



TEXAS
Department of Family
and Protective Services

Prevention Task Force

Report

August 31, 2018

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Baylor
College of
Medicine

Section of Public Health and Primary Care

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August 31, 2019

Dear Commissioner H. L. Whitman:

On behalf of the Texas Department of Family and Protective Services (DFPS) Prevention Task Force created by the 85th Regular Legislative Session, I would like to thank you for the opportunity to advise the agency in its prevention efforts. It is a privilege to be entrusted with the responsibility of advancing the department's Prevention and Early Intervention growth and service strategies.

Your prevention programs and strategies are improving the lives of some of the most vulnerable children and families within our communities across the state. They lead to stronger families and healthier, more resilient children. This is a crucial piece of the recipe to reduce child abuse and neglect in our state and the Prevention Task Force is proud to champion the department's prevention work.

DFPS's Prevention and Early Intervention Division and its community partners continue to do groundbreaking work. In supporting evidence based programming and best practices which are producing positive outcomes, they continue to spearhead collaborative efforts to achieve a collective impact for children and families not only in our communities but the state level as well.

Attached you will find the required task force report and recommendations developed and approved by the members of the Prevention Task Force. It is our hope that this report will be shared with both the Office of the Texas Governor as well as other Legislative leadership. We believe the recommendations contained within this report will provide you with tools to make strategic decisions in progressing your prevention efforts in Texas.

Sincerely,

A handwritten signature in blue ink, appearing to read "Chris Greeley", written in a cursive style.

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Executive Summary

At the conclusion of the 85th Legislative session, Governor Greg Abbott signed HB 1549 in to law. This house bill amended Chapter 40 of the Human Resources Code and codified the establishment of the Prevention Task Force. The Task Force was charged with making recommendations to the DFPS Commissioner for changes to law, policy and practice containing recommendations around:

- The prevention of child abuse and neglect,
- The implementation of the directives of HB 1549, and
- The implementation of the five year strategic plan for the PEI Division of DFPS developed under Section 265.005, Family Code.

In order to fulfil the statutory requirement of submitting recommendations to the DFPS commissioner, the task force prepared a report that details its activities and provides its findings and recommendations. The report's recommendations were organized into five strategies for the commissioner's consideration to advance DFPS's prevention efforts in Fiscal Year 2019. The recommended strategies include:

1. Developing a **prevention framework** to guide community readiness and action;
2. Exploring the financial potential of the children's trust fund and other **governing structures and financing opportunities for communities** to maximize all available resources;
3. Developing a **community tool kit** to empower action at the local level;
4. **Elevating early brain development** and early childhood as the premium opportunity for prevention efforts; and
5. **Expand prevention programming** to align with the data-driven, risk-based growth strategy for prevention.

In order to focus each recommended strategy, the task force members framed the purpose and scope of the subcommittees and elected to join the subcommittee that best aligned with their interests and areas of expertise. The four subcommittees are:

- Developing a Prevention Framework Subcommittee,
- Regional Children's Trust Fund and Finance Subcommittee,
- Community Toolkit Subcommittee, and
- Elevating Early Brain Development Subcommittee.

The overall recommendation made by the Task Force appeals to the Commissioner for his support for expanded PEI programming based on strategic and data-driven growth and request increased funding for PEI to do so in the 2020-2021 biennium.

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Recommendations made by the Developing a Prevention Framework Subcommittee include exploring the development of a functional and accessible technical resource diverse communities can utilize to promote safe, stable, nurturing relationships and environments; and expanding the “Texas Continuum of Prevention Services Framework” in PEI’s Strategic Plan by adding a new row(s) outlining the continuum of prevention approaches/strategies utilized in Texas.

Recommendations made by the Regional Children’s Trust Fund and Finance Subcommittee include crafting statutory amendments to create a Statewide Prevention Network in Texas that would focus on creating networks in communities across Texas; develop and finalize agency protocols for establishing, funding and supporting of these networks; and identify up to four communities in Texas that are poised to pilot this model.

Recommendations made by the Community Toolkit Subcommittee include exploring the use of a toolkit aimed at supporting communities in their collaborative efforts to align around child maltreatment prevention and the promotion of positive outcomes for children; identify the top 10 measurable, mid-level indicators for long term change and develop a drivers of change resource for those indicators; and state agency collaboration and coordination in connecting existing coalitions within a community to reduce duplication of efforts and leverage resources.

Recommendations made by the Elevating Early brain Development Subcommittee include the development of a strategic initiative to assist PEI in addressing early brain development through identifying best practices, promising practices and/or current evidence-based practices in addressing early brain development; defining the measurement of success; outlining the role of local community, medical community, philanthropy, state and federal partners; creating a communication strategy; and using the call to action from the Pediatric Brain Health Summit to provide further guidance in the development of this strategic initiative.

The role of the Prevention and Early Intervention (PEI) division of the Department of Family and Protective Services (DFPS) 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. The Prevention Task Force believes its recommendations will assist the DFPS Commissioner in advancing his prevention efforts in Fiscal Year 2019, strengthening families and making Texas better for the generations to come.

Introduction

The Prevention and Early Intervention (PEI) division of the Department of Family and Protective Services (DFPS) separated from Child Protective Services in 2014 and merged with Texas Home Visiting (THV) in 2016. PEI adopted a five-year strategic plan to dedicate itself to reducing the risk of child maltreatment, fatalities and other childhood adversities.

Increasingly, PEI's work has moved to the earlier stages of the prevention continuum — away from late-stage interventions to preventing early occurrences of child maltreatment and juvenile delinquency and promoting the skills and strengths that keep families out of crisis.

PEI's role 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 supports healthy social, emotional and cognitive development of children and youth in stable family relationships and nurturing community environments.

