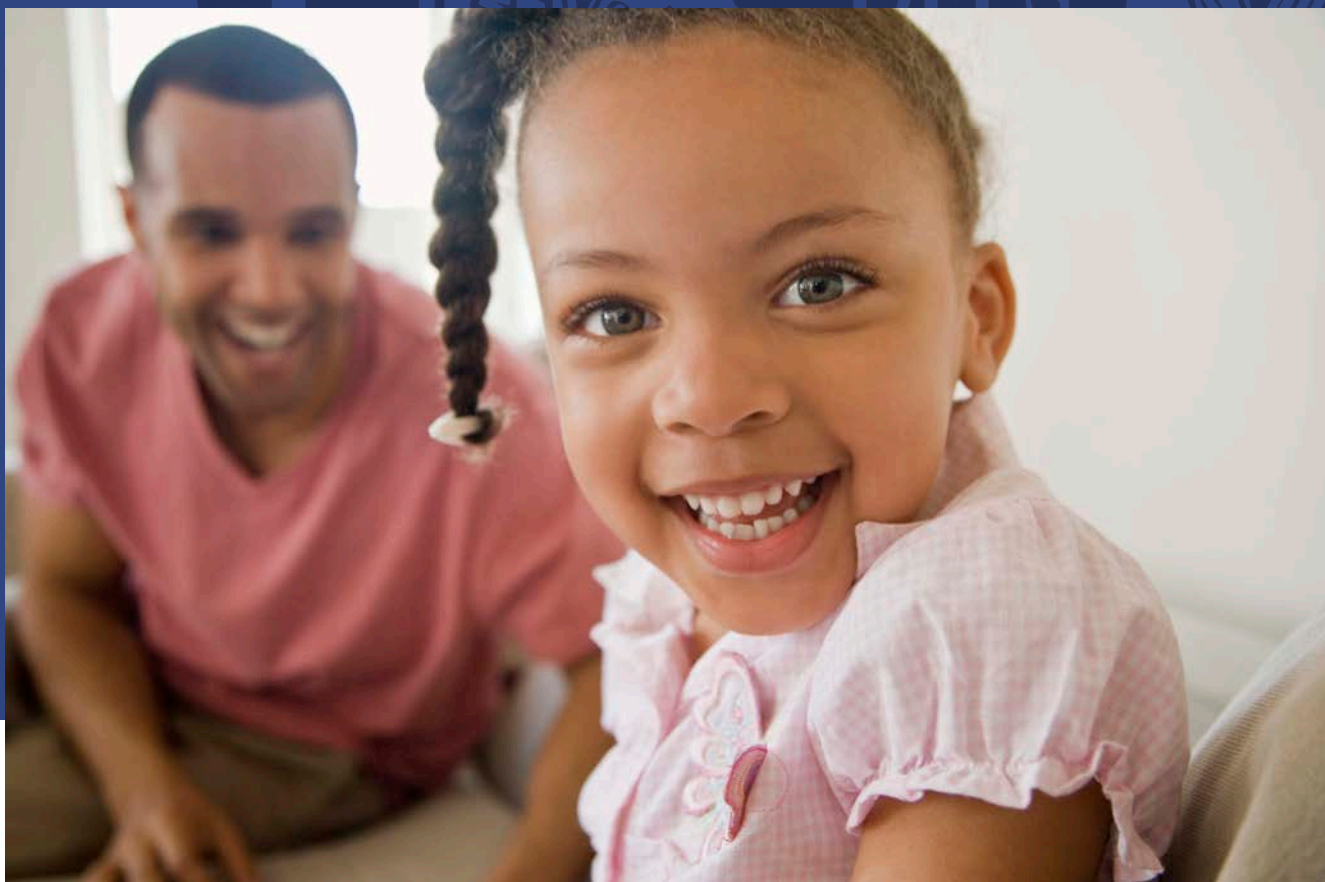




FIVE-YEAR STRATEGIC PLAN



SEPTEMBER 2016



Texas Department of Family & Protective Services

PREVENTION AND EARLY INTERVENTION

Strong Communities, Strong Families

PEI expresses its sincere gratitude
to Casey Family Programs for
its generous support of this
strategic planning process.





Prevention Is the Solution

Strategic plan sets direction for family-strengthening work in Texas

Dear Texans:

Earlier this year when I took the reins of the Department of Family of Protective Services, I did so because I can think of nothing more important than the safety and well-being of our children. Texas values its nearly 7 million children, and for many families, DFPS is there to support them and the communities in which they live.

While well-publicized changes are underway to strengthen the Child Protective Services system, DFPS's Prevention and Early Intervention division has been and continues to be a wellspring of innovation and hope. Amidst a Sunset Review process, a merger with Texas Home Visiting and an ongoing transformation of the Texas Health and Human Services System, PEI has launched new programs, grown its capacity to serve more clients, and with this plan, is setting forth a vision, a philosophy and a strategic framework for strengthening families in Texas.

PEI's new five-year strategic plan is the culmination of a year-long process of gathering public input, putting our best minds to work on our toughest challenges and ultimately planting a stake in the ground. Our plan aligns with the overarching recommendation of both the Federal Commission to Eliminate Child Abuse and Neglect Fatalities and Texas' Protect Our Kids Commission: a comprehensive public-health approach that recognizes the importance of strong, integrated and collective responsibility, and is coordinated across agencies and within communities, is the most promising approach to eliminating child abuse and neglect fatalities.

Knowing that half of children who die from abuse or neglect in Texas have no prior involvement with DFPS, I am confident that casting a wide, protective net will, over time, reduce preventable child fatalities. I am similarly confident that Associate Commissioner Sasha Rasco and her team will continue to monitor program effectiveness and make strategic decisions based on the best available data and with guidance from the Prevention Advisory Committee, contractors and other experts in the field.

As we embark on this most important work, let us do so together, with focus and resolve to make Texas even better for the next generation.

Sincerely,

Commissioner Hank Whitman
Department of Family and Protective Services



As we embark on this most important work, let us do so together, with focus and resolve to make Texas even better for the next generation.



The program has benefitted me because I am a first-time mother and I didn't know that my baby listens to me when I read her books. Also, they have taught me how to do exercises for stress and they have given me many instructions on how to be a better parent.

— home visiting client



Preventing Child Maltreatment and Promoting Healthy Development Go Hand in Hand

Dual strategy reflected in new five-year strategic plan

Lawmakers, colleagues and community stakeholders:

We know more today than ever before about how child abuse, neglect and other adverse childhood experiences threaten our universally held aspiration for children to thrive and become healthy, responsible adults. One lesson we have learned in Texas and across the country is that prevention and early intervention work must address a broad spectrum of unfortunate realities that includes devastating neglect, abuse and the too frequent tragedy of child fatalities, as well as more common adverse experiences, such as economic hardship, divorce, parental alcohol and drug abuse and mental illness.

As our collective understanding of these adverse childhood experiences has grown, so too has our awareness of the downstream consequences to individuals, families and communities. Adolescents and adults who experienced emotional trauma as young children are more likely to suffer from social, emotional and cognitive impairments, engage in risky and sometimes criminal behaviors, and have higher rates of addiction and disease.

Fortunately, we've also learned a great deal about how best to support children and families. The Center on the Developing Child at Harvard University found that negative childhood experiences have the power to overwhelm traditional child-development efforts focused exclusively on the child's experiences. For this reason, PEI's new five-year plan is anchored by newer, evidence-based strategies that create enriching experiences and positive environments for children, while also working with parents to protect children and families against serious adversity.

I believe almost all parents want the best for their children, and everyone wants to be part of a loving, healthy family. This is why PEI's approach to preventing all forms of abuse and neglect by promoting child, family and community protective factors is an effective formula for building resilience among children and youth that allows them to withstand challenges and bounce back when knocked down.

To make certain PEI's work is rooted in and supported by communities, we will partner with cities and counties, nonprofit organizations, schools and universities, businesses, faith-based organizations and philanthropies. Together we can ensure Texas is a great place to be a kid.

Sincerely,

Sasha Rasco
Associate Commissioner, Prevention and Early Intervention
Texas Department of Family and Protective Services



I believe almost all parents want the best for their children, and everyone wants to be part of a loving, healthy family.



Preventing child maltreatment and other negative outcomes includes addressing the underlying issues: poverty, family instability, poor health, substance abuse, mental illness and more.

— Goals, Strategies and Measures
PEI Five-Year Strategic Plan 2016

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My son benefited the most from the program. The early education will put him ahead when he starts pre-school and so on. The program also allowed more bonding and one on one time with my son. His father and I are married but he works out of town during the week and comes home on the weekends, but when he does come home him and my son would talk about his lessons, and this allows them to bond as well.

— PEI program participant

EXECUTIVE SUMMARY

The personal effects of child abuse are intensely devastating and often debilitating for children and their families. When combined with economic and social costs, the negative effects are both quantifiable and massive. The Perryman Group, a Waco-based economic and financial analysis firm, has done the math. Looking at increased expenses related to health care, education, social services and crime, plus lost productivity and earnings, the total estimated lifetime impact associated with child maltreatment was \$454 billion in Texas in 2014.¹

The purpose of this strategic plan is, first and foremost, to ensure that the work of the Prevention and Early Intervention Division (PEI) of the Department of Family and Protective Services reduces the risk of child maltreatment, fatalities and other childhood adversities. In addition, by providing access to health, wellness and family-strengthening programs, PEI will achieve an even wider array of positive outcomes that benefit not only those served, but local communities and Texas as a whole.

This plan will guide how PEI conducts its business, ensuring that PEI makes decisions that are informed by data, rooted in best practices and made in collaboration with community partners and other stakeholders. The plan itself is the product of a highly-collaborative effort that involved hundreds of participants in public forums designed to elicit stakeholder input. PEI captured input from contractors and staff, hosted conversations with funders and potential funders, organized conferences with research partners and sought feedback on drafts through the Texas Prevention Network and the Prevention Advisory Committee.

