for youth, school dropout prevention, employment, case management, and substance abuse treatment programs.⁵

Prevalence of Child Maltreatment in Texas

As noted in the Introduction, while child victimization rates for Texas were lower than the national average between 2002 and 2006, the rate has risen annually, with a greater overall increase in Texas (the national rate varied by .3 per 1,000 children over the five year period, while Texas increased by 3.4 per 1,000).⁶ The rate continued to increase in 2007, reaching 11.2 per 1,000. DFPS confirmed 67,737 and 71,344 cases of child abuse/neglect in the two most recently reported years, i.e., 2006 and 2007.^{7,8} DFPS acknowledges that the abuse rates and numbers reported here, and throughout the document, are subject to the effects of demonstrated under-reporting. Across the nation, actual occurrence of abuse and neglect is understood to be higher than what is reported. Nevertheless, assuming the inconsistency in reporting occurs across all states and in the years discussed here, Texas appears, to be closing the gap with a national trend.

In 2007, Texas investigated over 163,000 cases of alleged child abuse/neglect involving over 278,000 alleged victims under age 18. Consistent with national statistics, approximately 70% of all Texas victims experienced some form of neglect, 18% and 8% suffered physical and sexual abuse, respectively.⁹

Texas further mirrored national child abuse/neglect statistics in 2006 with respect to the gender, race/ethnicity, and age of the victims. A marginally higher proportion of victims were female (52%) and a disproportionate share of the victims were African American, (almost 20% of all victims despite representing only 12% of the state’s under-18 population). Similarly, children six years of age and younger represented 57% of all victims while constituting only 40% of the under-18 population in 2006.^{10,11} According to a 2006 Texas Health and Human Services Commission and DFPS study, a problem of “disproportionality” exists throughout the child welfare system as African American children are over-represented at all stages: reports of maltreatment, investigations, removals from home, and placements in foster care.¹² DFPS data for 2007 indicate that African American victims have surpassed 20%, while children 0-6 climbed to 58%.¹³

Impact of Maltreatment

The impact of child abuse and neglect is enormous and felt at every level of society: the individual child, his/her family, the immediate community, their state of residence, and finally our nation as a whole. There are developmental and psychological effects borne directly by the victims and their families. Communities and states pay for the costs associated with abuse and neglect, such as increased health care costs and incarceration.

Cost and Impact to Child and Family

The most obvious results of child abuse and neglect take the form of bruises, broken bones, burns to the body, malnourishment and failure to thrive and other visible effects of physical harm. And while the impact of that abuse is devastating enough, the victims often also suffer from the lasting effects of developmental delays, cognitive impairment, poor motor coordination, and sensory damage. Perhaps the most detrimental effects of the trauma that children suffer through early abuse and neglect are the social, emotional, and behavioral problems that manifest themselves not only in childhood and adolescence, but throughout adulthood as well.¹⁴ Finally, the effects of abuse and neglect are not restricted to the suffering experienced over the course of a child's lifetime. Abuse and neglect cross over generational boundaries as victims of maltreatment are significantly more likely to abuse or neglect their children and others and upon reaching adulthood and/or becoming parents themselves, thus, continuing the cycle of abuse¹⁵

Cognitively, the damage caused by abuse and neglect is real and extensive, evidenced through numerous measures and assessments. Compared to their non-abused/neglected peers, maltreated children tend to score lower with respect to intelligence, cognitive capacity, language development, abstract reasoning, and academic achievement. As they age, they also are more likely to be diagnosed with attention deficit hyperactivity disorder, conduct disorders, and learning and memory difficulties.¹⁶

Research has also revealed a strong link between childhood abuse and neglect and adult health. The Adverse Childhood Experiences (ACE) Study conducted by the Centers for Disease Control (CDC) and Prevention is one of the most comprehensive investigations ever undertaken into the association between childhood maltreatment and later health outcomes and well-being. The ACE study has demonstrated that the effects of childhood abuse and neglect are profound and enduring. As the number of adverse childhood experiences increases, e.g., abuse, neglect, or exposure to adverse events, the risk for the following health problems also increases dramatically:

- chronic obstructive pulmonary disease (COPD)
- health related quality of life
- depression
- fetal death

- multiple sexual partners
- illicit drug use
- alcoholism and alcohol abuse
- ischemic heart disease (IHD)
- liver disease
- risk for intimate partner violence
- sexually transmitted diseases (STDs)
- smoking
- suicide attempts
- unintended pregnancies¹⁷

Cost and Impact to Community and Society

Child abuse and neglect take an enormous toll on Texas and its communities. Poor academic achievement and lack of social performance on the part of maltreated children translates into an increased strain on school district resources as additional students enroll in special education and repeat grade levels.¹⁸ State and local government agencies are affected by the increased need for publicly subsidized health care (including mental health services), cash assistance, and other welfare benefits. Child welfare agencies come under the pressures of larger case loads per worker and increased and lengthier foster care placements. Our local and state law enforcement, judicial, and correctional systems assume the extra costs associated with increased criminality and incarceration.¹⁹

Historically, the true costs of child abuse and neglect have been difficult to calculate. While the immediate and direct costs related to treating physical abuse, or intervening in a suspected case are easier to generate, calculating indirect costs and long-term costs, such as juvenile delinquency and downstream adult mental health care, has proven much more elusive. Building on the earlier 2001 work of S. Fromm, Wang and Holton estimated that the annual cost of child abuse and neglect for the United States was \$103.8 billion in 2007. The researchers claimed that the estimate is conservative as they (1) tightly defined those who could be considered abused or neglected, (2) used only victim-related costs, and (3) did not exhaust all available cost categories. Roughly one-third of the total cost was classified as “direct” cost and the other two-thirds “indirect.” At the state level, an estimate of direct and indirect costs performed by the University of Houston, Office of Community Projects projected the 2007 costs of abuse and neglect as surpassing \$6.3 billion in Texas. Breakdowns of the major direct and indirect categories for both the United States and Texas follow in Table 1 below.^{20,21}

Table 1

Total Estimated Annual Cost of Child Abuse and Neglect, in the United States and Texas, 2007

COST TYPE	United States	Texas
Direct Costs		
Hospitalization	\$6,625,959,263	\$27,209,220
Mental Health Care System	\$1,080,706,049	\$32,365,206
Child Welfare Services System	\$25,261,329,051	\$993,864,077
Law Enforcement	\$33,307,770	\$1,187,907
Judicial System	n/a	\$27,443,925
Total Direct Costs	\$33,101,302,133	\$1,082,170,335
Indirect Costs		
Special Education	\$2,410,306,242	\$41,248,247
Juvenile Delinquency	\$7,174,814,134	\$13,084,185
Juvenile Probation	n/a	\$22,508,843
Mental Health and Physical Health Care	\$67,863,457	\$10,615,987
Adult Criminal Justice System	\$27,979,811,982	\$1,472,275,485
Substance Abuse/Dependence	n/a	\$46,901,673
Lost Productivity to Society	\$33,019,919,544	\$3,650,399,618
Total Indirect Costs	\$70,652,715,359	\$5,257,034,038
TOTAL COST	\$103,754,017,492	\$6,339,204,373

Sources: Wang, C-T. & Holton, J. (2007) Total Estimated Costs of Child Abuse and Neglect in the United States. Chicago, IL: Prevent Child Abuse America. Retrieved March 24, 2008 from http://www.kidsarewaiting.org/publications/partner_reports

University of Houston, Office of Community Projects. (2008) Report to the Interagency Coordinating Council for Building Healthy Families and the Department of Family and Protective Services, Evaluation Elements 1,5,6.

Child Abuse and Neglect: Risk & Protective Factors

Research into the causes of child abuse and neglect concluded that certain “risk” factors have negative effects on a child and his/her family, and work to increase the probability that the child will be maltreated. These factors exist at the individual, family and community levels. Nevertheless, resilient individuals, families, and communities have better tools and coping strategies to resolve stress and challenges in healthy, non-violent ways, reducing the likelihood of abuse and neglect. Resiliency at all three levels is enhanced by the presence of “protective” factors. Protective factors work to reduce

the negative effects associated with risk factors. Community, family and individual strengths that promote positive and healthy development in children also serve to protect children from abuse, neglect and abandonment.²² (See Appendix E for Tables displaying sets of common risk and protective factors.)

For example, two risk factors operating at the family level known to significantly increase the likelihood of child maltreatment are parental substance abuse and mental illness. Not only are their chances for suffering from abuse and/or neglect heightened, the cycle of maltreatment for the children of parents with these conditions is unlikely to stop until the parental issues are addressed. Simply put, parents suffering from a drug addiction or behavioral condition do not easily understand the need to seek help in addressing the abuse and/or neglect occurring in their homes. Therefore, abuse and neglect prevention programs that are able to intervene in these families and directly supply, or coordinate the receipt of, rehabilitation, treatment, counseling, and other related services also stand a better chance of being able to eliminate abuse and neglect. By providing these services, they help the family develop protective factors, such as positive and effective problem-solving and coping skills on the part of the parents, and the necessary structure and rules for operating a healthy family and household.