PEI's strategies are rooted in the understanding that families have the primary responsibility for creating a safe and nurturing environment for their children, and that 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 voluntary, community-based services are delivered through more than 140 contracts with nonprofit organizations and local governments throughout Texas. In addition it manages more than 20 contracts for research, evaluation, technical assistance. As such, PEI's clients include contracted service providers and the thousands of Texans who receive services from PEI's network of providers.

The Charge

In 2017, the 85th Legislature passed HB 1549, amending Chapter 40 of the Human Resources Code, establishing the Prevention Task Force charged with making recommendations to the DFPS Commissioner for changes to law, policy and practice. Any proposed changes to law, policy and practice must contain recommendations around the prevention of child abuse and neglect, the implementation of the directives of HB 1549 and the implementation of the five year strategic plan for the PEI Division of DFPS developed under Section 265.005, Family Code.

HB 1549 called on the department to provide reasonably necessary administrative and technical support to the task force and afforded the DFPS Commissioner the discretionary authority to determine the number of members on the task force, select the task force chair and appoint members to the task force that may represent:

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- A chair of a child fatality review team committee;
- A pediatrician;
- A judge;
- Representatives of relevant state agencies;
- Prosecutors who specialize in child abuse and neglect;
- Medical examiners;
- Representatives of service providers to the department; and
- Policy experts in child abuse and neglect prevention, community advocacy or related fields.

The task force is required to prepare a report detailing its activities and provide findings and recommendations. The following report discusses the background of prevention efforts in Texas, activities of the task force, an update on the implementation of HB 1549 and the task forces' recommendations to updating PEI's five-year strategic plan in a format approved by the task force. The report is due to the DFPS Commissioner no later than August 31, 2018.

Background

With a rapidly increasing child population, it is crucial that PEI focus its efforts on employing effective upstream prevention efforts. By utilizing a comprehensive public-health approach in the upstream prevention of child abuse and neglect, PEI fosters a collective sense of responsibility in all Texans for ensuring the safety and well-being of the more than 7 million children residing in our state.

The Scope of the Problem

Child Maltreatment in Texas

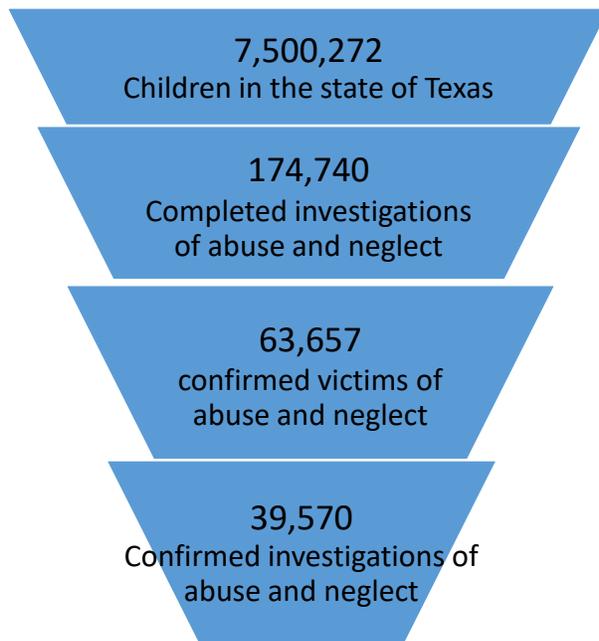


Figure 1: Data from DFPS Data Book

In 2017 over 63,000 children were confirmed victims of child maltreatment in Texas; this represents an 8 percent increase from the previous year. Of these children, almost 50 percent (30,532 children) were under the age of 5.

With almost 200,000 substantiated occurrences of neglectful supervision, this continues to be the most prevalent form of maltreatment experienced by Texas children. Data published by DFPS further illustrates the occurrences of child abuse and maltreatment in Texas.

Out of the 174,740 cases of child abuse and neglect DFPS investigated, slightly over 24,000 cases were opened for family preservation services and approximately 9,100 cases were closed with

children being removed from their families and placed in substitute care¹. Comparatively, in Fiscal Year 2016 roughly 21,000 cases were opened for family preservation services and nearly 8,500 cases resulted in children being placed in substitute care. These numbers underscore a critical need to focus on prevention efforts upstream to support children and families.

The Larger Picture of Childhood Adversity in Texas

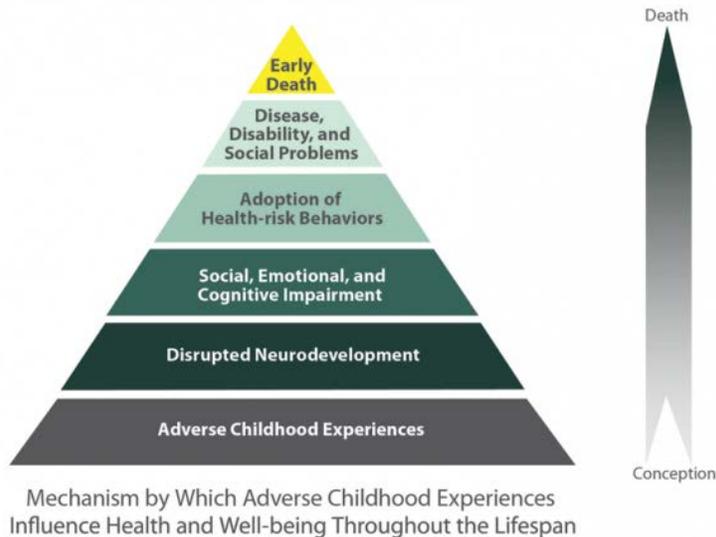


Figure 2 Source: Centers for Disease Control and Prevention

Relying on only rates of DFPS confirmed child maltreatment belies the larger scope of both child maltreatment in Texas and its collaborator: childhood adversity. Estimates of true child abuse and neglect rates tend to be higher than that of child welfare confirmation rates based in large part to the low rate of reporting. Several studies utilizing retrospective self-reports suggest that child maltreatment may be closer to 40 percent of all children.² Therefore the efforts to prevent child maltreatment need to be even broader.