One of the most significant components of the plan is its focus on research and evaluation, data-driven decision-making, and the expansion of evidence-based practices. More effective outreach to families and improved communication with community partners and other stakeholders are also emphasized in the plan.

Utilizing tools such as community needs assessments, evaluation data and evidence-based practices validated across the country, PEI will ensure that funding and other resources go to the communities and populations that need them most and are spent for services that will make a difference. This strategy will ensure the highest level of impact for areas of highest need; PEI will also seek to develop collaborative relationships with private funders and other government funding sources to expand the realm of available services and to focus even more on child and family well-being.

PEI is also making programming decisions based on research that indicates a positive financial return on investment. For example, according to research compiled by the Child and Family Research Partnership at The University of Texas at Austin, the short- and long-term benefits of home visiting programs largely outweigh the overall costs incurred from implementation.² The RAND Corporation found that high-fidelity home visiting programs for at-risk families have a return on investment of \$1.26 to \$5.70 for every tax dollar spent depending on the population served.³ Another study of a home visiting program in Durham, North Carolina reported saving \$3.00 for every \$1.00 spent during a child's first six months due to reduced emergency care visits.⁴ Looking at youth programs, a study by the Washington State Institute for Public Policy found that youth mentoring programs have a benefit-to-cost ratio of \$1.74.⁵

¹ Suffer the Little Children: An Assessment of the Economic Cost of Child Maltreatment, The Perryman Group, November 2014

² The Top 5 Benefits of Home Visiting Programs, Child and Family Research Partnership, The University of Texas at Austin, June 2015

³ Early Childhood Interventions: Proven Results, Future Promise, RAND Labor and Population, 2005

⁴ Dodge, K. A., Goodman, W. B., Murphy, R. A., O'Donnell, K., Sato, J., & Guptill, S. (2014). Implementation and randomized controlled trial evaluation of universal postnatal nurse home visiting. *American Journal of Public Health*, 104 (S1), S136-S143.

⁵ Return on Investment: Evidence-Based Options to Improve Statewide Outcomes, Washington State Institute for Public Policy, April 2012



PEI, which now includes Texas Home Visiting, has demonstrated many positive outcomes, including the following:

- 99.6 percent of children in families served by STAR remain safe from abuse and neglect⁶
- 98.6 percent of youth who participated in Community Youth Development have not been adjudicated in the juvenile justice system⁷
- 68 percent of mothers enrolled in Texas Home Visiting during pregnancy initiated breastfeeding, and more than a quarter of mothers continued breastfeeding to six months or beyond.⁸

Other common outcomes from prevention and early intervention programs include improved parenting skills, greater family economic self-sufficiency, increased father involvement and support, and enhanced connections to support networks, such as extended family members, other parents and faith-based organizations.

In December 2016, PEI will publish a report on the effectiveness of its programs, including program-specific outcomes, the presence of protective factors in families and youth, involvement with Child Protective Services and Juvenile Justice, and ongoing evaluations of certain programs. Additionally, reports on Nurse-Family Partnership and other home-visiting programs will be completed in December.

⁶ Texas Department of Family and Protective Services, 2015 Databook

⁷ Texas Department of Family and Protective Services, 2015 Databook

⁸ Texas Home Visiting Program: Program Implementation Evaluation: Progress, Challenges, and Lessons Learned through Year Four; Child and Family Research Partnership, The University of Texas at Austin

The overarching goals established and elaborated upon in this strategic plan are as follows:

Goals

1. PEI will adopt a public-health framework to prevent child maltreatment and fatalities and support positive child, family and community outcomes.
2. PEI will maximize the impact of current investments and seek additional resources to serve more children, youth and families and strengthen communities.
3. PEI will make and share decisions about investments in families and communities based on an analysis of community risk and protective factors as well as community-developed needs assessments.
4. PEI will utilize research findings to improve program implementation, to direct program funding toward the most effective programs and ultimately to achieve better results for children and families.
5. PEI will measure and report on the effectiveness of its programs on an annual basis and will make timely course corrections based on available data.
6. PEI will maximize its impact by collaborating with other state entities and external organizations working with similar populations.
7. PEI will be transparent and inclusive in its planning and operations and will proactively publish its strategic plan and progress towards its goals.

To achieve these goals, PEI will continue to work in partnership with state and local agencies, community-based organizations and other stakeholders. In addition, PEI will regularly evaluate its work and make decisions based on the best available information.



“It’s a good class, and now we’re just better parents. We’re going to be better fathers... It’s just an upgraded dad. That’s all you are. You were a good dad; now you’re a better dad.”

— participant in fatherhood program

GOALS, STRATEGIES AND MEASURES

Applying a public-health approach to its work, PEI aims to improve the well-being of all Texans by acting upon a broad range of factors and conditions that influence child well-being. Preventing child maltreatment and other negative outcomes includes addressing the underlying issues: poverty, family instability, poor health, substance abuse, mental illness and more.

PEI's strategies are rooted in the understanding that families have primary responsibility for creating a safe and nurturing environment for their children, and that almost all families want to do what is best for their children but often need some form of support to make it happen. PEI also takes the approach that strengthening families and communities and preventing child abuse and juvenile delinquency requires a diverse set of public- and private-sector leaders at the state and local levels working together in strategic and purposeful partnerships. PEI's role in this complex partnership is to create the infrastructure to apply research, data and our

collective expertise to a system of family strengthening programs and initiatives designed to prevent child abuse and juvenile delinquency and promote positive outcomes for children, youth, families and communities.

“PEI's strategies are rooted in the understanding that families have primary responsibility for creating a safe and nurturing environment for their children, and that almost all families want to do what is best for their children but often need some form of support to make it happen.”

— Goals, Strategies and Measures
PEI Five-Year Strategic Plan 2016



Goal 1

PEI will adopt a public-health framework to prevent child maltreatment and fatalities and support positive child, family and community outcomes.

1.1	<i>Map PEI's programs in a public-health context that seeks to deliver support services through schools, health clinics, youth programs and other venues and also supports community-driven change in behaviors and environments that affect child well-being.</i>	
	1.1.1	Use maps to visualize target populations, desired outcomes and investment levels for each PEI program.
	1.1.2	Target limited resources to highest-risk communities utilizing geographic risk-assessment and risk-terrain modeling.
	1.1.3	Address identified geographic-, race- and ethnicity-based inequities in resource allocation and service delivery.
1.2	<i>Review and evaluate long-term and emerging trends through the Office of Child Safety, as well as current community and programmatic needs related to preventing child maltreatment and fatalities.</i>	
	1.2.1	Review child fatality and near-fatality cases and make recommendations to promote and support child safety at the local and state levels.
	1.2.2	Provide data and trend analysis with internal and external partners to support child safety initiatives through the publication of the Texas Child Fatality Review Team Annual Report.
	1.2.3	Continue data-matching and epidemiological studies of child maltreatment with the Department of State Health Services and the Safe Babies project through The University of Texas.
1.3	<i>Promote the use of evidence-based, evidence-informed and promising practices based on communities' specific needs and desired outcomes.</i>	
	1.3.1	Create and distribute a guide for effective adoption and implementation of programs on the evidence-based spectrum.
	1.3.2	Explore use of a decision tree to support selection of evidence-based programs to address specific needs of communities.
	1.3.3	Enlist other funders in a shared strategy to expand use of evidence-based practices.
1.4	<i>Incorporate principles of implementation science to support the application and delivery of services.</i>	
	1.4.1	Provide opportunities for community programs to access learning and support around implementation science and best practices through technical assistance materials, conferences and trainings.
	1.4.2	Develop and implement a monitoring process focused on significant systemic issues, and offer technical assistance to help providers improve their performance.

GOALS, STRATEGIES & MEASURES

1.5	<i>Establish PEI as a statewide hub for communication, knowledge sharing and assistance for stakeholders engaged in strengthening children and families in their communities.</i>	
	1.5.1	Continue to offer and improve the Partners in Prevention Conference and other professional development opportunities (e.g., summits, regional conferences and web-based trainings).
	1.5.2	Optimize use of communication technology, particularly with the newly formed Texas Prevention Network.
	1.5.3	Engage contractors in the development and execution of training and technical assistance plans.
	1.5.4	Develop and expand an online learning hub for home visitors and other early childhood professionals.
1.6	<i>Promote a culture of care that places a high value on the well-being of families and children along the lifecourse toward adulthood.</i>	
	1.6.1	Evaluate and expand the statewide Help and Hope campaign focused on positive parenting and the availability of help in stressful situations.
	1.6.2	Explore additional population-based strategies for promoting positive outcomes.
	1.6.3	Develop and leverage relationships with business, philanthropic and civic leaders to build public support for family-friendly policies and practices in all sectors.

Measures of Success

1. Research findings will demonstrate increased knowledge and awareness on the part of community members about risk and protective factors, parenting skills and related topics.
2. The number of evidence-based practices employed in programs throughout the state will increase and will show correlating increases in positive outcomes.
3. The number of people visiting HelpandHope.org and viewing the instructional videos will increase.
4. The percentage of children served directly or indirectly by PEI who are safe will increase.
5. Child fatalities will decrease due to a focus on the highest-need communities.

Goal 2

PEI will maximize the impact of current investments and seek additional resources to serve more children, youth and families and strengthen communities.