Selected Statistics Regarding Risk Factors and Child Abuse and Neglect

The presence of child abuse and neglect risk factors increases the likelihood that a child will suffer maltreatment at some point, particularly if multiple risk factors are present. For instance, children living with single parents are more likely to be abused than those living with both parents. However, it is not the single status of the parent that generally puts the child at risk, but the presence of other factors that are more prevalent in single parent households, such as poverty and fewer support systems.²³ In fact, in families that have experienced child and/or spousal abuse committed by a parent, a single parent home maintained by the non-abusive parent is often the safest alternative for the children. A brief, but meaningful snapshot into some statistics with origins in a 2003 report by the US Department of Health and Human Services,²⁴ and a separate article related to the intergenerational transmission of abuse and neglect,²⁵ will help to illuminate the impact of these risk factors.

Low Socioeconomic Status

- In 1993, children from families with annual incomes below \$15,000 were 22 times more likely to be harmed by child abuse and neglect as compared to children from families with annual incomes above \$30,000.

Parental History of Abuse

- Parents who were neglected as children are 2.6 times more likely to neglect and 2.0 times more likely to physically abuse their children than those who were not.

- Parents who were physically abused as children are 5.0 times more likely to physically abuse and 1.4 times more likely to neglect their children than those who were not.

Family Structure

- The rate of child abuse in single parent households is 27.3 children per 1,000, which is nearly twice the rate of child abuse in two parent households (15.5 children per 1,000).
- Only 3.2 percent of the boys and girls who were raised with both biological parents had a history of maltreatment. However, 18.6 percent of those in other family configurations had been maltreated.

Marital/Parental Conflict & Domestic Violence

- In 30 to 60 percent of families where spouse abuse takes place, child maltreatment also occurs.

Child Disability

- Children with disabilities are 1.7 times more likely to be maltreated than children without disabilities.

The Value of Prevention

Prevention as a front-end investment in reducing risk factors and increasing protective factors is substantially less costly than back-end spending in the form of intervention, treatment, incarceration, etc. However, according to financial data collected in 2004, spending on treating child abuse exceeded the amount spent on prevention by a ratio of 400 to 1.²⁶ Despite solid research confirming their effectiveness, prevention programs face many challenges in securing adequate funding to address the needs of at-risk families. Effectiveness is difficult to demonstrate, since the success of programs that prevent child maltreatment from occurring must be measured by proving that they have contributed to the absence of harm.²⁷

However, efforts to assess the cost savings of prevention programs are being undertaken, despite the associated methodological challenges. For instance, Nurse-Family Partnership (NFP), an evidence-based, nurse home-visiting program that improves the health, well-being, and self-sufficiency of low-income, first-time parents and their children, more than pays for itself. A RAND Corporation study conducted in 2003 estimated that the downstream savings on each dollar invested in NFP was \$5.70 and \$2.88 for the higher-risk and general NFP populations served, respectively.²⁸ Based on 2003 dollars, home-visiting programs for an at-risk mother and child have an average annual cost of approximately \$4,892 per child per year. The average annual cost of youth development programs is \$1,951 per child per year.²⁹ In contrast, the costs of providing remedial care are much higher. Since a high percentage of youth in the juvenile justice system have been victims of child maltreatment—37% of all Texas Youth Commission (TYC) commitments in Fiscal Year 2007 had a history of abuse or

neglect³⁰—it is also worth noting that the TYC reported that the cost to incarcerate a youth for one year was approximately \$57,000 in 2006. Investments in successful prevention programs will render both social and financial benefits.

In summary, prevention and early intervention services are known to generate important societal savings. Among the more significant cost savings are:

- Reduced health and mental health care costs
- Reduced costs of out-of-home care services
- Reduced costs of child welfare services
- Reduced law enforcement and judicial costs for intervention
- Increased earnings of the child's family members.

The additional non-monetary savings that accrue to society include, but are not limited to the following:

- Reduced personal and family stress
- Fewer incidents of child abuse or juvenile delinquency
- Improved social functioning of children/youth
- Improved physical health
- Improved mental health
- Improved educational achievement.

III. Context for Planning

Maltreatment can often trace its origins to the presence of risk factors impacting the victims themselves, their families, and/or the community. Perpetrators are often prior victims of abuse and neglect, addicted to illicit drugs or alcohol, and/or suffering from mental health problems. Prevention efforts must recognize that child abuse infrequently occurs in isolation. DFPS and other state agencies, local government, private community-based organizations, schools, and businesses must participate in the effort to prevent child abuse and neglect. And as a result, they must also have a role in a fully comprehensive approach to addressing this problem.

The current planning process recognized that while the need for prevention services is clear, and the potential cost savings to be recognized through investment in prevention and avoidance of potential future costs for treatment are substantial, resources are limited. Therefore, a strategic plan must efficiently utilize all funding and resources available. Efforts must be coordinated across state agency boundaries, state-local boundaries, and public-private boundaries. Multiple service delivery systems have to be considered and integrated in developing a comprehensive approach. DFPS and the other entities involved in implementing the strategic plan will need to study and develop innovative methods to identify and utilize potential funding sources for this purpose. A coordinated approach with adequate resources will allow a family at risk of abuse and/or neglect to receive the various forms of assistance needed to successfully overcome their problems. For example, the children of homeless, drug addicted parents will not

see improvement in their daily circumstances and safety until their parents are treated for substance abuse and have secured stable housing.

Approaches to Prevention

As referenced in “The Spectrum of Prevention: Developing a Comprehensive Approach to Injury Prevention,” public health expert George Albee indicated that no problem broadly impacting the public may be controlled or eliminated only by focusing on treatment of individual clients or by increasing the number of practitioners providing treatment.³¹ We are not going to reduce or eliminate child abuse and neglect by only treating individual victims and families or by increasing the number of treatment service providers. The complexity of child abuse and neglect is well documented through research indicating a need for comprehensive prevention strategies. We must understand the underlying causes of abuse and neglect and the association between individual, familial and societal factors and maltreatment of children. Having researched prevention for over thirty years, the Prevention Institute of Oakland, California emphasizes the need for a multifaceted approach to prevention. Recognizing that complex problems require comprehensive solutions, they developed a Spectrum of Prevention which clearly outlines the following levels that need to be addressed to ensure sustainable outcomes:

- Influencing policy and legislation
- Changing organizational practices
- Fostering coalitions and networks
- Educating providers
- Promoting community education
- Strengthening individual knowledge and skills³²

Similarly, the CDC has recognized the importance of providing prevention strategies that address the full complexity of child abuse and neglect at various levels. More specifically, the CDC has shifted their prevention efforts toward a “Social Ecological” model of prevention.³³ This model emphasizes the importance of providing strategies that address the individual, family, community and society as defined below:

- **Individual:** The first level identifies biological and personal history factors that increase the likelihood of becoming a victim or perpetrator of violence. Some of these factors are age, education, income, substance use, or history of abuse.
- **Relationship:** The second level includes factors that increase risk because of relationships with peers, intimate partners, and family members. A person's closest social circle, peers, partners and family members influences their behavior and contributes to their range of experience.
- **Community:** The third level explores the settings, such as schools, workplaces, and neighborhoods, in which social relationships occur and seeks to identify the characteristics of these settings that are associated with becoming victims or perpetrators of violence.
- **Societal:** The fourth level looks at the broad societal factors that help create a climate in which violence is encouraged or inhibited. These factors include social

and cultural norms. Other large societal factors include the health, economic, educational and social policies that help to maintain economic or social inequalities between groups in society.

While recognizing the importance and strengths of the multi-level approaches above, and incorporating elements of the “Spectrum” and “Social Ecological” models in the planning process, PEI staff selected the recently published “Pathway” framework as the most flexible and appropriate model for the current DFPS plan. A discussion of this new model and justification for its application in Texas follows immediately below.