Beyond that population is the larger scope of childhood adversity. Given our knowledge of the high correlation between childhood adversity and the risk of child maltreatment as well as the negative outcomes for childhood adversity that does not necessarily rise to the level of child maltreatment, it is critical for upstream efforts to be informed by adversity rather than just child maltreatment data.

¹ DFPS Data Book. (n.d.). Retrieved from https://www.dfps.state.tx.us/About_DFPS/Data_Book/Child_Protective_Services/Investigations/Activity.asp

² Wildeman C, Emanuel N, Leventhal JM, Putnam-Hornstein E, Waldfogel J, Lee H. The Prevalence of Confirmed Maltreatment Among US Children, 2004 to 2011. *JAMA Pediatr.* 2014; 168(8):706–713. doi:10.1001/jamapediatrics.2014.410

While we know that not all children are negatively affected by adverse childhood experiences, science shows that early exposure to maltreatment or neglect can have a negative impact on a child’s development and have lifelong consequences. The Adverse Childhood Experiences (ACE) Study investigated the interconnectivity of childhood abuse and neglect and household dysfunction, and the propensity for the development of risk factors for disease and well-being into adolescence and adulthood.³

The study underscores that maltreatment lays the framework for negative health and well-being outcomes throughout the affected child’s lifespan. These include engaging in risky health behaviors (smoking, drug and alcohol abuse, high-risk sexual behaviors), chronic health conditions (obesity, diabetes, depression, suicide attempts, heart disease, cancer and stroke), lower life potential (low graduation rates, academic achievement, lost time from work) and early death⁴. With childhood adversity being such a high predictor of ailing adult health, by focusing on mitigating these adverse experiences in childhood PEI is setting the course to reduce potential Medicaid super-users later in life.

Children who experience maltreatment are also shown to have a heightened risk of disrupted brain development, creating the potential for affected cognitive, language and academic abilities.⁵ Where one lives, eats, sleeps, plays and learns profoundly impacts health and compounds risk factors for child maltreatment. The following table highlights some of the factors that measure child well-being but more importantly identifies risk factors that can contribute to child maltreatment.

Risk Factors Influencing Child Well-Being	Percentage of Children in Texas
Children living in a single parent household	36%
Children living in households with a high housing cost burden	32%
Percent of fourth graders not proficient readers	69%
Percent of Texas births to teen parents	8.2%
Low-birthweight babies	8.2%

Table 1: Source: Texas Education Agency, Texas Department of State Health Services, U.S. Census.

*All data is for 2015 except for poverty and single parent households which are from 2016

³ Felitti, V.J., Anda, R., Nordenberg, D., Williamson, D., Spitz, A., Edwards, V., Koss, M., Marks, J. (1998). American Journal of Preventive Medicine, 14, 245-258

⁴ Adverse Childhood Experiences (ACEs). (n.d.). Retrieved from https://www.cdc.gov/violenceprevention/acestudy/about_ace.html

⁵ De Bellis, M., & Thomas, L. (2003). Biologic findings of post-traumatic stress disorder and child maltreatment. Current Psychiatry Reports, 5, 108-117.

Watts-English, T., Fortson, B. L., Gibler, N., Hooper, S. R., & De Bellis, M. (2006). The psychobiology of maltreatment in childhood. Journal of Social Sciences, 62(4), 717-736

A child's worldview is defined by the quality of the relationships they have with the adults in their life. Relationships and environments that are safe, stable and nurturing provide a buffer against the potential effects of child maltreatment and play a significant role in the cognitive, emotional, physical and social development of children⁶. These wide-ranging health and social consequences underscore the importance of reducing risk factors that increase the risk of child maltreatment, and improving child, family and community protective factors to assure children can reach their full potential.

The Framework of Prevention

Nearly 1 in 10 children in the United States resides in Texas. With approximately one-third of those children under the age of 6, PEI has a significant and growing role to play in supporting positive outcomes for children and youth across the state⁷.

PEI utilizes a three-pronged approach to preventing all forms of abuse and neglect:

- By strategically investing with community based organizations and local governments to provide access to voluntary health, wellness and family-strengthening programs;
- By supporting and enhancing early childhood community coalitions, communities can identify and mend systemic issues that impact child and family well-being;
- And delivering public awareness and education initiatives PEI evokes a community's commitment to creating enriching experiences and environments where children and youth can thrive and parents and caregivers are supported.

'If we have any serious hope of stemming the ever-increasing demand for foster care...we have to put our money and our efforts further up the river before families go over the first waterfall.'

Jerry Milner, acting commissioner of the Administration for Children, Youth and Families within the U.S. Department of Human Services, said, "if we have any serious hope of stemming the ever-increasing demand for foster care; of committing ourselves to strengthening families' capacity to care for their own children rather than committing to recruiting more and more foster homes; to reducing the numbers of children traumatized by abuse, neglect and family separation; and of breaking inter-generational cycles of trauma and maltreatment, we have to

⁶ Essentials for Childhood: steps to create safe, stable, nurturing relationships and environments for all children (2014). Retrieved from

https://www.cdc.gov/violenceprevention/pdf/essentials_for_childhood_framework.pdf

⁷ Five-Year Strategic Plan (2016). Retrieved from

https://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/documents/2017/2016_09-01_PEI_Five_Year_Strategic_Plan.pdf

put our money and our efforts further up the river before families go over the first waterfall.” The direction of curbing the tide of child abuse and neglect in this country is to “re-imagine” the child welfare equation to include growing prevention strategies as an essential piece of child welfare solutions.

The Work in Texas so Far

Primary prevention programs - those programs aiming to preventing the initial occurrence of maltreatment instead of preventing the re-occurrence of maltreatment - are the upstream approaches PEI invests in.