2.1	<i>Pursue funding and other resources from federal grants, private foundations, businesses and other charitable organizations to expand programming and increase capacity of effective programs.</i>	
	2.1.1	Offer technical assistance in resource development to local service providers and community coalitions.
	2.1.2	Work with public- and private-sector funders to identify and adopt aligned investment priorities.
	2.1.3	Work with high-performing service providers to expand services to other parts of their community or region.
	2.1.4	Continue to include local funding goals in contracts with service providers.
	2.1.5	Identify methods to more efficiently and effectively allocate and expend state and federal funding to increase efficiencies and improve outcomes.
2.2	<i>Align public- and private-sector funders' goals to maximize impact and cost-efficiency.</i>	
	2.2.1	Create a private-sector funders group to foster additional stability in funding by promoting and coordinating strategic investments in prevention services and systems.
	2.2.2	Work with city and county governments to make strategic investments in prevention programming in their communities.
	2.2.3	Work with communities to map federal, state and local resources allocated to prevention initiatives in their areas.
2.3	<i>Develop and implement a plan to increase income generation and strategic distribution of funds from the Texas Home Visiting Trust Fund and the Children's Trust Fund.</i>	
	2.3.1	Clarify current policies and operating structures for the trust funds.
	2.3.2	Develop a marketing strategy to stimulate growth of the trust funds.
2.4	<i>Maximize state resources in the newly consolidated Prevention and Early Intervention Division.</i>	
	2.4.1	Improve coordination of similar programs with distinct funding streams.
	2.4.2	Update organizational messaging to emphasize PEI's dual strategy of preventing child maltreatment and juvenile delinquency <i>and</i> promoting positive child and family outcomes.
	2.4.3	Focus attention on developing a new organizational culture rooted in a shared set of values.

GOALS, STRATEGIES & MEASURES

2.5	<i>Ensure that PEI employees have the skills to provide excellent contract and programmatic oversight and the expertise to support success in all prevention programs and efforts.</i>	
	2.5.1	Take steps to attract and retain highly proficient staff.
	2.5.2	Commit time and resources to developing the knowledge and skills of PEI employees.

Measures of Success

1. PEI will document funding increases in prevention and early intervention services each year.
2. Data will illustrate the expansion of highly effective programs and evidence-based programs across the state, resulting in a stronger continuum of services and more families served.
3. Staff retention rates will increase and eventually stabilize.
4. Employee satisfaction survey results will improve.
5. Collective investments in specific outcomes and populations will be documented.



Goal 3

PEI will make and share decisions about investments in families and communities based on an analysis of community risk and protective factors as well as community-developed needs assessments.

3.1	<i>Define and clarify guidelines for the methods and use of community needs assessments.</i>	
	3.1.1	Require the use of community-needs assessments as a component of PEI's procurement process.
	3.1.2	Research successful community-needs assessment tools and strategies.
	3.1.3	Provide training and technical assistance to communities on how to select and implement needs assessments and readiness assessments and how to use the data in decision making.
	3.1.4	Require that parent and youth voices be included in community-needs assessments.
3.2	<i>Develop a process to identify areas for investment based on risk factors and environmental conditions that threaten child well-being.</i>	
	3.2.1	Use risk factor data to help ensure communities receive adequate support and targeted programming.
3.3	<i>Learn from the documented efforts of other communities and demonstration projects to ensure maximum impact per dollar spent.</i>	
	3.3.1	Review quantitative and qualitative research from similar communities that have implemented prevention programs and initiatives.
	3.3.2	Share examples of successful implementations and promising practices with contractors, funders and other external stakeholders.

Measures of Success

1. PEI-funded communities will have documented needs assessments and clear strategies for improvement based on their assessments.
2. PEI has a process for identifying areas of need or risk and communicates that process to stakeholders.

Goal 4

Utilize research findings to improve program implementation, to direct program funding toward the most effective programs and ultimately to achieve better results for children and families.

4.1	<i>Continue to utilize partnerships with independent research organizations to evaluate PEI programs.</i>	
	4.1.1	Establish benchmarks for evaluating individual program performance, including outcomes related to additional social determinants of health.
	4.1.2	Work with research partners to define and refine research questions and study designs.
	4.1.3	Conduct an annual benchmark survey to measure contractor satisfaction with PEI.
4.2	<i>Assess effectiveness of the Protective Factors Survey to determine future use in PEI programs.</i>	
	4.2.1	Work with providers to better understand current use and limitations of the Protective Factors Survey.
	4.2.2	Seek feedback and recommendations from PEI's research partners about assessment options, including modifications to the Protective Factors Survey and development and validation of a client (e.g., parent) satisfaction survey.
	4.2.3	Work with FRIENDS National Resource Center and University of Kansas to improve the Protective Factors Survey. Consider participating in a University of Kansas pilot project testing a revised survey instrument.
4.3	<i>Employ multiple methods for measuring the impact of prevention efforts and continually explore improvements to evaluation methodologies so as to provide contractors with continual feedback that will improve service delivery.</i>	
	4.3.1	Establish a timeline and process for receiving formative feedback from research partners and a means of sharing data with providers.
	4.3.2	Share best practices with contractors and provide technical assistance in program implementation, including support for model fidelity.

GOALS, STRATEGIES & MEASURES

4.4	<i>Use research and data to identify modalities and interventions most likely to successfully address specific needs and priorities.</i>	
	4.4.1	Reassess current program offerings and make changes when indicated.
	4.4.2	Continue to engage with program models, participate in national learning communities and evaluate program effectiveness.
	4.4.3	Review target populations to ensure services appropriately address families' needs.
	4.4.4	Remove artificial barriers to participation in PEI programs, including involvement with CPS and Texas Juvenile Justice Department.
	4.4.5	Develop, in conjunction with the Department of State Health Services and the Prevention Advisory Committee, an inventory of evidence-based and promising practices addressing child abuse fatality prevention.
	4.4.6	Sponsor annual fatherhood summit to advance efforts to engage and support this important target population.

Measures of Success

1. Assessments used by programs will more accurately measure risk and protective factors.
2. PEI will demonstrate the use of accurate data and evaluation results to guide programming and program decisions.
3. Data and evaluation information will be shared regularly and impact will be tracked through continuous quality-improvement processes.
4. Outputs, outcomes and contractor compliance will improve.

Goal 5

PEI will measure and report on the effectiveness of its programs on an annual basis and will make timely course corrections based on available data.

5.1	<i>Publish PEI data on programs and outcomes through various outlets and venues.</i>	
	5.1.1	Collect and publish relevant information in the DFPS Databook and the DFPS Annual Report.
	5.1.2	Complete all reports required or requested by the Legislature and federal government to communicate the effectiveness of prevention programming.
	5.1.3	Seek opportunities to share information about the work of PEI, specifically at conferences and other public education opportunities.
5.2	<i>Disseminate research findings funded by PEI as well as best practices and innovative work from other sources.</i>	
	5.2.1	Create a communication network for PEI staff, providers and other stakeholders from which research reports on promising and best practices can be easily shared.
	5.2.2	Promote greater information sharing and coordination among researchers by hosting regularly scheduled roundtable discussions.
5.3	<i>Establish a new data collection system to evaluate contractor performance and program effectiveness.</i>	
	5.3.1	Incorporate data dashboards into the new PEI data system so that providers can track and monitor their own data.
	5.3.2	Provide contractors with accurate, real-time feedback on their output and outcome measures.
5.4	<i>Work with contractors to identify and assess all current data collection efforts.</i>	
	5.4.1	Survey contractors regarding the data they collect and the methods by which it is collected.
	5.4.2	Examine centralized data collection processes to streamline data entry and reduce duplication.
	5.4.3	Work with evidence-based programs to document their data-collection requirements.

GOALS, STRATEGIES & MEASURES

5.5	<i>Review data on a regular basis to support effective program implementation and contract compliance.</i>	
	5.5.1	Revise contract monitoring processes to better focus oversight activities on meaningful measures of program effectiveness.
	5.5.2	Continually evaluate and improve how PEI exercises its program and contract oversight responsibilities.
	5.5.3	Work with model developers and research partners to establish contract requirements and outcomes measures that align with models' goals.

Measures of Success

1. A new data system will be designed and implemented within the first three years of the plan.
2. The quality of data collected statewide will improve consistently over the life of this plan, which will then facilitate a more effective assessment of program success and outcomes.
3. Contract performance will improve, resulting in fewer corrective actions and increased achievement of contract outcomes and outputs throughout the life of this plan.



Goal 6

PEI will maximize its impact by collaborating with other state entities and external organizations working with similar populations.

6.1	<i>Partner with the Texas Department of State Health Services (DSHS) to implement the action steps in the DSHS-DFPS Strategic Plan to Reduce Child Abuse and Neglect Fatalities.</i>	
	6.1.1	Continue integrating the action steps in the DSHS-DFPS Strategic Plan to Reduce Child Abuse and Neglect Fatalities into ongoing and sustainable programs.
	6.1.2	Expand data-matching efforts to include a broader range of factors and variables to inform our understanding of child safety issues and child maltreatment.
	6.1.3	Analyze and operationalize findings of the updated data match.
	6.1.4	Work closely with the State Child Fatality Review Team at DSHS to address child maltreatment fatalities and support prevention efforts across the state.
6.2	<i>Continue the efforts of the PEI-led early childhood systems-integration group to identify, coordinate and integrate cross-sector initiatives for young children and their families.</i>	
	6.2.1	Establish a system for measuring outcomes resulting from cross-agency collaboration and use data to support successful programming.
	6.2.2	Establish a common agenda for state agencies participating in the early childhood systems-integration group.
	6.2.3	Work with the Texas Education Agency on a coordinated approach to family engagement and school readiness as outlined in House Bill 4 (84th Regular Session, 2016) and in related early childhood initiatives.
6.3	<i>Partner with other state agencies to implement recommendations of the Rider 17 workgroup on juvenile delinquency prevention.</i>	
	6.3.1	Cooperate with other state agencies to standardize risk assessments, develop a common agenda and establish a system for identifying measurable outcomes for dropout-prevention efforts.
6.4	<i>Work in partnership with Pregnant Post-partum Intervention (PPI), Parenting Awareness & Drug Risk Education (PADRE), Office of Title V and other state programs and agencies to better target services and resources, eliminate duplication of services and promote outcomes-driven decision-making.</i>	
	6.4.1	Use empirical data to identify areas in need and develop and implement funding strategies in concert with partner programs and agencies.

Measures of Success

1. The number of collaborative efforts with actionable plans and clear outcomes will increase.
2. Consolidation and streamlining of data and data-collection processes will result in less duplicative data and stronger data-matching efforts.
3. Data will illustrate reductions in child abuse and neglect referrals, juvenile justice referrals and other indicators of high-risk populations.