Pathway Framework

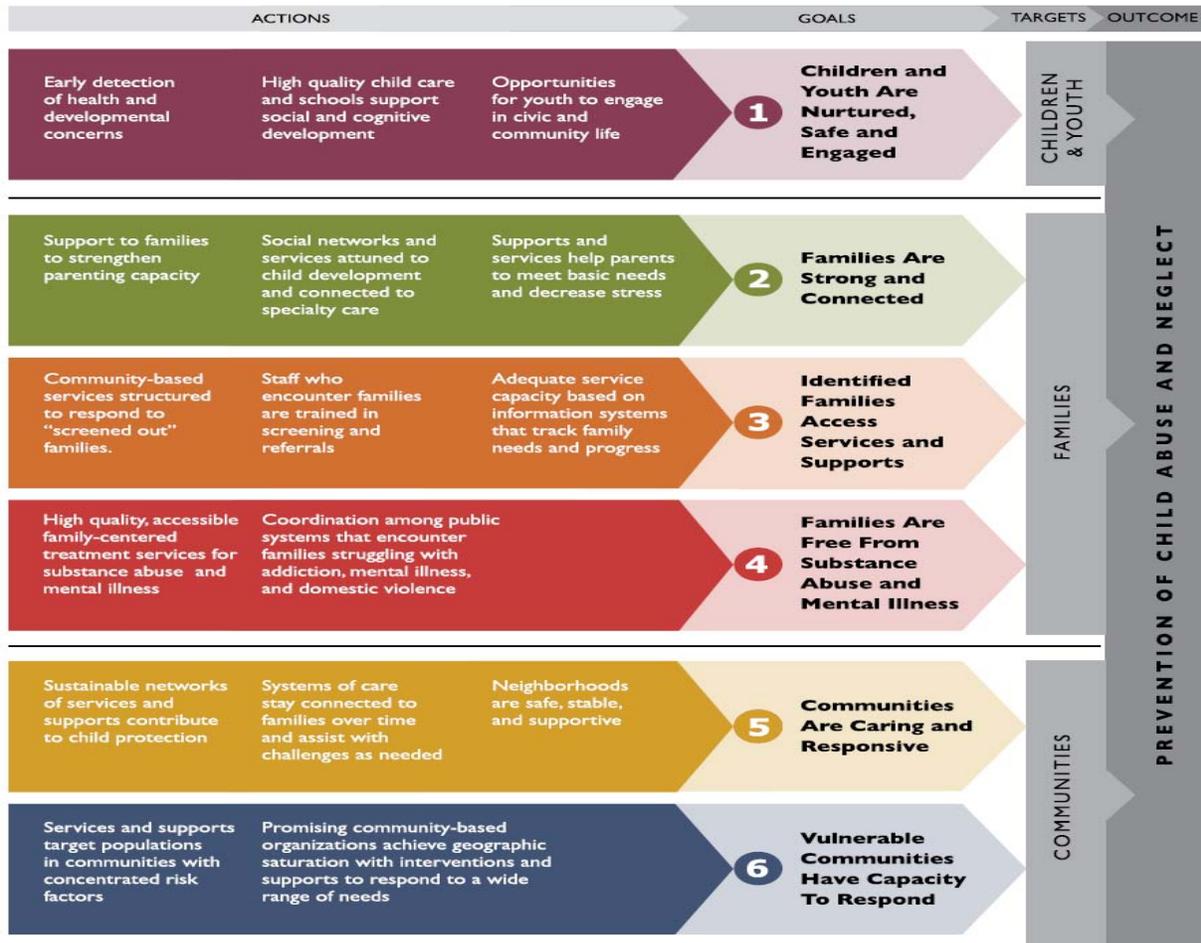
The Harvard University Pathways Mapping Initiative collaborated with California State University-Monterey Bay, and the California Department of Social Services Office of Child Abuse Prevention to develop an innovative and comprehensive resource for planning child maltreatment prevention efforts: the “Pathway to the Prevention of Child Abuse and Neglect.”³⁴ In developing the Pathway model, the originators did not set out to establish a new planning protocol. They developed a point of departure, or a framework, drawing on an impressive amount of information from what is known about research, practice and theory and the impact they have on child abuse and neglect prevention. They created an approach that is flexible and adaptive to the needs of different types of organizations at different levels that are working toward the goal of reducing and eliminating child maltreatment. Additionally, for the framework to function effectively, users must inject knowledge of local circumstances in developing their specific pathway for reducing child abuse and neglect. As stated on page (i) of the Orientation:

The Pathways framework does not promote a single formula or “silver bullet.” Rather, the emphasis is on acting strategically across disciplines, systems, and jurisdictions to reduce the costs of abuse and neglect and to promote thriving children, families, and communities. The Pathway provides a starting point to guide the choices made by community coalitions, service providers, researchers, funders, and policymakers to achieve desired outcomes for children and their families.³⁵

Research has conclusively demonstrated that the problem of child abuse and neglect does not originate from only one source. On the contrary, there are numerous risk and protective factors contributing to the incidence and prevention of child abuse and neglect, respectively. They operate at different levels and affect the victims and perpetrators of abuse and neglect in many ways. The Pathway creators acknowledged this fact in developing their framework. They address the problem of child abuse and neglect holistically, on multiple levels. As shown below in Graph 1, they developed specific actions and goals that target (1) children and youth, (2) families, and (3) communities.

Figure 1

Actions Overview, Prevention of Child Abuse and Neglect



SOURCE: Pathways Mapping Initiative. (2007) *The Pathway to the Prevention of Child Abuse and Neglect* Retrieved May 23, 2008 from: www.PathwaysToOutcomes.org.

The Pathway framework seeks the reduction of child maltreatment by improving conditions of individual children, their families, and the communities within which they live. Actions that contribute to children achieving good physical and mental health, and age appropriate cognitive and socio-emotional development are strong deterrents to abuse and neglect. Similarly, at the family level, parental resiliency, social connectedness and knowledge of child development, as well as available family supports and a stable home environment serve as key elements in a prevention strategy. Finally, the outlying community supports healthy child development and family functioning by providing accessible and affordable health care, education, and housing, as well as reducing poverty, violence, crime, and environmental contamination.³⁶

The Texas Pathway

The ICC agreed that the Pathways framework was particularly well suited for Texas as it met three goals of adaptability that PEI had for any plan it would eventually deploy:

- It will allow for “growth” of the plan over time—as mentioned in the introduction, the plan represents the planned actions of DFPS and the other ICC-member agencies. It is not an exhaustive compilation of the efforts that can be undertaken to reduce the occurrence of child abuse and neglect. This framework will allow for the incorporation of new efforts by additional agencies at the local, regional, and state levels, filling in the missing pieces of a fully comprehensive approach;
- It can be replicated—other entities can develop strategic plans that might not necessarily be combined with the DFPS plan, but use of the framework will assure synchronization of actions and objectives for greatest impact, and
- It is “pliable”—in other words, while the goals of the plan will remain stable, it will allow DFPS to identify new strategies to pursue those goals and formally incorporate them into the plan.

Involved PEI staff have likened the process of developing this strategic plan to assembling a puzzle. The plan presented in the next section represents the “outer edge” of the puzzle and a good share of the “filler pieces” in between those edges. However, there are several areas within the puzzle that are unfilled at this point. DFPS has not been able to fill them in as they lack the “pieces” to do so. These pieces may be contributed by other local, regional, and state-level stakeholders who will have to make their own contributions to reducing the incidence of child maltreatment if we are to achieve the goal of reducing child abuse and neglect in Texas.

Texas Strategic Plan: Goals and Objectives

The plan adopts the six goals of the Pathway framework, making only a few slight modifications. True to the intent of the creators of the approach, PEI adopted the original “Actions” of the framework as “Objectives,” but using knowledge of Texas-specific circumstances, revised some of them slightly and crafted a new goal as well. The development of the plan maintained the use of easily-identifiable indicators and outcomes as proposed by the Pathway developers. They also ensured that these were relevant to Texas. As the plan expands and involves new stakeholders, PEI anticipates the addition of new indicators, especially those qualitative in nature. A new seventh goal was developed to address the higher, societal levels of the other planning approaches utilized. The full plan is presented in the following section, including detailed goals, objectives, strategies, indicators, stakeholders, and outcomes. To provide an initial overview of the plan’s seven goals, and the objectives identified for each goal, see below.