To understand the difference between primary, secondary and tertiary prevention programs, consider the following analogy using life preserver placement along a river in the prevention of drowning.

Utilizing a primary prevention solution, life preservers would be placed at every access point to the river where anyone within the general population could access them if they chose. Secondary prevention solutions would entail placing life preservers at specific access points along the river where the water levels may be high, currents rapid or the ground uneven or slick causing an elevated risk of falling in. With this solution, you are targeting a specific group of people, those that access the river at identified high risk points. Tertiary prevention solutions would be throwing life preservers to people who have already fallen in the river.

As a state, Texas invests the majority of its dollars in the latter, focusing on preventing the re-occurrence of maltreatment after a child becomes involved with Child Protective Services. The unfortunate reality for Texas children is that they have to endure abuse or neglect to receive intervention services through the child welfare system. By investing in primary and secondary prevention programs and services that equip our communities to promote safe, stable, nurturing relationships and environments, we can shift this reality for children.

PEI manages 12 programs that offer free, voluntary services to children, youth and parents across the state of Texas. PEI does not provide direct services, but rather maintains over 140 contracts with local nonprofits, governments and schools to provide local services within a community. Through these programs PEI served more than 64,000 families in Fiscal Year 2017 and has a current biennium budget of \$209,894,497. This upstream investment protects children and families against serious adversity and encourages positive outcomes for children, youth, families and the community as a whole.

PEI Operational Information	Amount
Budget	\$209,894,497
FY18-19 legislative allocation	
Programs	12
Voluntary programs serving parents and youth	

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PEI Operational Information	Amount
Provider Contracts	144
Nonprofit organizations, city and county governments (9/1/17)	
Support Contracts	21
Research, evaluation, technical assistance (9/1/17)	
Employees	66
FTEs allocated as of September 1, 2017 (no field staff)	
Families Served	63,609
Unique Families served in FY17	
Visits to HelpandHope.org	1.6 million
Total interactions with website in FY17	

Effective strategies for the prevention of child abuse and neglect require actions at the individual, family and community levels to reduce risk factors and strengthen protective factors. Understanding this, PEI programs apply a public health approach to the prevention of child maltreatment and fatalities to support positive child, family and community outcomes. PEI works with contractors to determine a targeted number of youth and families served in each program based on available community resources. All programs work to keep participating children safe and/or keep youth out of the juvenile justice system as their identified outcome measure.

The following tables outline the 12 programs PEI contracted with in Fiscal Year 2018 to deliver services to children, youth and families and the output and outcome measure of each program identified. The numbers for Fiscal Year 2016 and 2017 identify families served, with the exception of STAR, CYD, and SYSN. These numbers reflect the number of youth served by the program.

Childhood Programs

PROGRAM	FY16	FY17	Children Remain Safe as a measure	Not Referred to JP as a measure
Healthy Outcomes through Prevention and Early Support (HOPES)	2,634	4,702	√	
Texas Home Visiting (THV)	3,817	3,873	√	
Texas Nurse-Family Partnership (TNFP)	2,765	3,039	√	

Youth Programs

PROGRAM	FY16	FY17	Children Remain Safe as a measure	Not Referred to JP as a measure
Services to At-Risk Youth (STAR)	24,974	26,824	√	√
Community-Youth Development (CYD)	15,542	15,984		√
Statewide Youth Services Network (SYSN)	4,015	3,872		√
Texas Families Together and Safe (TFTS)	2,592	2,889	√	
Community Based Family Services (CBFS)	420	404	√	
Helping though Intervention and Prevention (HIP)*	29	250	√	
Military & Veterans Family Program (Military Families)	120	793	√	
Fatherhood EFFECT	851	743	√	
Home-Visiting Education and Leadership (HEAL)	254	236	√	
Total	58,013	63,609		

* Numbers are not set in Contract. For HIP, clients are determined by number of DFPS referrals to HIP providers. Data updated as of publication date and may differ from DFPS Data Book

For Fiscal Year 2018, the target numbers of youth or families to be served through the STAR, CBCAP, CBFS and SYSN programs are lower than in previous fiscal years. There are several factors that impacted this. STAR programs, for example, moved towards the utilization of more evidence based programming in their services requiring them to reduce their target numbers to accommodate a longer term program and more extensive programmatic requirements.

PEI captures the effectiveness of its programs through two major outcome measures: a validated pre- and post-services survey of protective factors, and data on entry into the child welfare and juvenile justice system.

PEI's programs currently utilize The Protective Factors Survey, designed in 2004 by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention⁸, to ascertain parental protective factors in five major areas: family functioning / resiliency, social support, concrete support, child development and knowledge of parenting, and nurturing and attachment. This survey provides a synergistic snapshot of the family being served highlighting changes in parental protective factors and areas where protective factors can increase. By

⁸ The Protective Factors Survey User's Manual Revised, (2011, October). Retrieved from: https://friendsnrc.org/jdownloads/attachments/pfs_user_manual_revised_2012.pdf

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improving protective factors, PEI can bolster resilience among children and youth by equipping them with tools to overcome potential adversities while simultaneously supporting families in creating a safe and nurturing environment for their children.

The following table shows performance on these outcomes by program and fiscal year.