Goal 7

PEI will be transparent and inclusive in its planning and operations and will proactively publish its strategic plan and progress towards its goals.

7.1	<i>Create, publish and update a five-year strategic plan with input and support from PEI's stakeholders.</i>	
	7.1.1	Continue engaging internal and external stakeholders, including parents and youth, to inform strategic planning.
	7.1.2	Host regional meetings with diverse stakeholders to gather community input and deliver progress reports.
	7.1.3	Publish PEI's strategic plan on the division's website.
7.2	<i>Utilize and support the Prevention Advisory Committee as a key stakeholder group to identify successful practices, analyze data and programming trends, and identify areas for possible expansion of programming.</i>	
	7.2.1	Support quarterly meetings of the Prevention Advisory Committee to share information, evaluation results, program assessments and emerging data and to seek feedback and guidance from the committee.
	7.2.2	Involve the committee in PEI's annual strategic plan updates.
7.3	<i>Clarify and share decision-making criteria for internal division operations.</i>	
	7.3.1	Develop integration teams to explore and improve operational efficiencies within PEI.
	7.3.2	Update division program and policy handbooks to reflect changes and disseminate to appropriate stakeholders.

Measures of Success

1. PEI develops and publishes a five-year strategic plan and annual updates. Action plans are developed and desired outcomes are tied to the strategic plan.
2. Input from diverse stakeholders, such as law enforcement, educators and health care providers, continues to be incorporated into the plan.



“ I would say that the biggest influence in my life has been the group of people I have met at [a PEI-funded youth program]. They have empowered me to come out of my shell, speak up for what I believe in, to be yourself, have passion and do something great with my talents. Being a part of this program has led me to volunteer for projects throughout the community, be a spokesperson for change and create positive relationships with all the adult Youth Advisory Council leaders. After graduation, I plan to be a nurse and then go into the Air Force so that I can always help people. ”

— participant in PEI youth program

BACKGROUND

About This Plan

Legislation passed in 2015 requires DFPS to develop a comprehensive strategic plan for its prevention and early intervention programs. Senate Bill 206 requires DFPS to develop the first plan no later than September 1, 2016 and to adopt subsequent plans every five years. DFPS also must update the plan annually.

The Legislature specified the following seven mandates to be addressed in the strategic plan:

1. Identify methods to leverage other sources of funding or provide support for existing community-based prevention efforts;
2. Include a needs assessment that identifies programs to best target the needs of the highest risk populations and geographical areas;
3. Identify goals and priorities for the department’s overall prevention efforts;
4. Report the results of previous prevention efforts using available information in the plan;
5. Identify additional methods of measuring program effectiveness and results or outcomes;
6. Identify methods to collaborate with other state agencies on prevention efforts; and
7. Identify specific strategies to implement the plan and to develop measures for reporting on the overall progress toward the plan’s goals.

This is the first strategic plan produced under this legislative requirement. PEI will issue annual updates outlining progress toward goals, effectiveness of programs and changes in strategies.

State Context

At the time this plan was developed, a legislatively directed transformation of the Health and Human Services System was underway. Among other things, Senate Bill 200, passed in 2015, transferred the Texas Home Visiting program from Health and Human Services Commission to DFPS, nearly doubling the size of PEI's staff and budget.

Concurrently, Texas was experiencing a heightened focus on child abuse and fatalities, along with a growing commitment to preventing child maltreatment as the child population in Texas continues to rapidly increase. With nearly one in ten children in the United States residing in Texas, of which about one-third are under the age of six, PEI has a significant and growing role to play in supporting positive outcomes for children and youth across the state.

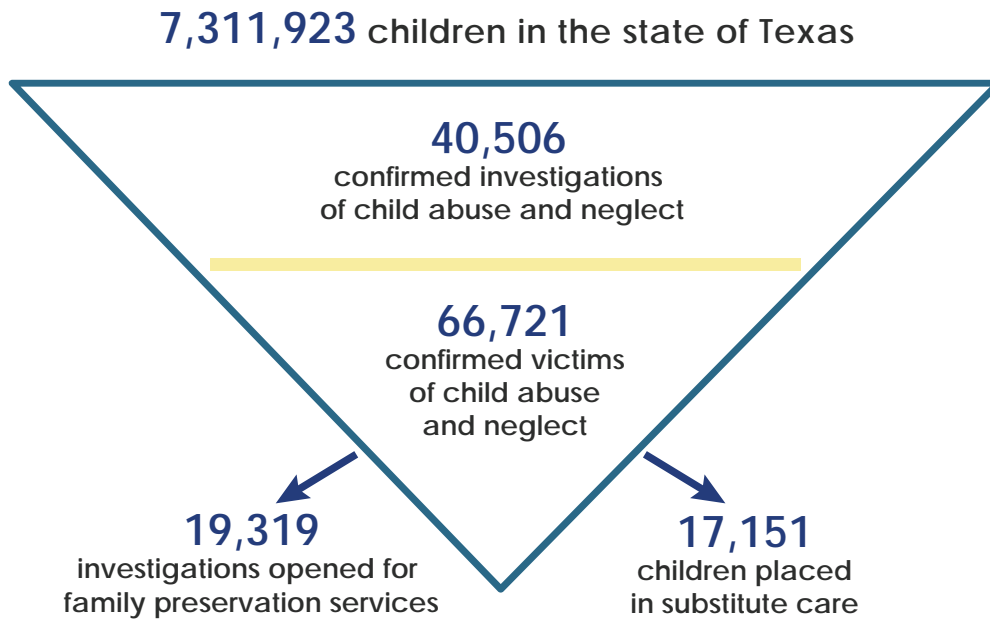
In the last three years, more than 66,000 children were confirmed victims of child maltreatment each year. While the number of child maltreatment fatalities has declined since an all-time high of 280 in FY 2009, 171 children died from maltreatment in FY 2015. The annual Texas Kids Count survey highlights many of the risk factors for child maltreatment as well as some measures of child well-being.

Child Well-Being In Texas	
Children in poverty	25%
Children living in a single parent household	36%
Children in a household considered food insecure	27.4%
School age children repeating at least one grade since kindergarten	12%
Percent of 4th graders not proficient readers	69%
Children without health insurance	13%
Percent of Texas births to teen parents	9.8%
Preterm births (as percent of all births)	12%
Dropout rate	6.6%
Juvenile violent crime arrests children age 10-17	120 per 100,000

Source: Texas Kids Count

BACKGROUND

In addition, DFPS data further illustrates the extent of reported child abuse and maltreatment in Texas.



Source: Texas Department of Family and Protective Services, 2015 Databook

About PEI

The Prevention and Early Intervention division of DFPS supports healthy social, emotional and cognitive development of children and youth in stable family relationships and nurturing community environments. Through programs and services designed to improve parenting skills, strengthen family relationships and build resiliency, PEI strives to reduce child abuse, enhance school readiness, improve social-emotional and physical health and strengthen communities. More specifically, Texas Family Code charges PEI with the following responsibilities:

- Plan, develop and administer a comprehensive and unified delivery system of prevention and early intervention services to children and their families in at-risk situations;
- Improve the responsiveness of services for at-risk children and their families by facilitating greater coordination and flexibility in the use of funds by state and local service providers;
- Provide greater accountability for prevention and early intervention services in order to demonstrate the impact or public benefit of a program by adopting outcome measures; and
- Assist local communities in the coordination and development of prevention and early intervention services in order to maximize federal, state, and local resources.¹

PEI-Funded Services

- Counseling
- Educational Services
- Youth Leadership Services
- Mentoring
- Life Skills Training
- Support Services (e.g., respite care, child care, transportation)
- Crisis Intervention
- Home Visitation
- Parent Advocacy
- Youth- & Family-Enrichment Activities
- Health Screenings

¹ Texas Family Code, Chapter 265, Sec. 265.002

BACKGROUND

PEI currently delivers on its mission by:

- 1) helping communities identify their needs,
- 2) providing funding and other resources for direct services and community collaborations and
- 3) conducting public awareness campaigns to influence attitudes, beliefs and behaviors related to parenting and child safety.

Office of Child Safety

The Office of Child Safety (OCS) is housed within PEI. OCS is charged with analyzing individual child abuse and neglect fatalities, near fatalities and serious injuries and identifying issues and patterns that could lead to system improvements and safer environments for children. With transparency and collaboration as key components to addressing serious and fatal child maltreatment, OCS publishes an in-depth annual report on child fatalities to highlight trends and intervention strategies. OCS also partners with other state agencies to address child maltreatment from a public-health approach, focusing on safe sleep, vehicle safety, water safety, and intimate-partner violence as a precursor to child maltreatment. Additionally, OCS is tasked with reviewing state and national trends, as well as prevention programs used elsewhere, and making recommendations for implementation in Texas.

OCS was formed to provide a transparent, informative and collaborative team to focus analysis and review of child fatalities to help inform upstream work in prevention practice and policy across DFPS and in conjunction with community partners. As one of the first divisions of its kind across the nation, OCS has ushered in a public-health approach to addressing child maltreatment, fatality prevention work, and collaboration across state agencies to support child safety, well-being and family resiliency. This work includes:

- **Public-Health Approach:** Using CPS and state health records data to create a joint strategic plan with DSHS to identify and address areas at high risk for child maltreatment.
- **Using Evidence-Based Services:** Identifying and providing evidence-based home visiting services to families with high risk and significant CPS history.

- **Collaboration:** Working with community partners to promote safe sleep, vehicle safety, firearm safety, water safety and strategies to address domestic violence.
- **Transparent Review and Information Sharing:** Providing in-depth case reviews, recommendations for program improvement and detailed data analysis to address specific issues in communities.