Goal 1: Children and youth are nurtured, safe and engaged

- Objective 1: Provide for early detection of health and developmental concerns
- Objective 2: Ensure the provision of high quality services for children identified with developmental and health needs
- Objective 3: Provide opportunities for youth to engage in civic and community life

Goal 2: Families are strong and connected

- Objective 1: Fund evidence-based and culturally appropriate parent education and family support services prioritizing families at risk for abuse and neglect. (supports and services help caregivers to meet basic needs and decrease stress)
- Objective 2: Provide primary prevention activities that either: increase knowledge about available resources, normalize help-seeking behavior, or increase general parenting knowledge. (support to families to strengthen parenting capacity)
- Objective 3: Increase resources used to provide prevention services
- Objective 4: Caregivers who are at-risk of abuse or neglect are actively involved in the development process of family support services
- Objective 5: Decrease risk and increase resiliency in at-risk families

Goal 3: Identified families access services and supports

- Objective 1: Seek mechanisms that will allow community-based organizations to respond to “screened out” families. (no abuse/neglect investigation)
- Objective 2: Determine the feasibility of an alternate response system that provides supports for families where the suspected maltreatment is mild or first-time non-criminal physical abuse, neglect, emotional maltreatment or educational neglect in lieu of a traditional CPS investigation
- Objective 3: PEI providers will receive high quality training specific to serving at-risk families
- Objective 4: Provide services to families who have had one substantiated case of abuse or neglect
- Objective 5: Provide services for families that have a CPS ruling of an unsubstantiated or unable to determine case of child abuse or neglect

Goal 4: Families are free from substance abuse and mental illness

- Objective 1: Coordinate among public systems that encounter families struggling with addiction, mental illness, domestic violence and child abuse and neglect

Goal 5: Communities are caring and responsive

- Objective 1: Families receive ongoing support over time and receive assistance with challenges as needed

- Objective 2: Sustainable networks of services and supports contribute to child protection
- Objective 3: Develop a community culture that values prevention
- Objective 4: Communities have capacity to make available, accessible, and affordable the high-quality services needed to maximize healthy family functioning
- Objective 5: Services funded by PEI are delivered effectively at the community level
- Objective 6: Expand PEI contractor pool by providing education to increase awareness of PEI to potential providers

Goal 6: Vulnerable communities have capacity to respond

- Objective 1: Services and supports target populations in at-risk communities as defined by rates of: child abuse and neglect, substance abuse, domestic violence, mental illness, poverty, unemployment, and teen pregnancy
- Objective 2: Community environments offer an array of formal services, informal supports, and opportunities that promote healthy child development and family functioning

Goal 7: Provide prevention information and data to stakeholders

- Objective 1: Ensure decision-makers have access to current information on prevention approaches, effectiveness and needs

Planning and SWOT

As part of the planning process, and in conjunction with the ICC, PEI analyzed the development and implementation of the strategic plan from a “strengths, weaknesses, opportunities, and threats” (SWOT) perspective. Briefly, the SWOT analysis yielded the following results, by category.

Strengths

- The ICC is an existing and functioning entity. It has provided a meaningful level of state inter-agency collaboration related to child abuse and neglect prevention since its inception in 2005.
- PEI has an established network of veteran contractors providing prevention and early intervention services statewide.
- Non-governmental, statewide child welfare entities with regional and local infrastructure are willing to assist in achieving the goals of the strategic plan.

Weaknesses

- PEI does not have a regional staff component to assist with implementation of the plan.

- Some regions within Texas suffer from insufficient provider capacity, and are technically underserved with respect to child abuse and neglect prevention services.

Opportunities

- Development and implementation of the plan provides Texas with new opportunities for collaboration across state agencies and governmental levels, and between government and non-governmental entities.
- The possibility to explore new funding alternatives in the provision of prevention and early intervention services may lead to improved outcomes.

Threats

- PEI's ability to fund programs, offer services, and ultimately execute this strategic plan is dependent on availability of adequate resources. Some of the plan's objectives would require funding and/or staff in excess of current levels.
- If PEI providers do not consistently and accurately report program data, PEI may not have the information needed to improve the quality of service delivery and ensure that populations in need are receiving the services identified in the new strategic plan.

Goal One: Children and Youth are Nurtured, Safe and Engaged.

Outcomes:

- Children are developmentally on target when entering kindergarten
 - Youth are engaged in civic and community life and will acquire skills necessary to meet the challenges of adulthood
- (ACTION STEP: Work with Raising Texas on list of developmental screening tools)

Objective 1: Provide for early detection of health and developmental concerns

Strategies	Indicators	Stakeholders*
1.1.1 Increase the number of PEI providers that utilize a developmental screening tool	The number of PEI prevention providers who use a developmental screening tool	<ul style="list-style-type: none"> • Raising Texas • DFPS – PEI • DARS – ECI • DFPS – PEI • DSHS • TWC • Other ICC Agencies providing benefits to children and families •
1.1.2 Identify new detection points (i.e., new organizations that can administer screenings) Focus on stakeholders providing services to children and/or families. Clients may self-administer screenings.	The number of non-PEI provider organizations that use a developmental screening tool (either administering tool directly or providing to clients for self-administration)	<ul style="list-style-type: none"> • Raising Texas • DFPS – PEI • DARS – ECI • DFPS – PEI • DSHS • TWC • Other ICC Agencies providing benefits to children and families

*NOTE: Texas children, youth and families, as well as community members and other private and public partners, are understood to be stakeholders in every aspect of the strategic plan. DFPS anticipates collaboration with local, regional, statewide, and national stakeholders during plan’s implementation and subsequent expansion.

Objective 2: Ensure that children identified with developmental and health needs are referred for services

Strategies	Indicators	Stakeholders
1.2.1 Make service referrals for children identified with developmental and health needs	Number of referrals made	<ul style="list-style-type: none"> • DFPS – PEI staff and contracted providers
1.2.2 Provide families of children identified with developmental and health needs with information on services available through DSHS & DAR-ECI	Number of informational materials distributed	<ul style="list-style-type: none"> • DFPS – PEI staff and contracted providers • DSHS • DARS – ECI

Objective 3: Provide opportunities for youth to engage in civic and community life

Strategies	Indicators	Stakeholders
1.3.1 Fund juvenile delinquency prevention programs that provide opportunities for youth to engage in civic and community life	<p>Number of juvenile delinquency prevention primary service providers funded by PEI that address civic and community engagement</p> <p>Number of youth that participate in these services</p>	<ul style="list-style-type: none"> • DFPS – PEI • TJPC
1.3.2 Evaluate the effectiveness of juvenile delinquency prevention programs by assessing an increase in youth resiliency	<p>Number of youth who demonstrate an increase in resiliency on pre-post measurement instruments and similar qualitative measures</p> <p>Non-referrals of children to juvenile probation</p>	<ul style="list-style-type: none"> • DFPS – PEI • TJPC

Goal Two: Families are Strong and Connected.

Outcomes:

- Children remain safe in supporting families
- Reduction in the CA/N rate for the areas receiving prevention services
- Families will demonstrate an increase in resiliency

Objective 1: Provide support to families to strengthen parenting capacity

Strategies	Indicators	Stakeholders
2.1.1 Increase the number of evidence-based parent education and family support services available to at-risk families across the state of Texas by PEI	Number of evidence-based parent education and family support services available in Texas by PEI	<ul style="list-style-type: none"> • DFPS – PEI • Contracted Providers
2.1.2 Evaluate the effectiveness of all parent education and family support services	<p>Number of primary caregivers who demonstrate an increase in resiliency on qualitative pre-post measurement instruments</p> <p>Primary caregivers do not have a validated report of child maltreatment while receiving services</p>	<ul style="list-style-type: none"> • DFPS – PEI • Contracted Evaluators
2.1.3 Implement a minimum of one (1) public or educational awareness activity annually (e.g., a media campaign or educational outreach materials)	Families' needs are met as demonstrated by survey results	<ul style="list-style-type: none"> • DFPS – CPS • DFPS – CCL • Child Fatality Review Team • Contracted Providers • DFPS – PEI • DSHS-Texas Health Steps • HHSC-Medicaid/CHIP Division & • Office of Program Coordination for Children and Youth • HHSC-Office of Program Coordination for

		Children and Youth (OPCCY)
2.1.4 Develop strategies to increase the number of public-private partnerships at the state and local levels	Number of public-private partnerships	<ul style="list-style-type: none"> • DFPS – PEI • Contracted Providers • Community Organizations
2.1.5 Increase the number of PEI providers who incorporate input from at-risk families in addressing service delivery	Number of providers who receive programmatic monitoring and are in compliance with this requirement	<ul style="list-style-type: none"> • DFPS – PEI • Contracted Providers
2.1.6 Utilize a statewide parent leadership team to inform prevention efforts	Number of prevention efforts that are informed by the statewide parent leadership team	<ul style="list-style-type: none"> • DFPS – PEI • CPS Parent Collaboration Group (possibly, using sub-groups)
2.1.7 Incorporate domestic violence prevention training into parenting education efforts	Number of PEI-funded parent education programs with a domestic violence component	<ul style="list-style-type: none"> • DFPS-PEI • Contracted Providers

Objective 2: Provide supports and services that help parents to meet basic needs (including safety) and decrease stress

Strategies	Indicators	Stakeholders
2.2.1 Provide concrete services when identified as an integral part of an evidence-based program	Number of concrete supports provided	<ul style="list-style-type: none"> • DFPS – PEI • Contracted Providers • TWC
2.2.2 Make referrals of families with basic needs to appropriate services (e.g., food bank, utility support, employment services, domestic/family violence services and shelters)	Number of referrals made	<ul style="list-style-type: none"> • DFPS –PEI • Contacted Providers • TWC • HHSC-Medicaid/ CHIP Division • DSHS-WIC • Texas 2-1-1