PEI Outcome Measures	FY16	FY17
Percent of CYD Youth not referred to juvenile probation	98.3%	98.4%
Percent of SYSN Youth not referred to juvenile probation	98.8%	98.8%
Percent of STAR Youth not referred to juvenile probation	98.3%	95.0%
Percent of STAR Youth with better outcomes 90 days after termination	86.4%	84.0%
Percent of STAR Youth remain safe*	99.7%	99.8%
Percent of CBCAP Children who remain safe*	100%	99.4%
Percent of CBFS Children who remain safe*	99.0%	99.0%
Percent of TFTS Children who remain safe*	99.7%	99.8%
Percent of HOPES Children who remain safe*	98.8%	99.0%
Percent of HIP Children who remain safe*	100%	99.2%
Percent of MVP Children who remain safe*	--	99.1%

Data from DFPS Data Book

**this is a measure of the percent of adult caregivers who do not abuse or neglect their children while receiving or after receiving services*

Starting in Fiscal Year 2018, PEI also tracks long term outcomes, including percent of children who remain safe within one year and three years of completing services. Other common outcomes from PEI 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. THV, HOPES, and Community Youth Development (CYD) programs are currently piloting new assessment tools that measure protective factors as well as more accurately identify the risks for child maltreatment that may be present in a home, thereby more accurately predicting causality of risk and child maltreatment.

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 looked at increased expenses related to health care, education, social services and crime, plus lost productivity and earnings. They determined that the total estimated lifetime impact on individuals experiencing an initial occurrence of child maltreatment in 2014 was \$454 billion in

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Texas⁹, when looking at increased expenses related to health care, education, social services and crime, plus lost productivity and earnings.

Using information from DFPS's Data book and the 2017 operating budget for DFPS, the estimated cost to child protective services for each investigation is \$1,403, it costs approximately \$3,868 to provide in-home services, and each month a child is in basic foster care it costs the state \$2,511.74, with an average case taking 13.1 months for reunification.

The following table outlines a rough estimate of what Child Protective Services expends on tertiary prevention services:

Family Based Safety Services (FBSS)	Cost
Cost of Investigation	\$1,403
Cost of In-home services	\$3,868
TOTAL FBSS Cost	\$5,271

Foster Care (CVS)	Cost
Cost of Investigation	\$1,403
Cost of Conservatorship Services per child	\$32,904
TOTAL CVS Cost	\$34,307

Compare the cost of CPS intervention to the annual cost per youth / family served by four of PEI's established and effective primary and secondary prevention childhood and youth programs:

Early Childhood	Cost
TNFP – a two year program	\$5,027.99
Hopes	\$3,925.37

Youth	Cost
STAR	\$768.80
CYD	\$497.97

The Washington State Institute for Public Policy studied evidence based prevention programs aimed at reducing the likelihood of children entering the child welfare system and found that

⁹ Suffer the Little Children: An Assessment of the Economic Cost of Child Maltreatment, The Perryman Group, November 2014

after five years of implementing an expanded portfolio of evidence-based programs Washington State would receive long-term net benefits between \$317 million and \$493 million¹⁰.

Based on PEI's outcome measures children whose families who voluntarily engage in services upstream have a 99.3 percent chance of remaining safe in their home. In a retrospective analysis on the impact of child maltreatment prevention programs in Texas, the Institute for Child and Family Wellbeing found that only 3% of families who received prevention services over a seven year period had a subsequent substantiated case of maltreatment. A finding consistent with rates reported by similar state-level programs across the nation.¹¹

*If PEI services could help avoid 5 percent of families being referred to FBSS (1,786)
the Department would save \$9,414,006.*

*If PEI services could prevent 3 percent of removals (593)
the Department would save \$20,344,051.*

This savings does not account for the costs savings to schools for discipline, healthcare throughout the lifespan, or impacts on the labor force from adverse childhood experiences. These numbers confirm that spending money on children, youth, and families upstream using targeted interventions based on risk modeling, PEI can help the Department avoid a significant level of cost while strengthening families and reducing the change that these families would end up in a crisis situation that would require further intervention.

PEI makes 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.¹²

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.¹³ Another study of a home visiting program in Durham, North Carolina reported saving \$3 for every \$1 spent during a child's first six months due to reduced

¹⁰ Stephanie Lee, Steve Aos, and Marna Miller. (2008). Evidence-based programs to prevent children from entering and remaining in the child welfare system: Benefits and costs for Washington. Olympia: Washington State Institute for Public Policy, Document No. 08-07-3901.

¹¹ Impact of Child Maltreatment Prevention Programs in Texas: A Retrospective Analysis, The University of Texas at Austin, Texas Institute for Child and Family Wellbeing School of Social Work, 2017

¹² The Top 5 Benefits of Home Visiting Programs, Child and Family Research Partnership, The University of Texas at Austin, June 2015

¹³ Early Childhood Interventions: Proven Results, Future Promise, RAND Labor and Population, 2005

emergency care visits.¹⁴ 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 for each dollar of cost.¹⁵ Overall, the return on investment for PEI’s programs ranges from \$1.74 to \$5.70 in child welfare and/or juvenile justice costs depending on the intervention, providing potential cost savings in child welfare, juvenile justice and high Medicaid costs in adulthood.

PEI is not only working to prevent child maltreatment because abuse and neglect is harmful and foster care is expensive, but maltreatment lays the framework for negative health and well-being outcomes throughout the lifespan. Texas children deserve better.

Synthesizing the Results

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 placed a high importance on learning from evaluations, social marketing research and literature reviews to inform its work. PEI has commissioned internal and third-party program evaluations, a review of literature regarding child maltreatment prevention programs and two literature reviews specifically focused on fatherhood programs and programs for military families.

The following table summarizes PEI-commissioned research started or completed since 2014.

Research and Evaluation Projects Completed or Underway

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, May 2014 Process Implementation Evaluation, Final Report, Fall 2016 Father Participation and Retention Evaluation May 2017 Systems-Level Change Evaluation, Final Report, December 2017	DHVVE Preliminary Findings, Summer 2018 DHVVE Final Report, Fall 2019

¹⁴ 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.