History of PEI

PEI was established by Senate Bill 1574 in 1999 to consolidate child abuse and neglect prevention, juvenile delinquency prevention, and early intervention programs within the jurisdiction of a single state agency. This structure helped eliminate fragmentation and duplication of contracted prevention and early intervention services for at-risk children, youth, and families. To further coordinate efforts, in 2001, the 77th Texas Legislature transferred administrative responsibility for the Children's Trust Fund to what is now DFPS. The trust fund was established in 1985 to provide supplemental funding for child abuse and neglect prevention programs using a set-aside from marriage license fees.

By 2002, PEI administered 18 programs, managed a division budget of \$63 million and supported 69 staff positions. This growth trend was reversed when the 78th Legislature eliminated six programs and transferred the Communities in Schools program to the Texas Education Agency.

In 2005, the Legislature increased prevention funds for the remaining PEI programs in an effort to restore them to prior funding levels. However, instead of funding individual programs as previous legislatures had done, the 79th Legislature combined funds into a single prevention strategy that included family strengthening and youth resiliency programs.

Organizational Milestones

- Became stand-alone program ————— 2014
- Established Office of Child Safety ————— 2014
- Increased state funding ————— 2015
- Expanded programming ————— 2015-16
- Merged with Texas Home Visiting ————— 2016

BACKGROUND

In 2007, the 80th Legislature increased prevention funds by appropriating \$3 million for evidence-based programs, known as the Statewide Youth Services Network (SYSN) and \$1.6 million for the Community-Based Family Support program. The 81st Legislature further increased funds for the SYSN and other at-risk prevention services programs in 2009. This growth was again reversed in 2011, when severe budget constraints resulted in a 32 percent reduction in funding for four ongoing programs, and others were eliminated.

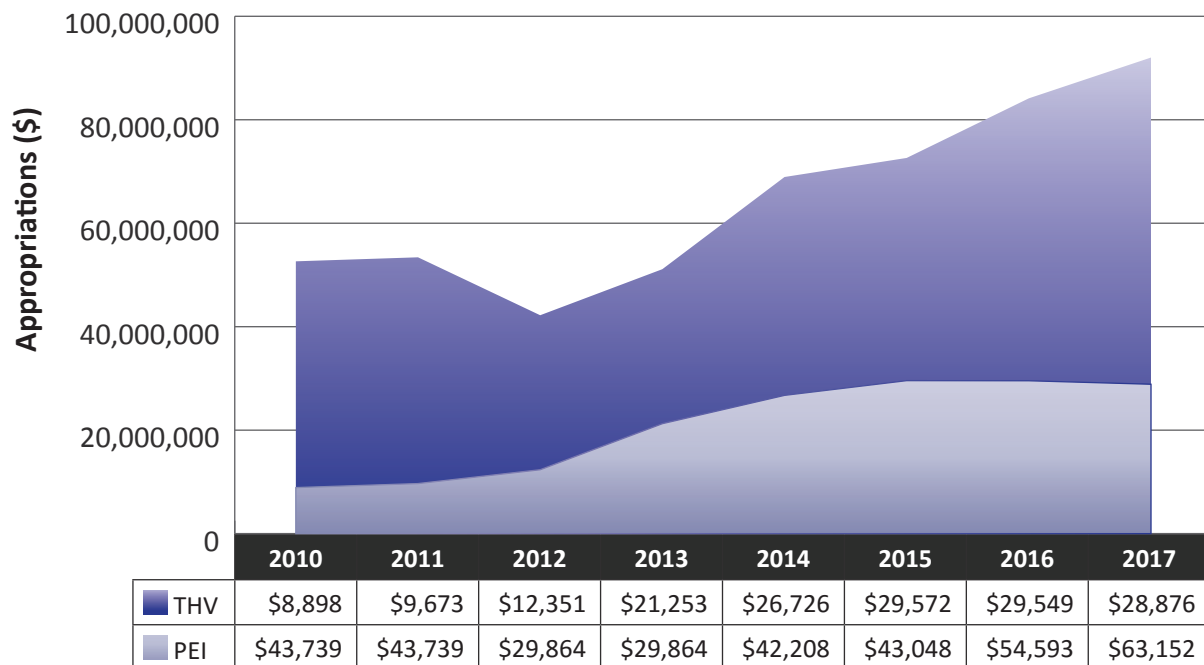
Following the budget-cutting session of 2011, the Legislature restored funding for prevention strategies at DFPS in the FY 2014-15 biennium, adding \$26.8 million for new programs. In September 2014, PEI was elevated from a contracting unit of Child Protective Services to a stand-alone program and the Office of Child Safety was

established within PEI. These changes broadened the scope of PEI's work and elevated the status of prevention work within DFPS.

In 2015, the 84th Legislature further increased funding for PEI by adding \$28.8 million for prevention services and campaigns in the FY 2016-17 biennium, funding a new \$3.3 million data collection and reporting system and adding the equivalent of seven fulltime positions.

PEI was directly impacted by Senate Bill 200, the comprehensive effort to transform the Texas Health and Human Services system. Pursuant to the bill, the Texas Home Visiting Program, including the Nurse-Family Partnership Program, transferred from HHSC to PEI. The move was intended to improve child and family outcomes and make better use of public resources.

PEI & Texas Home Visiting Funding



Fiscal Years

BACKGROUND

Texas Home Visiting

Texas Home Visiting is a voluntary program through which early childhood and health professionals or paraprofessionals regularly visit the homes of at-risk pregnant women or families with children under the age of six. Home visiting services are delivered in conjunction with strategic efforts to build community-based early childhood systems, connects home visiting services to other programs and services and build on a community-driven vision for early childhood. The primary goals of the program are improvements in maternal and child health, and improvements in school readiness and achievement.

State-funded home visiting in Texas originated with Senate Bill 156 in 2007, which directed HHSC to establish a Nurse-Family Partnership (NFP) competitive grant program to improve the health and well-being of low-income, first-time parents and their children. In 2011 and again in 2013, Texas Home Visiting expanded through a federal Health Resources and Services Administration grant. These grants expanded NFP and added three more evidence-based home visiting models (Parents as Teachers, Early Head Start – Home Based and Home Instruction for Parents of Preschool Youngsters) to provide a continuum of support, education and counseling on health, parenting, developmental issues and life skills to at-risk pregnant mothers and families of young children in high-risk communities.

The program expanded again with passage of Senate Bill 426 in 2013. Senate Bill 426 established a comprehensive home visiting infrastructure and mandated a strategic plan be developed to guide decision-making related to the expansion of home visiting services to effectively serve more vulnerable Texas children and families. Also in 2013, the Legislature, with Senate Bill 1836, established the Texas Home Visiting Program Trust Fund, to which individuals may voluntarily make a \$5.00 donation when applying for a marriage license or requesting a copy or certified copy of a birth, marriage or divorce record.

PEI Today

PEI provides prevention services through contracts with nonprofit organizations and local governments throughout Texas.

	Texas Home Visiting	Prevention and Early Intervention	Total
Budget FY 2016	\$29,549,599	\$54,593,556	\$84,143,155
Budget FY 2017	\$28,876,331	\$63,152,787	\$92,029,118
FTEs	27	38	65
Contracts FY 2015	32	73	105
Anticipated Contracts FY 2017	35	92	127
Clients Served FY 2015	4,425	49,845	54,297

PEI's contracted services target specific demographics and, in some cases, specific geographic areas. Increasingly, PEI's work has moved to the earlier stages of the prevention continuum — away from late-stage interventions to preventing the first occurrence of child maltreatment and juvenile delinquency.

PEI's programs are organized as follows:

Early Childhood (through age 5)

- Healthy Outcomes through Prevention and Support (HOPES)
- Help through Intervention and Prevention (HIP)
- Home-Visiting Education and Leadership (HEAL)
- Safe Babies
- Texas Home Visiting

BACKGROUND

Youth (ages six to 18) and Family (birth to age 18)

- Community-Based Child Abuse Prevention (CBCAP)
- Community-Based Family Services (CBFS)
- Community Youth Development (CYD)
- Fatherhood EFFECT
- Military and Veteran Families
- Service to At-Risk Youth and Families (STAR)
- Statewide Youth Services Network (SYSN)
- Texas Families: Together and Safe



In addition to providing family support services, PEI also promotes child well-being and prevents child maltreatment and juvenile delinquency through efforts to create systemic changes in the communities where children and families live. Examples of systemic changes include ensuring children have safe transportation options (e.g., walking, biking and buses) to schools and after-school programs, families have access to nutritious food choices, parks and other neighborhood amenities are shared by all, and economic opportunities are within everyone's reach. PEI also conducts public-awareness campaigns and creates professional development opportunities for child- and family-serving professionals.

Strategic Planning Process

To prepare this plan, PEI sought input from stakeholders across the state. In 2015, PEI launched the Texas Prevention Network as a first step toward enhancing communication with stakeholders. From there, webinars, think tanks, contractor surveys, regional meetings, conference participation and staff surveys were among the ways PEI provided formal opportunities for input. In addition, the Prevention Advisory Committee, a new high-level advisory body, was launched in May 2016 to provide strategic guidance and support to DFPS.

Texas Prevention Network

The Texas Prevention Network is an informal network of professionals with an interest in strengthening families and communities through prevention strategies. TPN is currently an email-based communication platform used primarily to share organizational updates with stakeholders. Since its launch in 2015, more than 800 experts, advocates, service providers and other stakeholders from around the state have joined the network.

Think Tanks

Drawing from the Texas Prevention Network, PEI convened six short-term think tanks to contribute to the development of this plan. Each think tank was co-chaired by an external stakeholder and a senior staff member from PEI. Think tanks focused on the following six areas of critical importance to PEI:

- Continuum of Prevention Services
- Contractor Relations
- Evidence-based Programming
- Service and Program Coordination
- Program Sustainability
- Research and Evaluation

Designed to stimulate dialogue and draw upon the experience and expertise of a wide range of stakeholders, each think tank produced a report that summarizes the issues related to its assigned topic and makes recommendations for addressing those issues. Key outcomes from each of the think tanks are summarized in Appendix I.