2.2.3 Provide information to families served by (1) local resources for basic needs and (2) child care and employment services available through TWC	Number of informational materials distributed	<ul style="list-style-type: none"> • DFPS – PEI • DFPS – CCL • Contracted Providers • TWC • HHSC-Medicaid/ CHIP Division • DSHS-WIC • Community Organizations
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Goal Three: Identified Families Access Services and Supports

Outcomes:

- Families determined at-risk of abuse or neglect who receive services will have a lower CPS investigation rate than the general population
- Increased resiliency in at-risk families that are served

Objective 1: Provide community-based services structured to respond to “screened out” families

Strategies	Indicators	Stakeholders
3.1.1 Analyze existing policies and procedures to identify the feasibility of an alternate response system for CPS	Complete the analysis of existing policies and procedures and/or identifying which policies and procedures would need to be changed	<ul style="list-style-type: none"> • DFPS – CPS • Community Organizations
3.1.2 Make recommendations about the feasibility of implementing an alternate response system	Completed report summarizing the group’s recommendations about the feasibility of implementing an alternate response system	<ul style="list-style-type: none"> • DFPS – CPS

3.1.3 Develop prevention services to target this population	Develop RFP to procure services	<ul style="list-style-type: none"> • DFPS - PEI • DFPS - CPS
3.1.4 Determine the effectiveness of the prevention services provided	Number of primary caregivers who demonstrate an increase in resiliency on pre-post measurement instruments and other qualitative measures	<ul style="list-style-type: none"> • DFPS – PEI • Contracted Providers

Objective 2: Staff who encounter families are trained in screening and referrals

Strategies	Indicators	Stakeholders
3.2.1 Enhance PEI contractor processes for assessing client needs and making referrals	Number of trainings or networking opportunities to address this strategy	<ul style="list-style-type: none"> • DFPS – PEI • Contracted Providers
3.2.2 Provide CPS front-line staff with information on available prevention services to allow referral of appropriate families	<p>Informational materials developed for this purpose</p> <p>Coordination with DFPS Regional External Relations staff to enhance awareness of local prevention services and resources</p>	<ul style="list-style-type: none"> • DFPS – PEI • DFPS – CPS • Contracted Providers

Objective 3: Adequate service capacity is developed based on information systems that track family needs and progress

Strategies	Indicators	Stakeholders
3.3.1 Develop and support services that address the full continuum of prevention needs (universal, selected, indicated, treatment)	Annual assessment of contracted prevention program levels	<ul style="list-style-type: none"> • DFPS- PEI • Contracted Providers

Goal Four: Families are Free from Substance Abuse and Mental Illness.

Outcome:

- Rates in domestic violence, mental health, substance abuse, and child abuse and neglect decrease

Objective 1: Coordinate among public systems that encounter families struggling with addiction, mental illness domestic violence and child abuse and neglect

Strategies	Indicators	Stakeholders
<p>4.1.1 Develop a pilot program in one community between mental health, substance abuse, domestic violence and child abuse prevention providers to:</p> <ol style="list-style-type: none"> 1) Develop a standardized intake process that appropriately screens families; 2) Prioritize the order in which to receive services regardless of point of entry 3) Expand cross training/field exposure opportunities between child abuse, mental health, substance abuse and domestic violence staff 	<p>Number of partners involved in the collaboration at the state and local level</p> <p>Standardized intake process has been developed and implemented</p> <p>A documented process to prioritize the order in which services are received</p> <p>Number of cross training opportunities provided</p>	<ul style="list-style-type: none"> • HHSC • DFPS – PEI • DSHS • Health Providers • PEI Contractors • Community Organizations
<p>4.1.2 Implement pilot program, including provision for evaluation</p>	<p>Number of providers involved in implementation effort</p> <p>Results of evaluation of pilot program</p>	<ul style="list-style-type: none"> • HHSC • DFPS – PEI • DSHS • PEI Contractors • Community Organizations

Goal Five: Communities are Caring and Responsive.

Outcomes:

- Improved prevention provider capacity
- Child abuse and neglect rates decrease in areas receiving PEI funding

Objective 1: Sustainable networks of services and supports contribute to child protection

Strategies	Indicators	Stakeholders
5.1.1 DFPS will continue to seek opportunities to collaborate with other state agencies whose efforts support healthy Texas families, to (1) assess broader goals and greater impact of child abuse prevention and (2) identify methods for building sustainable networks of services and supports and making them operate more effectively and with greater cost-efficiency	Number of actively collaborating agencies	<ul style="list-style-type: none"> • DFPS – PEI • TDHCA • TYC • TJPC • TWC • HHSC • DADS • DSHS • DARS • OAG • TEA
5.1.2 Develop a mechanism to include community readiness assessments as part of PEI procurements (allowing for tailored services to meet community need)	Development or selection of community readiness assessment tool	<ul style="list-style-type: none"> • DFPS – PEI • Contracted Providers
5.1.3 PEI staff are trained and supervised to support contractor success in providing quality services	Number of staff trainings Number of topics addressed in training	<ul style="list-style-type: none"> • DFPS-PEI • Contracted Providers
5.1.4 PEI staff monitor compliance monitoring per agency policy	Number of contractors monitored	<ul style="list-style-type: none"> • DFPS/PEI • Contracted Providers
5.1.5 Provide training and technical assistance on	Number of provider on-site visits and meetings	<ul style="list-style-type: none"> • DFPS – PEI • Contracted Providers

PEI contractual requirements		
5.1.6 Host the annual Partners in Prevention Conference with workshops focusing on working with at-risk families	<p>Number of workshops provided</p> <p>Number of participants</p> <p>Met needs of attendees as indicated by survey results</p>	<ul style="list-style-type: none"> • DFPS- PEI • TDHCA • DSHS • DARS • HHSC • DADS • TEA • TJPC • TWC • OAG • TYC
5.1.7 Support ongoing PEI provider engagement efforts	<p>Number of provider engagement conference calls held</p> <p>Number of provider engagement face-to-face meetings held (individual and group)</p>	<ul style="list-style-type: none"> • DFPS – PEI • Contracted Providers
5.1.8 Increase the pool of qualified prevention providers	<p>Increased number of first time applicants for RFPs</p> <p>Increased number of new communities/agencies that receive PEI funding</p>	<ul style="list-style-type: none"> • DFPS – PEI • Contracted Providers

Objective 2: Systems of care stay connected to families over time and assist with challenges as needed

Strategies	Indicators	Stakeholders
5.2.1 PEI service providers develop supportive relationships with clients that would encourage families to return to service when facing new challenges	Number of families who indicate they would seek assistance from PEI service providers if new challenges were encountered	<ul style="list-style-type: none"> • DFPS – PEI • Contracted Providers

Objective 3: Neighborhoods are safe, stable and supportive

Strategies	Indicators	Stakeholders
5.3.1 Develop a community culture that values prevention by providing community education to change social norms allowing for child abuse and neglect	Number of educational endeavors and outreach/awareness strategies	<ul style="list-style-type: none"> • DFPS – CPS • DFPS – PEI • DFPS – Community Engagement Specialists •
5.3.2 Develop and disseminate materials about the value of prevention	Number of products developed that educate about prevention	<ul style="list-style-type: none"> • DFPS – CPS • DFPS – PEI • DFPS – Community Engagement Specialist • DFPS – CCL •

Goal Six: Vulnerable Communities Have Capacity to Respond.

Outcome:

- Vulnerable communities will show a decrease in community risk factors

Objective 1: Services and supports target populations in communities with concentrated risk factors, including “disproportionality” (the over-representation of African American children in all facets of the Texas child welfare system)

Strategies	Indicators	Stakeholders
6.1.1 Develop a mechanism to give preference to vulnerable communities during procurement, except in cases where prioritization is defined	Number of PEI funded programs that serve vulnerable communities	<ul style="list-style-type: none"> • DFPS- PEI • Community Organizations • TDHCA • DSHS • DARS • HHSC • DADS • TEA

		<ul style="list-style-type: none"> • TJPC • TWC • OAG • TYC
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Objective 2: Promising community-based organizations achieve geographic saturation with interventions and supports to respond to a wide range of needs

Strategies	Indicators	Stakeholders
6.2.1 Conduct a service gap analysis of vulnerable communities to identify where services are most needed	Completed gap analysis with recommendations for service provision	<ul style="list-style-type: none"> • DFPS- PEI • Community Organizations • TDHCA • DSHS • DARS • HHSC • DADS • TEA • TJPC • TWC • OAG • TYC
6.2.2 Coordinate with the agencies that address community risk factors (such as child abuse and neglect, substance abuse, domestic violence, mental illness, poverty, unemployment, and teen pregnancy) to plan an effective service approach based on results of the gap analysis (may include development of a joint pilot project)	Number of organizations represented in development of plan Completion of plan	<ul style="list-style-type: none"> • DFPS- PEI • Community Organizations • TDHCA • DSHS • DARS • HHSC • DADS • TEA • TJPC • TWC • OAG • TYC

Goal Seven: Provide Prevention Information and Data to Stakeholders.