¹⁵ Return on Investment: Evidence-Based Options to Improve Statewide Outcomes, Washington State Institute for Public Policy, April 2012

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PEI Program/Initiative	Research & Evaluation Partner	Currently Available Reports	Upcoming Reports
		DHVVE-II Evaluation Plan, Winter 2018	
Healthy Outcomes through Prevention and Early Support (HOPES)	The University of Texas at Austin, School of Social Work, Texas Institute for Child & Family Wellbeing	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	HOPES I FY17 Final Report, Fall 2018 HOPES FY18 Final Report, Fall 2018 HOPES Final Evaluation Report, Fall 2019
Military and Veterans Family Program	SUMA	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 Final Report, Fall 2017	
Fatherhood Programs	SUMA	Literature Review Focus Group Report	
Fatherhood Programs	The University of Texas at Austin, LBJ School of Public Affairs, Center for Child and Family Research Partnership	Literature Review, Winter 2016 Fatherhood Evaluation Report, Summer 2017 Fatherhood Evaluation, 2018	

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PEI Program/Initiative	Research & Evaluation Partner	Currently Available Reports	Upcoming Reports
Safe Sleep Public Awareness	SUMA	Literature Review Focus Group Report	
Youth Programs - Recruitment and Branding	SUMA	Focus Group Report, Fall 2017	
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, Fall 2016 Review of assessments related to measuring outcomes, Fall 2016 Literature Review for CYD, Fall 2016 CYD Evaluation Plan, Summer 2017 STAR Referral Sources Report, December 2017	CYD Evaluation Preliminary Report, Summer 2018 CYD Evaluation Final Report, Summer 2019
Safe Babies Project	The University of Texas Health Science Center at Tyler	Legislative report, Fall 2017 PURPLE Plus Study, Spring 2018	Paternal PURPLE Study, Fall 2018 Final Report, Summer 2020
Growth Strategy Project		Outcome Mapping, Spring 2018	Risk Modeling and Mapping, Summer 2018 Growth Modeling and Projections, Winter 2019

PEI also hosts a quarterly research roundtable involving key research authorities and agency staff for ongoing discussions about measuring prevention service quality, fidelity, tracking meaningful outcomes, and how to more regularly review data for continuous quality improvement. 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. Through the research roundtable, PEI has developed an evidence-based program tool to help walk providers through the process of selecting an evidence-based model, understanding the research that supports it, and provides PEI a way to certify that a model has strong research basis.

In 2017, PEI hosted a national think tank discussion at the American Evaluation Association conference to help expand the realm of prevention research and discover innovative ways that other states are measuring prevention impact and sharing results with stakeholders to bring

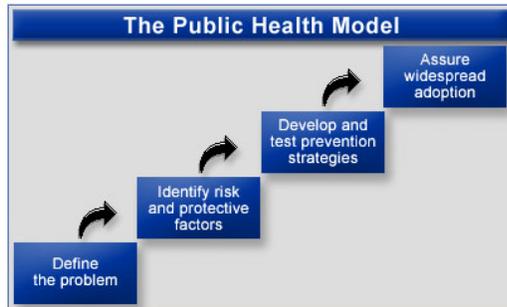
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about positive change in their communities. Those who attended the session continue to be engaged with PEI through the Research Roundtable and through the Texas Prevention Network.

PEI places a high value on incorporating data into daily work with providers and the public. As part of continuous quality improvement and transparency, PEI publishes a biennial outcomes report that provides in-depth information on how each program is meeting or exceeding their desired outcomes. In order to ensure that programs are serving families and youth most in need, monthly and quarterly reports are utilized with providers to ensure that programs are meeting their required outputs and outcomes, as well as adhering to model or programmatic fidelity. PEI also works with providers and communities on how to utilize data to tell their story through innovative uses of data such as through dashboards, data placemats, data walks, and interactive discussions. In the coming year, PEI will be working with providers to evaluate how providers can best utilize research findings and incorporate a continuous quality improvement (CQI) culture. This includes evaluating what providers currently think about data, CQI, and evaluation results, and what would encourage them to integrate research and data into their daily practice.

The Work Ahead for PEI

Source: CDC *the Public Health Approach to Violence Prevention*



In 2016, PEI published its five-year strategic plan and formalized its public health approach to preventing child abuse and neglect.

The public health approach is a four-step process: define the problem; identify risk and prevention factors; develop and test prevention strategies; and assure widespread adoption.

The approach, rooted in the scientific method, emphasizes multi-disciplinary collaboration and collective action on the part of stakeholders¹⁶. The approach also allows for opportunities for growth and learning in the prevention of child maltreatment.

It is with this approach in mind that the Prevention Task Force recommends the DFPS Commissioner focus on the following strategies to advance its prevention efforts in Fiscal Year 2019:

- *Developing a prevention framework to guide community readiness and action;*
- *Exploring the financial potential of the children's trust fund and other financing opportunities for communities to maximize all available resources;*
- *Developing a community toolkit to empower action at the local level; and*
- *Elevating early brain development and early childhood as the premium opportunity for prevention efforts.*

The following report outlines the steps the task force took to reach its recommendations, and the recommendations themselves in greater detail.

Overview of Task Force Meetings

December 4, 2017

¹⁶ (2015, March 25) Centers for Disease Control and Prevention, Violence Prevention. Image retrieved from <https://www.cdc.gov/violenceprevention/overview/publichealthapproach.html>

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During this meeting DFPS Commissioner H. L. Whitman, along with Chair Dr. Christopher Greeley, outlined the legislative charge and expectations for the task force. The task force was introduced to PEI and its five-year strategic plan, and Chair Greeley gave a presentation on the ACEs study. The task force was encouraged to provide any suggestions members had about where the task force should focus over the next two years, and any recommendations they had for speakers that could help the task force advance their work.