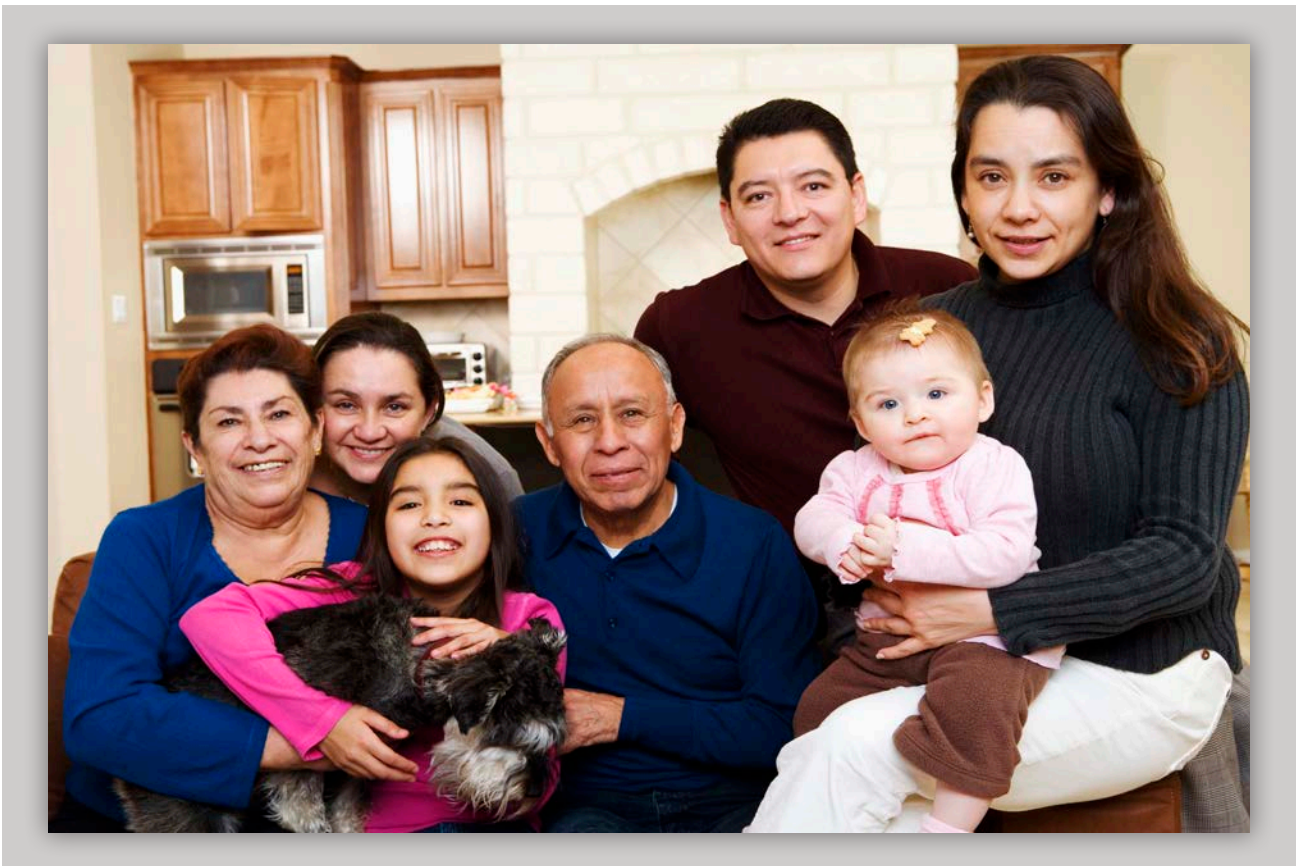
BACKGROUND

Regional Meetings

Another opportunity for stakeholder engagement was a series of regional meetings held in Amarillo, Dallas, El Paso, Houston, Laredo and San Marcos. These meetings were designed to elicit feedback from a broad range of community members. Participants were encouraged to offer candid feedback on questions related to their experience partnering with PEI, funding allocation, program sustainability and cross-sector collaboration.

Feedback from across the state was wide ranging:

- “PEI is very positive, responsive and receptive to innovative ideas.”
- “PEI’s effort to be both a responsible contracting partner and a source of subject-matter expertise is sometimes confusing and contradictory for communities.”
- “As a state contractor for 20 years, working with PEI has never been better than now. At times it has been unbearable.”
- “Providers have difficulty fundraising due to a lack of local support and skilled staff. In addition, philanthropic organizations are rarely motivated to replace government funding.”
- “PEI does try to balance state requirements and community needs. It’s not perfect yet, but we appreciate the attempts to balance.”
- “There is both a need and a desire for universal parent education and public awareness campaigns.”
- “PEI listens! They provide opportunities for feedback and then follow up with responses when possible.”
- “There is a need to enhance communication and collaboration between and among providers and state agencies to improve service delivery, reduce duplication of services and facilitate the most effective use of program dollars.”
- “Procurement, contracting and monitoring procedures are burdensome and interfere in providing quality services.”



BACKGROUND

Although the feedback revealed a number of common issues and concerns, it also provided insight into regional and cultural differences, and the need to respond to those differences with appropriate services, funding, training and other forms of support.

- Small communities report having less access to private-sector funding but are held to the same local match standards as metropolitan areas.
- Certain communities, such as Austin, are saturated with nonprofit organizations that are desperate for funding.
- Border communities have geographic, economic and cultural ties to neighboring jurisdictions (e.g., El Paso and New Mexico) that should be considered.
- Cultural differences, including but not limited to immigrant and refugee populations, are important factors.

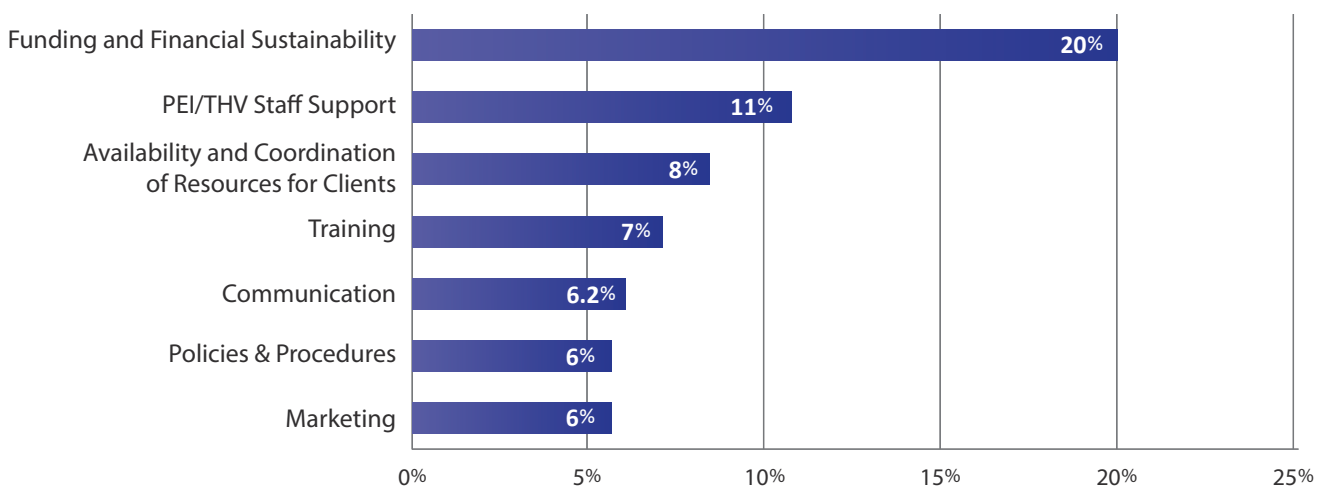
Contractor Surveys

PEI surveyed contractors in December 2014 and again in February 2016. The survey data underscores the importance of clear and consistent communication and staff support, as well as ongoing training and professional development opportunities for contractors. Respondents also highlighted concerns about funding and burdensome policies, procedures and paperwork.

Evaluations and Literature Reviews

Because of the priority it has placed on evidence-based programs, data-driven decision-making and its desire to be a learning organization, PEI has commissioned a number of third-party evaluations, social marketing research and literature reviews to inform its work. These include evaluation plans and reports, a review of literature regarding child maltreatment prevention programs and two literature reviews specifically focused on fatherhood programs and programs for military families. The table on page 25 outlines these research and evaluation projects.

Contractor Concerns and Priorities



Source: PEI and Texas Home Visiting Contractor Survey, February 2016

BACKGROUND

PEI Program/ Initiative	Research & Evaluation Partner	Currently Available Reports	Upcoming Reports
Texas Home Visiting	The University of Texas at Austin, LBJ School of Public Affairs, Center for Child and Family Research Partnership	Father Participation Evaluation, December 2014 Process-Implementation Evaluation, Interim Report, September 2015	Process Implementation Evaluation, Final Report, Fall 2016 Father Participation and Retention Evaluation, Preliminary Report, Fall 2016 Systems-Level Change Evaluation, Preliminary Report, Fall 2016
Healthy Outcomes through Prevention and Early Support (HOPES)	The University of Texas at Austin, School of Social Work, Child and Family Research Institute	HOPES Evaluation Plan, January 2015 Literature Review: Evaluation of Child Maltreatment Prevention Developing Strategies for Child Maltreatment Prevention: A Guide for Community Needs Assessments, June 2015	Analysis of Ten Years of Prevention Outcomes, Fall 2016 Preliminary Effectiveness Report on HOPES I, Fall 2016
Military and Veterans Family Program	SUMA Social Marketing	Literature Review Focus Group Report	
Military and Veterans Family Program	The University of Texas at Austin, LBJ School of Public Affairs, Center for Child and Family Research Partnership		Preliminary Report, Fall 2016
Fatherhood Programs	SUMA Social Marketing	Literature Review Focus Group Report	
Safe Sleep Public Awareness	SUMA Social Marketing	Literature Review Focus Group Report	
Services to At-Risk Youth (STAR) Community Youth Development (CYD) Program	Texas A&M University, Department of Recreation and Tourism		Review of programs for STAR population, September 2016 Review of assessments related to measuring outcomes, September 2016 Literature Review for CYD, September 2016
Safe Babies Project	The University of Texas Health Science Center at Tyler		Research and implementation underway