Outcome:

- Decision-makers utilize the information provided to further prevention efforts in Texas

Objective 1: Ensure decision makers have easy access to current information on prevention approaches, effectiveness and needs

Strategies	Indicators	Stakeholders
7.1.1 Compile current relevant prevention articles and data on an ongoing basis	Number of prevention materials prepared for dissemination	<ul style="list-style-type: none"> • DFPS – PEI • Other State Agencies
7.1.2 Post materials to be easily accessible to stakeholders on DFPS-PEI website	Number of prevention materials posted to website	<ul style="list-style-type: none"> • DFPS- PEI • Other State Agencies • Local Government • Elected Officials • Community-Organizations • Institutions of Higher Education
7.1.3 Create information packets on prevention issues for dissemination to various stakeholder audiences	Number of information packets developed	<ul style="list-style-type: none"> • DFPS- PEI • Other State Agencies • Local Government • Elected Officials • Community-Organizations • Institutions of Higher Education

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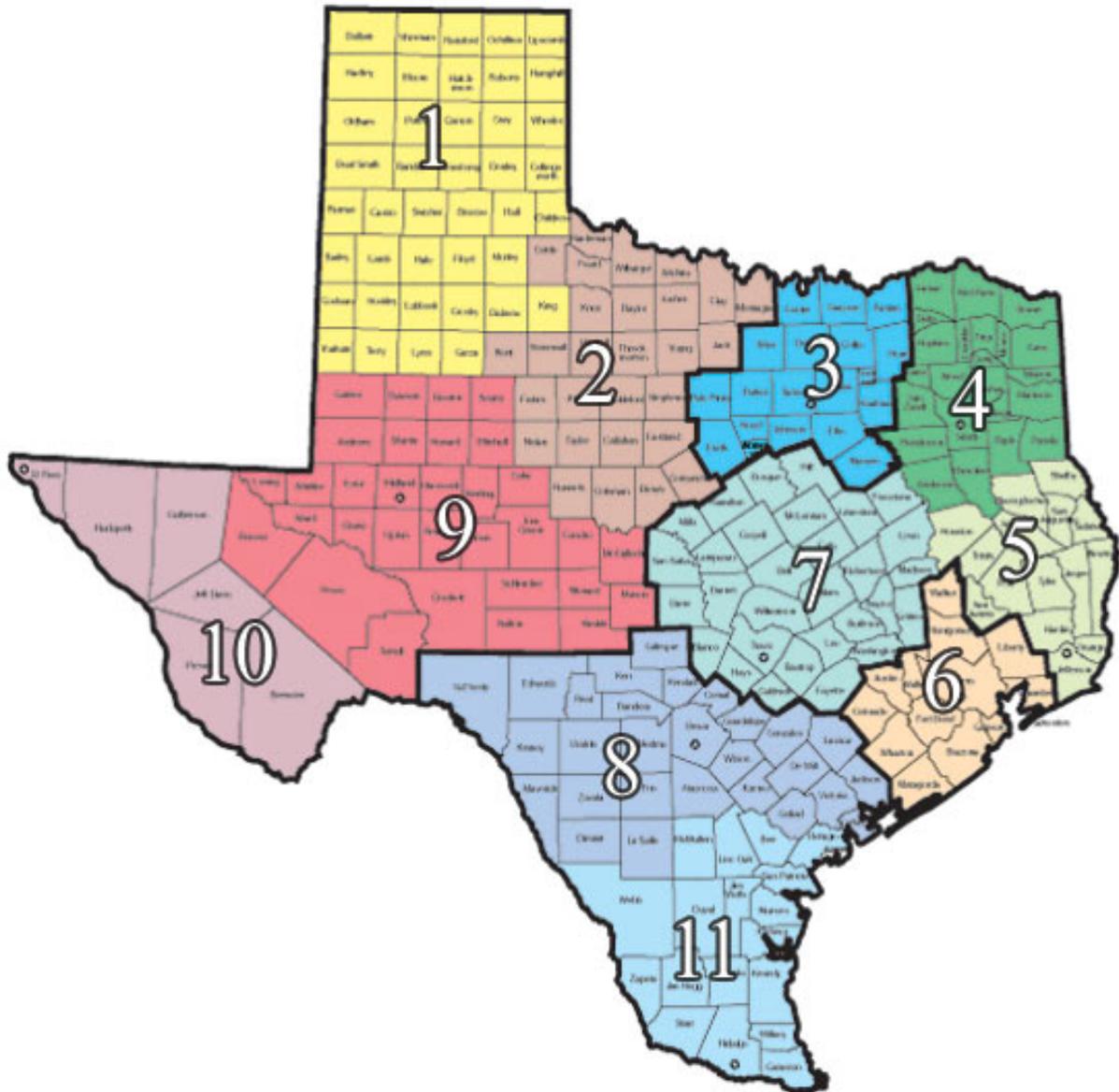
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APPENDIX A:

MAP OF TEXAS HEALTH AND HUMAN SERVICES REGIONS



APPENDIX B:

OVERVIEW OF THE DFPS DIVISION OF PREVENTION AND EARLY INTERVENTION

History

The 76th Legislature established the Prevention and Early Intervention (PEI) division in 1999 with the passage of Senate Bill 1574. In so doing, it consolidated existing agency prevention and early intervention programs originally within the then Department of Protective and Regulatory Services with prevention programs from a number of other agencies. Consolidation of the programs was intended to increase accountability and eliminate the fragmentation and duplication of contracted prevention and early intervention services for at-risk children, youth, and families. Since 1983, PRS had operated the Texas Runaway Hotline, a 24-hour hotline providing runaways, potential runaways and their families with services that include crisis intervention and telephone counseling; information and referrals for callers seeking food, shelter and transportation home; confidential conference calls between youths and families; and message service to promote communication between runaways and their families. In 1998, the Texas Youth Hotline was established, where callers with a broader range of youth-related concerns are able to talk to a trained volunteer or Hotline staff, who may also provide local referral information.

Prior to FY 2003, PEI administered 12 programs, operated with an annual budget of approximately \$63 million and maintained a staff of 69 full-time equivalent (FTE) employees. Facing a large budget shortfall, the 78th Legislature in 2003, eliminated six PEI programs, and remaining PEI funding was reduced 16 percent (the Communities in Schools (CIS) program moved to the Texas Education Agency). In 2005, prevention funding for the remaining programs was restored in the 2006-2007 biennium to near Fiscal Year 2003 levels by the 79th Texas Legislature. In addition, rather than restoring previously funded programs, the Legislature opted to create a new prevention strategy, A.2.16, for “Other At-Risk Prevention Services.”

Innovations

With the creation of the A.2.16 strategy, PEI created the new Family Strengthening (FS) and Youth Resiliency (YR) programs. These two programs allowed the Division to expand procurement of services to a broader approach of seeking effective service providers able to achieve the desired outcomes through a variety of models. Regions and communities have benefited from this shift as providers are able to consider their local needs and populations in developing and proposing programs to be funded.

In response to new statutory direction found in Senate Bill 6 passed in 2005 (79th Leg., Reg. Session), modified federal funding requirements, and growing support for

increased accountability for all government spending, PEI is increasingly moving toward funding evidence-based programs and services. Evidence-based programs are those defined as having evidence of effectiveness, as supported by research and their ability to produce measureable and sustainable improvements in the lives of the children, youth, and families served. Organizations seeking DFPS funding for child maltreatment services must, as part of their proposal, demonstrate that their program meets the evidence-based requirement by falling on a continuum ranging from emerging programs and practices to well-established and supported programs and practices. The FS and YR programs were initially procured in 2006 with the requirement that prospective providers utilize evidence-based models. Migration of existing PEI programs to an evidence-based approach began via the re-procurement process, starting with the Texas Families Together and Safe (TFTS) program in 2006. In 2007, PEI re-procured a component of the Community-Based Child Abuse Prevention (CBCAP) program, i.e., Rural Family Support, and added the evidence-based requirement for service delivery. More information regarding evidence-based programs and the continuum of evidence-based practices can be found in Appendix C.