March 9, 2018

During this meeting, a presentation was delivered to the task force by Kathryn Sibley, Director of Research and Evaluation for PEI, providing an overview of the landscape of child maltreatment in Texas. PEI's Associate Commissioner, Sasha Rasco provided an agency update on the MIECHV reauthorization and the preparations of the department for the upcoming 86th legislative session. The task force discussed the proposed outline for this report and the focus areas of the task force for Fiscal Year 2018 and 2019. The members then reviewed a letter of appreciation to Commissioner Whitman and other legislative leadership, proposing that these letters be sent.

Since not all members were able to attend this meeting, email correspondence was sent to all members asking them to vote on whether to send the letters. The members unanimously approved sending the letters. During this vote, members were also asked to approve the final outline of this report and identify their top three priority focus areas.

May 15, 2018

The task force selected the top four areas of focus for their recommendations, established the task force subcommittees and chose subcommittee chairs during this meeting. Dr. Dorothy Mandell, Assistant Professor, Population Health, UT Health Science Center Tyler and UT System, delivered a presentation to members on current pediatric brain health initiatives in Texas. Dr. Mandell also previewed the initial mapping tools developed for PEI that will provide information and analysis to assist its understanding of where specific programs and investments will need to grow to meet the needs of communities at high risk for maltreatment. The group decided that subcommittees would hold a conference call June 4 to organize their recommendations for task force approval.

June 2018 Meetings

During the June subcommittee calls, each subcommittee had in-depth conversations about the intent behind their recommendation and began outlining their recommendation for the DFPS Commissioner and PEI. At the end of June the task force met to finalize the subcommittee recommendations for this report. During this meeting the task force participated in the Brain Architecture Game, a tabletop game experience that fosters an understanding of the impact of early childhood experiences on early brain development.

Prevention Task Force Subcommittees

The Prevention Task Force created subcommittees to focus on each recommended strategy. In May, task force members framed the purpose and scope of the subcommittees; each task force member joined the subcommittee that best aligned with their interests and areas of expertise. The following provides an overview of each subcommittee.

Developing a Prevention Framework Subcommittee

While keeping families together through services offered to children and families at the point they become known to the child welfare system is critical, providing services and support to assist families in avoiding the situations that lead them to interacting with child welfare in the first place is more effective in reducing unnecessary trauma to children and avoiding costly interventions.¹⁷ Families can face complicated stressors. A prevention framework should be robust and encompass strategies for promoting protective factors in families and eradicating risk factors for child abuse and neglect. In addition to traditional parenting programs, other critical strategies to meaningfully address childhood adversity could include:

- transportation needs,
- food insecurities,
- postpartum depression screening, and
- early brain development

Not only is it difficult to identify families that could benefit most from preventative services, but identifying the fiscal cost behind effective outreach strategies and where to allocate resources is difficult. Should PEI concentrate funding on a full-time outreach specialist position within a community? Focus on implementing an approach to bolster a community's response to child maltreatment and changing norms? Or is a more effective approach engaging a public health campaign across communities? There is no easy answer. More often than not the solution requires a combination of all of these and will look different in each community.

PEI is seen as the statewide resource for sharing knowledge, communicating best practices, and providing resources and assistance to stakeholders engaged in strengthening children and families in their communities. Through this role within the larger framework of providing oversight and infrastructure to communities, PEI provides tools for communities to develop a solid infrastructure for prevention programs, set standards of practice and policy, and ensure high quality practices through contract monitoring all while making certain that as experts in what their community needs, the local programs maintain the control in the ultimate development of their program.

¹⁷ Milner, J. (2018, February 14) Trump's Top Child Welfare Official: Family First a Good First Step, but True Prevention is Key. Retrieved from <https://chronicleofsocialchange.org/featured/trumps-top-child-welfare-official-family-first-good-first-step-true-prevention-key>

The *Developing a Prevention Framework Subcommittee* outlined the strategic concept of a prevention framework PEI can utilize to guide its upstream prevention efforts. This included identifying the need to build a strategic map that defines success, identifying the role of the state in community based prevention efforts, and defining a continuum of prevention approaches communities can utilize to promote safe, stable, nurturing relationships and environments. This group examined how to utilize this framework to promote PEI's mission, vision and values at the community and state levels.

Regional Children's Trust Fund and Finance Subcommittee

PEI contracts with programs in communities to provide supports and services, but this is currently the only avenue PEI has available to support communities. Exploring innovative ways to support local communities who may not be in a position to contract with PEI to provide new services within their community but have the bandwidth to organize and support existing initiatives could be a possibility for expanding PEI's support to communities.

The *Regional Children's Trust Fund and Finance Subcommittee* examined ways to create and finance broad community coalitions. This included research into similar governmental or public/private structures within Texas and in other states and began working on potential statutory changes to suggest to the Commissioner. Furthermore, this group examined ways to expand the intent of the Children's Trust Fund to blend public and private funding and other ways to scale or finance the work of PEI both locally and statewide.

Community Toolkit Subcommittee

Funding for prevention strategies is highly fragmented across multiple government agencies, as well as private and philanthropic sectors.¹⁸ This fragmentation in the nonprofit sector causes families to seek services in multiple places to get the support they need. Most communities have existing formal and informal resources and social supports that programs and initiatives can leverage to support children, youth and families; however, this fragmentation in support services underscores the need for intentional collaboration at the local level.

Through PEI's partnerships with local communities, community organizations are poised to provide services and supports to strengthen families and build effective community collaborations. These collaborations work to streamline a community's efforts to effectively reduce situations that could lead families to interact with child welfare.

The *Community Toolkit Subcommittee* focused on developing a strategy for PEI to support communities in their collaborative efforts to align around child maltreatment prevention and the promotion of positive outcomes for children. Building off of current strategies, including offering technical assistance resources to contractors around Results Based Accountability, the

¹⁸ Stevermam, S., Shem, D. (2017) Financing Mechanisms for Reducing Adversity and Enhancing Resilience Through Implementation of Primary Prevention. *Academic Pediatrics*;17:S144–S149

subcommittee discussed ways to strengthen these efforts in PEI and reach communities not receiving funding directly but positioned for leadership.