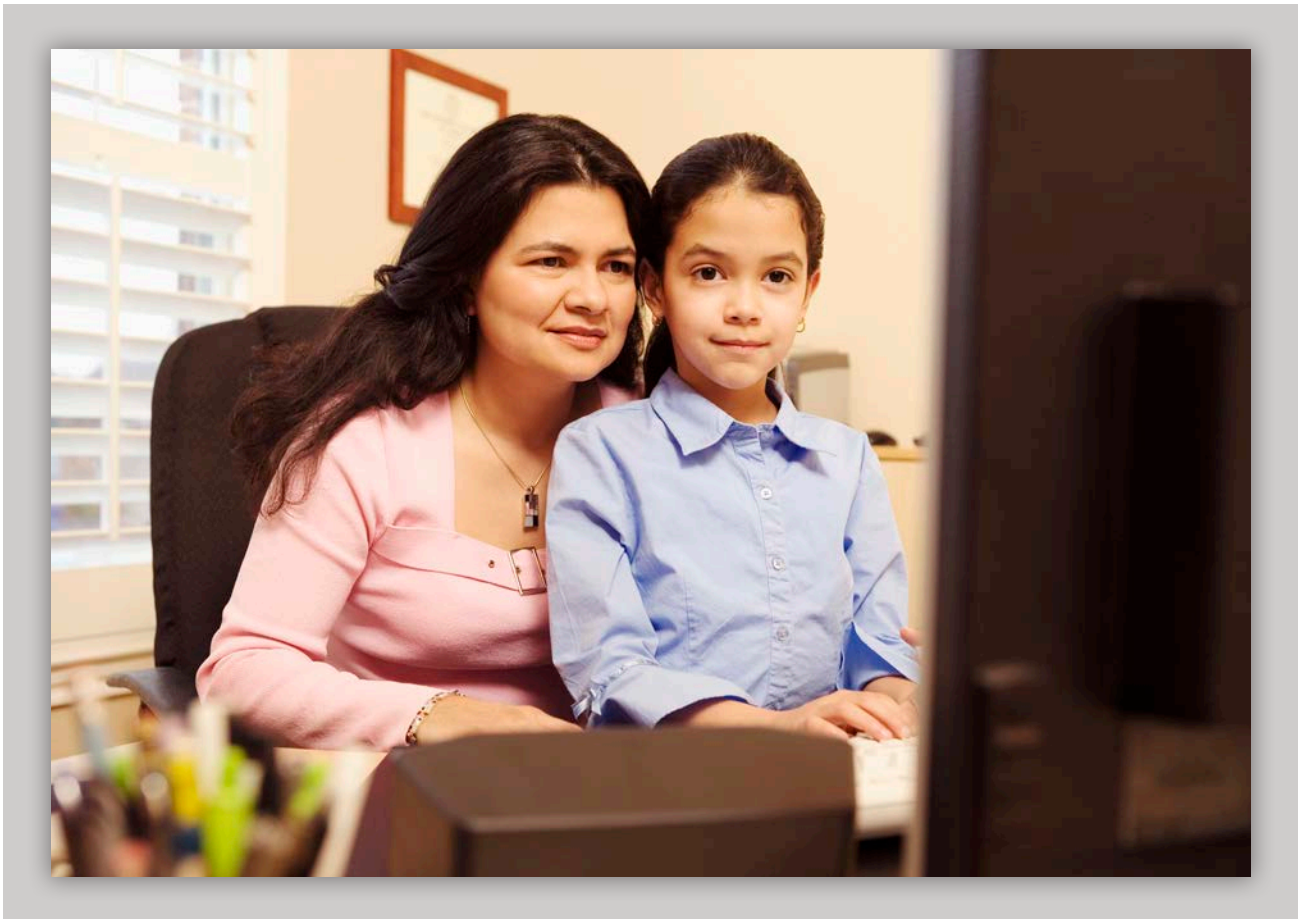
BACKGROUND

Research Roundtable

PEI convened a group of research authorities and agency staff for a day-long discussion about measuring prevention service quality, fidelity and outcomes. Joining DFPS staff were research partners from the University of Texas at Austin, Baylor College of Medicine, UT Health Northeast and Texas A&M University. The group discussed how to refine current strategies for measuring service quality, fidelity and outcomes, including ways to display data and how to more regularly review data for continuous quality improvement. PEI's research partners now meet quarterly to ensure greater coordination of efforts and more uniform approaches to data collection and measurement where appropriate.

Integration Teams

As part of the merger of PEI and Texas Home Visiting, staff from both units were organized into nine teams to guide and support the development of integrated infrastructure, standardized processes and a welcoming and productive culture for PEI staff, contractors and other stakeholders. Each workgroup was asked to complete a specific set of tasks identified as high priorities for the new organization. Topics include contract improvement, research and evaluation, workforce development, internal culture, financing, program operations, systems integration, procurement, and branding and messaging. This work is ongoing.





Because most of the children dying of child maltreatment are pre-school age, the medical community, day care providers, law enforcement, first responders and other key stakeholders must work together to form a more effective safety net for families at risk. This approach would lead to opportunities for earlier interventions and, ultimately, prevention of child maltreatment deaths.

— Protect Our Kids Commission



“It has helped me with doubts about the development of my daughter because there are things that I didn’t know.”

— home visiting client

APPENDIX

THINK TANK SUMMARIES

Continuum of Prevention Services Think Tank

The focus of the Continuum of Prevention Services Think Tank was to develop a framework to consider prevention impact opportunities, identify corresponding strategies and services, and explore funding distribution. The proposed framework comprises five stages along the prevention continuum (three prevention stages and two intervention/treatment stages) with examples of strategies that can be implemented at each stage. The framework may be used to identify further opportunities for impact, balance points of impact, identify appropriate saturation levels for each stage, and determine how resources should be allocated to address different stages of the continuum.

Recommendations:**Adopt the proposed framework for use in planning and assessing prevention efforts.**

- **Conduct further review of funding and resource allocation.** PEI should work with communities to further map out state and local resources that are allocated across the continuum.
- **Assess gaps and minimize duplication** across funding streams.

Focus on stages 1-3 of the continuum of prevention services: culture of care, education and prevention.

- **Provide a broad range of support** along the continuum of prevention services, prioritizing funding and investment for stages 1-3.
- **Shift PEI investments** to earlier stages of the continuum; over time, shift funding to support more work at stages 1 and 2 (culture of care and universal services/education).
- **Focus on building partnerships** that support work at stages 1 and 2.
- **Work with evaluators and other stakeholders** to further define what work is included in stages 1 and 2 and how to measure efficacy of those efforts.

Identify the stages at which families need targeted services.

- **Work with partners to develop a universal screening process** to identify where families fit on the continuum.
- **Use universal screening to inform referrals**, thereby ensuring families are steered toward appropriate support services.

Engage partners for each stage of the continuum to help build a more robust prevention network.

- **Identify traditional and non-traditional partners** interested in being engaged at specific stages of prevention work.
- **Engage partners from a variety of sectors**, including health care, child care, nutrition programs (e.g., WIC), prevention programs, etc.

Allow for fluid transfer between the stages of the continuum. Policies should enable families to access prevention services appropriate for their current needs. Prior intervention and treatments should not restrict subsequent access to prevention services.



THINK TANK SUMMARIES

Texas Continuum of Prevention Services Framework (proposed)					
P R E V E N T I O N		I N T E R V E N T I O N		T R E A T M E N T	
STAGE 1		STAGE 2		STAGE 3	
STAGE 4		STAGE 5		STAGE 6	
Outcome	Resilient Culture of Care	Resilient Communities	Resilient Families & Individuals	Resilient Families & Individuals	Break the Cycle
Target Population	Everyone	All families with children	Families with minimal, categorical risk factors	Families with multiple, serious, or diagnosed risk factors	Abuse identified
Objective	Promote a culture of care that places a high value on the well-being of families and children. Communities feel responsible and hold themselves accountable for the well-being of children and families in their area.	All families have access to education and resources to ensure success. Partners conduct universal screenings linking families to service providers. Providers assess families more thoroughly to tailor services specific to families' needs and preferences.	Risk factors are managed with mitigating supports. Safety net of informal supports are increased. (Formal supports provided if assessment indicates need)	Risk and protective factors are targeted through best practices with evidence of effectiveness. Safety net for family is increased through both informal and formal supports.	Intensive best practices services with evidence of effectiveness delivered to prevent recurrence.
Design	Communities assess trends, fill gaps, modify overall culture to respond to the needs of families in their community using qualitative and quantitative data from all stages including input from families, stakeholders, and service providers.	Families are assessed and engaged in service delivery design on an ongoing basis to ensure maximum participation and needs are addressed. Though PEI is encouraged to invest in prevention stages (1-3), collaborations at the state and local levels must occur to allow for seamless service provision for all families through stages 4 and 5 (potentially funded by other state agencies). Families must be able to enter at any point, in any order along the continuum based on needs.			
Examples of Strategies	Public info, awareness efforts, events, policy changes, community assessments, infrastructure fostering family engagement and desired norms (e.g., zoning, gardens, restaurants, family friendly events)	Universal services, community events, hospital-based services, universal screenings; high quality/affordable childcare, paid maternity leave, healthcare, education on child development, value placed on families in work culture, educate community about services	Targeted services, informal support services, accessible and engaging "safe places" and prosocial activities, Basic needs assistance	Targeted services; trained professional services, basic needs assistance	Targeted services utilizing trained professionals, treatment, informal support & services, basic needs assistance
Examples of Potential Partners	Nonprofit and governmental agencies doing prevention/education/awareness work, community coalitions and groups, city and service planners, United Ways, state, federal, and local governments, policy makers, advocacy partners, faith-based organizations, worship communities, transit departments, Ag Extension, malls, hotels, schools, businesses, media, universities, hospitals, civic organizations, libraries, recreational centers, social media/marketing entities, movie theaters, first responders, professional associations, foundations, families, community members	Nonprofit and governmental agencies providing Universal services, Medicaid/insurance, LMHAS, Foundations, pediatricians/doctors, hospitals, child care, parents, private and public schools, school counselors, pre-k, faith-based partner, WIC, housing services (HUD), midwives/doulas, ECI, 211, HelpandHope.org (online referral directory), family resources networks, fatherhood associations, pregnancy centers	Texas Home Visiting/PEI service providers and other state grant recipients, children's advocacy centers, basic needs / concrete service providers, service coordination, case management for pregnant women (Medicaid), alternative response, YMCA, Boys and Girls Club	Mental health providers, Texas Home Visiting/ PEI service providers, domestic violence programs, state hospitals, domestic violence shelters, substance abuse providers, children's advocacy centers' case coordination and case review services, law enforcement, mental health deputies, anger management/Batterers Intervention Program (BIP) providers, juvenile probation departments, 12-step programs	Nonprofit and governmental entities providing treatment, children's advocacy centers' forensic interviews and case coordination services, adoption services, providers, foster care families/providers, children's shelters, FBSS, CVS, trauma – based treatment, DSHS, CASA, law enforcement, juvenile probation dept.