As of May, 2008, the following PEI programs have implemented evidence-based practice:

Program	Evidence-based	Contract Effective Date
CHILD ABUSE AND NEGLECT		
Family Strengthening	Implemented at program inception	April 2006
Community-Based Child Abuse Prevention	Implemented as services are procured. Also federally required.	FY 2008
Texas Families: Together and Safe	Implemented at last procurement	September 2006
Community Based Family Services	Implemented at program inception	December 2008
Tertiary Child Abuse Prevention Services	Implemented at program inception	November 2008
JUVENILE DELINQUENCY		
Community Youth Development	Not Required	March 2006
Youth Resiliency	Implemented at program inception	April 2006
Statewide Youth Services Network	Required by Appropriation Rider 32	June 2008
BOTH CHILD ABUSE/ NEGLECT & JUVENILE DELINQUENCY		
Services to At-Risk Youth	Providers are encouraged to implement evidence-based programs/practices if appropriate for the community and feasible to implement.	September 2008

Accomplishments

In addition to the new programs and shift to an evidence-based approach described above, the 80th Legislature allocated new funding for the creation of two additional evidence-based PEI programs. Both programs were procured in 2008. They are:

- Statewide Youth Services Network (SYSN) – \$3.0 million was appropriated in FY08-09 for one or more statewide networks to provide community and evidence-based juvenile delinquency prevention programs in each of the HHS regions. SYSN addresses conditions resulting in negative outcomes for children and youth. The providers are required to utilize full-time staff trained in the services to be delivered and to provide dollar-for-dollar matching funds. SYSN targets youth aged 10-17. All services are completely voluntary, and must be provided at no cost to the youth or their family, and must be provided without regard to the youth or family's income.
- Community Based Family Services (CBFS) – \$1.6 million was appropriated in FY08-09 for community-based services to families with low-priority, less serious cases of abuse and neglect, and for families with cases in which allegations of abuse or neglect of a child were unsubstantiated, but who were previously investigated for abuse and neglect. The program attempts to create a safe and stable family environment and prevent child abuse and neglect by providing home visitation, case management, and additional social services.

In addition, PEI has also undertaken or renewed special initiatives, such as:

- Inventory of Services – PEI collaborated with the ICC in conducting a statewide inventory of state-funded child maltreatment services (direct and indirect impact).
- Outreach and Awareness – In response to community feedback, PEI created a child abuse and neglect prevention calendar Titled “The Parent Puzzle: Putting the Pieces Together” in 2007, and “Family Building Blocks: Positive Parenting from A to Z” in 2008; the calendars provide parenting tips and advice in English and Spanish. In 2007, posters with calendar content were also developed and distributed to CPS offices and PEI contractors for public posting.
- Child Abuse Prevention Media Campaigns – PEI has sponsored or contributed to DFPS prevention media campaigns, including the 2006 “See and Save” campaign that emphasized vigilance with respect to children and water safety.
- Annual Conference – PEI hosts the annual “Partners in Prevention Training Conference” in the Austin metropolitan area. The conference attracts social services providers and professionals, parents, advocates, educators, law enforcement officials, child care experts, and community leaders. Several other state agencies routinely cooperate in either assisting with conference logistics and/or presenting.
- Website – The PEI Division website contains information on PEI-funded programs and services, as well as links to the annual conference, and prevention information and resources

- Evaluation and Research – In 2008 and 2009, the University of Houston will conduct a comprehensive evaluation of state-funded child abuse and neglect prevention and early intervention programs and services, utilizing funds appropriated by the legislature to support the work of the Interagency Coordinating Council on Building Healthy Families. The evaluation will focus primarily on the effectiveness and cost efficiency of programs and services, but will also address the potential for the streamlining of funding, improvements in the delivery of services, and the need for increased prevention funding. Also in 2008 and 2009, Dr. Christopher Greeley of the University of Texas Health Sciences Center at Houston will conduct a program evaluation of the Relief Nursery Program, an evidence-based child maltreatment program currently being replicated in Austin and Plano. The evaluation will assess the effectiveness of the Relief Nursery in decreasing child maltreatment, increasing family resiliency and strengthening the local community.

APPENDIX C:

CONTINUUM OF EVIDENCE-BASED PROGRAMS

Based on a four-level classification system developed in conjunction with the federal Children's Bureau, Administration on Children and Families, DFPS will rank respondents' proposed evidence-based programs. The four levels are discussed in detail below.

Level I – Emerging and Evidence Informed Programs and Practices

This level reflects programs or practices that have a strong theoretical foundation and are considered generally accepted practice for preventing juvenile delinquency. Programs and practices may have been evaluated using less rigorous evaluation designs (e.g. pre- and post-tests, no use of comparison groups), or an evaluation may be in process with results not yet available.

Programmatic Characteristics

- The program can articulate a theory of change, which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This may be represented through a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.
- The program may have a book, manual, other available writings, training materials OR may be working on documents that specify the components of the practice protocol and describe how to administer it.

Research & Evaluation Characteristics

There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.

- Programs and practices may have been evaluated using less rigorous evaluation designs that lack a comparison group, including “pre-post” designs that examine change in individuals, from before the program/practice was implemented, to afterward, without comparing to an “untreated” group – or an evaluation may be in process with the results not yet available.
- The program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.

- The practice is generally accepted in clinical practice as appropriate for use with youth in increasing protective factors and preventing juvenile delinquency.

Level II – Promising Programs and Practices

This level reflects programs or activities in which there has been at least one study using some type of control or comparison group and was found to be effective in promoting positive outcomes for youth and preventing juvenile delinquency.

Programmatic Characteristics

- The program can articulate a theory of change that specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through presence of a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.
- The program may have a book, manual, other available writings, and training materials that specifies the components of the practice protocol and describes how to administer it. The program is able to provide formal or informal support and guidance regarding program model.
- The practice is generally accepted in clinical practice as appropriate for use with youth in increasing protective factors and preventing juvenile delinquency.

Research & Evaluation Characteristics

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- At least one study utilizing some form of control or comparison group (e.g., untreated group, placebo group, matched wait list) has established the practice's efficacy over the placebo, or found it to be comparable to, or better than, an appropriate comparison practice, in reducing risk and increasing protective factors associated with the prevention of juvenile delinquency. The evaluation utilized a quasi-experimental study design, involving the comparison of two or more groups that differ based on their receipt of the program or practice. A formal, independent report has been produced which documents the program's positive outcomes.
- The local program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities. Programs continually examine long-term outcomes and participate in research that would help solidify the outcome findings.
- The local program can demonstrate adherence to model fidelity in program or practice implementation.

Level III – Supported – Efficacious

This level reflects programs or practices with at least two rigorous randomized control trials (or other comparable methodology), which found it to be effective. The program or practice has not been replicated in multiple sites.

Programmatic Characteristics

- The program articulates a theory of change that specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.
- The practice has a book, manual, training, or other available writings that specifies the components of the practice protocol and describes how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with youth in increasing protective factors and preventing juvenile delinquency.

Research & Evaluation Characteristics

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The research supporting the efficacy of the program or practice in producing positive outcomes associated with reducing risk and increasing protective factors associated with the prevention of juvenile delinquency meets at least one or more of the following criterion:
 - At least two rigorous randomized controlled trials (RCTs) in highly controlled settings (e.g., university laboratory) have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.
- OR
- At least two between-group design studies using either a matched comparison or regression discontinuity have found the practice to be equivalent to another practice that would qualify as supported or well-supported, or superior to an appropriate comparison practice.
- The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice.
- The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.

- The local program can demonstrate adherence to model fidelity in program implementation.

Level IV – Well Supported – Effective

This level reflects programs or practices with at least two rigorous randomized control trials (or other comparable methodology), which found it to be effective. The program or practice has been replicated in multiple sites.

Programmatic Characteristics

- The program articulates a theory of change that specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.
- The practice has a book, manual, training or other available writings that specify components of the service and describes how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with youth in increasing protective factors and preventing juvenile delinquency.

Research & Evaluation Characteristics

- Multiple Site Replication in Usual Practice Settings: At least two rigorous randomized controlled trials (RCT's) or comparable methodology in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.
- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of the evidence supports the effectiveness of the practice.
- The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.
- The local program can demonstrate adherence to model fidelity in program implementation.

Through the submission of a logic model and supporting research summaries, respondents will demonstrate how their program model will produce measurable and

preferably sustainable improvements in the lives of at-risk youth they propose serving. Respondents will also demonstrate why the program they plan to implement is the best fit for their proposed target population. Lastly, respondents will share the measures they plan to utilize in order to ensure fidelity of program implementation for an established model program.

APPENDIX D:

PREVENTION LEVELS, PEI PREVENTION PROGRAM DESCRIPTIONS & DSHS POST-PARTUM INTERVENTION PROGRAM DESCRIPTION

Levels of Prevention

Section 265.002 of the Family Code provides DFPS with statutory authority to operate a division (Prevention and Early Intervention, or PEI) that will plan, develop, and administer a comprehensive system of universal, selective, and indicated prevention and early intervention or treatment services. The levels of prevention, as defined in Title 40 TAC §704.3, are as follows:

- **Universal** – targets the general population and risks common to all children, youth, and families. Methods impact the general population, with a focus on assessing and amplifying strengths and supports at the community level.
- **Selective** – targets specific subgroups whose risk is significantly higher than the general population's due to environmental, demographic, socio-economic, or situational factors; but who are not yet exhibiting the specific behaviors or individual factors identified as risk factors for the condition that is to be prevented. Methods are group-oriented, involving the targeted group of individuals and families, with a focus on assessing and amplifying strengths and supports at the community and family level.
- **Indicated** – targets individual children, youth, or families who manifest a specific risk factor or behavior, and are thereby judged likely candidates for the condition that is to be prevented. Methods may be group-oriented, family-oriented, or individual-oriented, with a focus on assessing and amplifying strengths and supports at the family and individual level primarily.