Contractor Relations Think Tank

The focus of the Contractor Relations Think Tank was to create an opportunity for contractors and stakeholders to provide input on ways to improve relationships, build trust and develop positive partnerships in order to improve contract performance, streamline processes and remove deterrents to applying for PEI contracts.

Recommendations:

Build trust and enhance communication channels between contractors and PEI.

- **Be as transparent as possible** during the solicitation and contracting processes.
- **Allow for more two-way communication** with and between contractors (and other external stakeholders) and PEI, and improve responsiveness to suggestions from outside sources.
- **Recognize and reward programs and contractors** that go above and beyond.
- **Engage community partners in program development** to ensure that programs are designed in a manner that is feasible for partners to implement.

Improve and streamline the procurement process.

- **Shorten and simplify the request-for-proposal (RFP) process.**
- **Ensure that instructions and expectations relevant to procurement are simple, straightforward and easily understood.**
- **Allow direct communication** between the state negotiators and contractors during the negotiation phase.

Increase awareness of prevention services offered in local communities.

- **Develop an outreach program** that includes contractor outreach efforts and educates the general public and stakeholders (e.g., CPS, hospitals, courts and schools) about the availability of PEI services.
- **Develop a robust social media campaign** about prevention of child maltreatment.
- **Work together to educate**, inform and increase the number of prevention and early intervention providers in communities.

Improve and streamline the contract management and oversight process.

- **Embrace automation.** Develop a strategy for using technology to enhance document and signature flow, data reporting and contract amendments.
- **Revise outdated policies and procedures.** Improve internal procedures for budget adjustments, plan changes, data collection, invoicing and quarterly reports.
- **Be more flexible and receptive** to the specific needs of individuals and communities.
- **Determine whether current performance measures are appropriate** for each program and revise when indicated.

Evidence-based Programming Think Tank

The Evidence-Based Programming Think Tank explored issues that arise when funding, implementing and monitoring programs on the evidence-based spectrum, and outlined recommendations for PEI on the subjects of:

- maintaining fidelity to evidence-based practices,
- tracking and approving adaptations to an evidence-based practice,
- participating in voluntary programs,
- using common terminology when discussing evidence-based prevention programs, and
- aligning community needs and available interventions.

Recommendations:

- Use the following three levels of categorization when referring to practices and programs: **(1) evidence-based, (2) evidence-informed and (3) emerging.**
- **Provide communities with a decision tree** that will guide the selection of interventions based on community needs.

Key Takeaways

- **Fidelity to evidence-based models is vital to assess whether the intervention is implemented as intended by the developers.** Maintaining fidelity can be complex and generally requires technical assistance from both the state/funder and the model/program expert.
- **Tracking and monitoring local adaptations requires detailed communication** between PEI and service providers to validate the need for program changes.
- **Prevention work relies on the voluntary engagement of children, youth and families.** To achieve and sustain large scale gains in child well-being, steps must be taken to increase enrollment. Examples include normalizing the practice of seeking help, expanding eligibility criteria, offering incentives and providing transportation.

Program Sustainability Think Tank

The Program Sustainability Think Tank focused on how the state can best attract outside resources and how it can better support communities in their search for additional funding for child- and family-strengthening programs and services. The think tank approached its work from the position that the state and local communities should work together to achieve a sustained level of services and programs focused on improving the well-being of children and families.

Recommendations:

- **Approach financial sustainability as a strategic partnership with stakeholders** that can contribute financially to prevention and wellness programs.
- **Promote shared ownership and coordinated funding efforts** among stakeholders at all levels.
- **Encourage community coalitions** to explore collective sustainability through new revenue streams. Examples of revenue streams include:
 - Bonds and levies
 - Taxes and fees (e.g., admission, user, mitigation, developer impact)
 - Other government budget allocations
 - Private and community foundations, including hospital foundations
 - Businesses
 - Social impact financing
 - Earned revenue opportunities (e.g., thrift stores, venue rentals and social business ventures)
- **Conduct community-awareness and sustainability efforts** in partnership with the business community.
- **Assess private-sector resources currently being leveraged to enhance or expand PEI services**, and recognize that some contractors already supplement PEI funding with funding from other sources.
- **Initiate and fund a community-asset mapping initiative** to better understand who is engaged in related work as providers, funders and advocates.
- **Conduct a service-mapping exercise at the state level** to better understand gaps and duplications in service delivery.
- **Routinely share outcomes and performance measures** with the media and other targeted and general audiences.

Service and Program Coordination Think Tank

The focus of the Service and Program Coordination Think Tank was to determine how to better coordinate prevention efforts at the local level. Think tank members took a broad view of programs and services and included coordination among organizations addressing mental health, substance abuse, education, child care, child support, job training, housing, transportation, income assistance and other child- and family-serving organizations. Discussions focused on the importance of effective coalition work and identified the following common challenges: lack of a common agenda, insufficient trust, ineffective communication and absence of mutual accountability.

Recommendations, roles and responsibilities:

- **PEI should foster program and service coordination in communities** by informing, connecting and assisting individuals and organizations that have a vested interest in the well-being of children, families and communities and funding community-directed programs and services that align with the mission and goals of PEI.
- **PEI should be an essential hub** for all aligned community organizations, not just its grantees.
- **Local stakeholders should have primary responsibility** for establishing priorities, developing strategies and delivering programs and services that support the healthy development of children and families in their communities.

Recommended strategies:

- **Establish PEI as a statewide hub** for communication, knowledge-sharing and assistance among stakeholders engaged in strengthening children, youth and families.
- **Increase access to data**, current research, implementation strategies and other best practices.
- **Help communities engage stakeholders**, particularly stakeholders that traditionally are not included (e.g., healthcare providers and law enforcement).
- **Link PEI grantees with other stakeholders, funders and service providers**, both to create mutual awareness and understanding of community needs and funding practices as well as a shared strategy for addressing the needs.

Research and Evaluation Think Tank

The focus of the Research and Evaluation Think Tank was to determine how to use data and other forms of objective information to support the development, implementation and sustainability of effective prevention and early intervention programs and services. Think tank members recommended outcome areas and high-level indicators to evaluate and provide comprehensive data for programs.

Recommended output measures for PEI:

- **Expected and actual numbers** of target families served monthly and annually
- **Children/families served** in the contract period
- **Pre- and post-service protective factors survey** completed by the caregiver
- **Surveys associated with the service model** used by the program
- **Client demographic and outcomes data**

Recommended outcomes and indicators for children and families:

Short-term

Desired Outcome	High-level Indicators
Protective factors in parenting have increased (based on validated pre- and post-surveys)	Documented increases between pre- and post-test protective factor surveys
An increase in protective factors as reported by families served	Documented increases from self-report survey
Children, youth and families are assessed for risk and connected to services to support positive outcomes and economic stability	Required information from providers
An increase in reporting child maltreatment in communities that have newly developed PEI interventions	Number of reports received by DFPS Statewide Intake

Mid-term

Desired Outcome	High-level Indicators
Parents will not abuse or neglect their children during services.	Parents will not be confirmed perpetrators in the CPS system during the time of service delivery.
Children will remain safe while receiving services.	Children/youth will not be confirmed victims in the CPS system during the time of service delivery.
Youth will not be referred to juvenile courts during services.	Youth will not have new involvement in the justice system during the time of service delivery.
An increase in protective factors as reported by families served	Self-report survey results
A reduction of at-risk behaviors as reported by families served	Self-report survey results
Children, youth and families are connected to and involved in services to address positive health outcomes.	<ul style="list-style-type: none"> • Health visits for mom and baby • Healthy deliveries (low birth weight/pre-term birth) • Medicaid enrollment

APPENDIX

Long-term

Desired Outcome	High-level Indicators
Youth will not engage in delinquent behavior long-term.	<p>Youth will not have new involvement in the justice system within three years of completed service delivery.</p> <p>Youth will not have new involvement with the justice system while under the age of 18.</p>
Children will remain safe long-term.	Children/youth served will not be confirmed victims in the CPS system within three years of completed service delivery.
<p>Families served will demonstrate sustained increase in protective factors linked to child maltreatment</p> <ul style="list-style-type: none"> • parents will not abuse or neglect their children (required to report for up to three years after receiving services) • protective factors in parenting have increased (based on a validated pre and post survey) • programs focused on children ages 3 and under helped reduce the number of child fatalities 	Parents or caregivers (adult or youth parent enrolled in program) served will not be confirmed perpetrators in the CPS system within three years of completed service delivery.
Youth will remain in school or complete their education.	TEA data within three years of completed service delivery.

Prevention and Early Intervention Division
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