The PEI-funded programs described later in this section incorporate all levels of prevention as defined above. In addition, the early intervention and treatment services also funded by PEI typically fulfill the function of “tertiary” prevention services as commonly recognized within the abuse/neglect practitioner community (and as the three levels detailed above meet the standards associated with “primary” and “secondary”). By supplying early intervention and treatment services, PEI targets individuals and groups already experiencing abuse or neglect with the goal of preventing the reoccurrence of maltreatment.

PEI Program Descriptions and Details

Programs Addressing Child Abuse and Neglect Prevention

Community-Based Child Abuse Prevention (CBCAP)

The primary purpose of the CBCAP program is to prevent child abuse and neglect by strengthening families and increasing the safety and well-being of children. CBCAP has six contract sites, comprising three service delivery types:

- Community Partnerships for Strengthening Families – actively engage parents and agency representatives in partnership to assess current prevention services and develop new services to meet identified community needs.
- Relief Nursery Program – provides at-risk families with comprehensive support services based upon research that identifies core elements for enhancing protective factors and delivering effective child abuse/neglect prevention services.
- Rural Family Support (RFS) Program – a parent education home-visiting program for rural families with children ages 0-5 or expectant mothers at risk for child abuse and neglect. It builds resiliency in rural families by decreasing the risk factors that have been shown to put them at higher risk for child maltreatment and to increase associated protective factors.

Family Strengthening (FS)

FS offers a variety of family-oriented services facilitated through implementation of evidence-based services that have been evaluated and proven effective in the prevention of child abuse and neglect. It possesses a strengths-based focus of services aimed at increasing known caregiver protective factors while reducing risk for child maltreatment by building upon caregiver knowledge and resiliency. Each program provider is required to foster strong community collaboration with other service providers in the area to provide families a continuum of needed services. Family Strengthening services are available in six HHS regions, serving approximately nine counties.

Texas Families: Together and Safe (TFTS)

TFTS funds evidence-based programs that increase protective factors in families who are considered at-risk for child abuse and neglect. TFTS services are designed to alleviate stress in families and to promote parental competencies and adoption of behaviors that will increase the ability of families to successfully nurture their children in a safe, stable and supportive environment. The goals of TFTS are to: (1) improve and enhance access to family support services, (2) increase the efficiency and effectiveness of community-based family support services, (3) enable children to remain in their own homes by providing preventive services, and (4) increase collaboration among local

programs, government agencies, and families. TFTS services are available in eight HHS regions, serving approximately 30 counties.

Programs Addressing Both Child Abuse and Neglect and Juvenile Delinquency Prevention

Services to At-Risk Youth (STAR)

The STAR program provides services to youth who are runaways, truants, or experiencing conflicts at home by offering family crisis intervention counseling, short-term emergency residential care, and individual/family counseling. In addition to client-directed services, STAR contractors also provide universal child abuse prevention services designed to increase knowledge and awareness of child abuse/neglect and promote good parenting. Approaches include media campaigns, informational brochures, and parenting classes. Through contracts with local community agencies, STAR offers services in all 254 Texas counties. PEI re-procured the STAR program with all new STAR contracts effective September 1, 2008.

Texas Youth and Runaway Hotlines

The toll-free Texas Runaway Hotline (1-888-580-HELP) and the Texas Youth Hotline (1-800-98YOUTH) offer crisis intervention, telephone counseling, and referrals to services. A volunteer workforce of about 45 people answers the phones. Many callers face a variety of problems including family conflict, delinquency, truancy, and abuse and neglect issues. The program increases public awareness through television, radio, billboards and other media efforts. Hotline telephone counselors respond to approximately 40,000 calls annually.

Programs Addressing Juvenile Delinquency Prevention

Community Youth Development (CYD)

The CYD program contracts with fiscal agents to develop juvenile delinquency prevention programs in ZIP codes that have a high incidence of juvenile crime. Approaches used by communities to prevent delinquency have included mentoring, youth employment programs, career preparation, and alternative recreation activities. Communities prioritize and fund specific prevention services identified as needed locally. CYD services are available in 15-targeted Texas ZIP codes.

Youth Resiliency (YR)

YR offers a variety of youth-oriented services facilitated through implementation of evidence-based services that have been evaluated and proven effective in the prevention of juvenile delinquency. It possesses a strengths-based focus of services aimed at increasing known youth protective factors while reducing risk for juvenile

delinquency by building upon youth resiliency. Each program provider is required to foster strong community collaboration with other service providers in the area to provide families a continuum of needed services. Youth Resiliency services are available in twelve counties.

DSHS Post-Partum Intervention (PPI) Program Description

PPI programs provide on-site, gender-specific, community-based outreach, intervention, counseling, case management, treatment referral and continuing care for pregnant and post-partum women with substance abuse problems. Families are supported through family reunification planning and service coordination for children in foster care. Services include: substance abuse screening and assessment; counseling services that address gender-specific issues including relationships, parenting and sexual and physical abuse; referral for Early Childhood Intervention services; children's services, either directly or by referral, to address any developmental delays and to promote positive parent/child interaction and child outcomes; and counseling and other supportive interventions to address children's identified developmental, emotional or psychological needs.

APPENDIX E:

TABLES OF CHILD ABUSE AND NEGLECT RISK FACTORS & PROTECTIVE FACTORS

Common Risk Factors for Child Abuse and Neglect

Child	Parental/Family	Social/Environmental
<ul style="list-style-type: none"> • Premature birth, birth anomalies, low birth weight, exposure to toxins <i>in utero</i> • Temperament: difficult or slow to warm up • Physical/cognitive/emotional disability, chronic or serious illness • Childhood trauma • Antisocial peer group • Age (especially 0-5years old) • Child aggression, behavior problems, attention deficits 	<ul style="list-style-type: none"> • External locus of control • Poor impulse control • Low tolerance for frustration • Feelings of insecurity • Lack of trust • Insecure attachment w/parents • Childhood history of abuse • High parental conflict, domestic violence • Single parent family, lack support, high number of children in household • Social isolation, lack of support • Parental mental illness/depression/ anxiety • Substance abuse • Separation/divorce, especially high conflict divorce • Age of Parent (Teen or younger) • High general stress level • Poor parent-child interaction, negative attitudes and attributions about child's behavior • Inaccurate knowledge and expectations about child development • Absence of biological father 	<ul style="list-style-type: none"> • Low socioeconomic status • Stressful life events • Lack of access to medical care, health insurance, adequate child care, and social services • Parental unemployment; homelessness • Social isolation/lack of social support • Exposure to racism/discrimination • Poor schools • Exposure to environmental toxins • Dangerous/violent neighborhood • Community violence

Sources: Thomas, D., Leicht, C., Hughes, C., Madigan, A., & Dowell, K. *Emerging Practices in the Prevention of Child Abuse and Neglect*. (Washington, DC: U.S. Department of Health and Human Services, 2003).

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Common Protective Factors for Child Abuse and Neglect

Child	Parental/Family	Social/Environmental
<ul style="list-style-type: none"> • Good health, history of adequate development • Above average intelligence • Hobbies and interests • Good peer relationships • Good physical and mental health • Easy temperament • Positive disposition • Active coping style • Positive self-esteem • Good social skills • Internal locus of control • Balance between help seeking and autonomy 	<ul style="list-style-type: none"> • Secure attachment; positive and warm parent-child relationship • Supportive family environment • Household rules/structure; parental monitoring of child • Extended family support and involvement, including caregiving help • Stable relationship with parents • Parents have a model of competence and good coping skills • Family expectations of prosocial behavior • High parental education • Knowledge of child development and parenting • Social connections • Concrete support in times of need • Effective problem solving and communication skills • Presence of biological father 	<ul style="list-style-type: none"> • Mid to high socioeconomic status • Access to health care and social services • Consistent parental employment • Adequate housing • Family religious faith participation • Good schools • Supportive adults outside of family who serve as role models/mentors to child

Sources: Thomas, D., Leicht, C., Hughes, C., Madigan, A., & Dowell, K. *Emerging Practices in the Prevention of Child Abuse and Neglect*. (Washington, DC: U.S. Department of Health and Human Services, 2003).

Witt, P., & Crompton, J.L., *The Protective Factors Framework: A Key to Programming for Benefits and Evaluating for Results*. 1997

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