Elevating Early Brain Development Subcommittee

The topic of pediatric brain health gained momentum this past fiscal year. Understanding that early brain development is a crucial pillar of child health the *Elevating Early Brain Development Subcommittee* explored ways to infuse the importance of focusing on early brain development into the current landscape of prevention services. This included operating as a think tank for the development of the early brain development summit, determining the next steps to encourage conversation after the Early Brain Development summit, and crafting intentional language that can be used cross disciplines to focus efforts on elevating early brain development.

Prevention Task Force Findings and Recommendations

The recommendations from the task force support PEI's vision for bolstering a community's ability to develop and lead their individualized and innovative approaches to primary prevention methods by providing broad guidance around improving systems and strategies. Through the development of four components within each recommendation: context, content, mechanism of delivery, and examples, the task force believes the recommendations provide a concrete direction for the Commissioner in promoting prevention strategies during this upcoming legislative session.

In addition to its desire to stay engaged with the legislative process and inform the Department in regards to its prevention efforts, the Prevention Task Force makes the following recommendations as required by Human Resource Code 40.078.

Developing a Prevention Framework Subcommittee

This subcommittee recommends that PEI, with the assistance of this subcommittee, continue to explore the development of a technical resource communities can utilize to promote safe, stable, nurturing relationships and environments.

Elements of a technical resource may include a framework, toolkit and opportunities for connection to other communities.

- A framework that supports the overall continuum of care that contributes to resilient communities, families and individuals:
 - Includes an outline for consistent messaging.
 - Lays the foundation for communities to build up their prevention strategy.
 - Identifies the role of the state in community-based prevention efforts.
 - Highlights the various roles of PEI: funder and monitor, quality assurance, knowledge hub and subject matter experts.
 - Uses a public health approach for population change: direct individual influence and support, public awareness and education, and community and systems change efforts.

- PEI’s role framed by the strategic plan, the growth strategy and the collaborative contributions of the state agency and community partners.



- Supports/promotes cross-agency collaboration
- Provides a strategic map that defines success:
 - Understanding there are many things that need to happen to achieve success, consistent longitudinal and interim measures of gauging success need to be explored.
 - Incorporate how data is utilized to drive work.
- A toolkit should provide tools that are usable and accessible to diverse communities addressing a continuum of specific needs and level of engagement. A toolkit could:
 - Outline prerequisites or requirements a community may need to achieve to be successful at various stages of deploying an upstream prevention strategy in a community.
 - Identify the role of PEI and local community partners for each quadrant of a community’s need and capacity (see below diagram), creating a continuum or menu of services available for each kind of community.

	Low Levels of Community Readiness / Capacity	High Levels of Community Readiness / Capacity
High Levels of Community Vulnerability / Need	Low Readiness/Capacity and High vulnerability/need	High Readiness/Capacity and High vulnerability/need
Low Levels of Community Vulnerability / Need	Low readiness/Capacity and Low vulnerability/need	High Readiness / Low vulnerability/need

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- Provide resources so local communities can address challenges in their own community.
- Provide information about what is working in various communities who have invested in upstream prevention and/or highlight best practices at the local, state and national level.
- Assists communities in developing an action plan on how deploy prevention strategies in their community.
- Provide connection to Texas Communities through:
 - Exploring promising and best practices in other cities/communities and disseminate information statewide.
 - Providing communities with local/regional support and peer learning opportunities to connect communities and provide them with the opportunities necessary to change the culture of Texas communities and sustain that change in perpetuity

This subcommittee also recommends PEI considers the expansion of the “Texas Continuum of Prevention Services Framework” in PEI’s Strategic Plan by adding a new row(s) outlining the continuum of prevention approaches/strategies utilized in Texas, specifically:

Highlighting examples of PEI initiatives/funded programs.

- Identifying how PEI is funding or supporting these approaches and strategies.
- Include what the data is telling us about the effectiveness of these investments.
 - Creating a data inventory to document where there are overlaps and gaps in data collection and analysis.
 - Identifying strategies to measure systems and population levels changes.
 - Specifically identifying additional measures of success, leaning on research to identify specific protective factors and risk factors for child abuse and neglect.

Regional Children’s Trust Fund and Finance Subcommittee

This subcommittee recommends PEI considers expanding and strengthening its use of the collective impact model with community based systems. The centerpiece of this shift entails creating a Statewide Prevention Network in Texas whose focus is facilitating the establishment and coordination of community based systems in communities for the prevention of child abuse and neglect. Preference should be given to existing community based systems that have demonstrated success in previous relevant endeavors.

Through its consideration PEI should:

- Explore the ways a network may operate in communities across Texas. Areas to explore include but are not limited to:
 - Addressing the purpose of community network through:

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- Emphasizing and intentionally supporting a community-based system for prevention work.
 - Building community capacity to address child welfare and continued coordination of community efforts through implementation and expansion of the collective impact model.
 - Bringing uncommon partners together.
 - Encouraging networks to share resources.
 - Identifying common goals.
 - Facilitating a problem solving process.
- Current issues communities encounter that a network could resolve:
 - A lack of coordination among community stakeholders on activities and outcomes.
 - Lack of community capacity to identify and address local challenges and opportunities.
 - Difficulty in finding and joining groups.
 - Different program and partners structures (non-profit, governmental and partnerships) lead to difficulty in collaboration.
- The purpose of a Statewide Prevention Network could include:
 - Assisting communities in the development/establishment/coordination of networks.
 - Assisting communities in developing a shared vision and strategies.
 - Supporting improvement and expansion of network member's activities and programs.
 - Supporting network member's efforts to build regional partnerships to enhance coordination and sharing of resources.
 - Establishing shared measurement practices.
 - Designating and funding local networks through a grant process.
 - Expanding funding through local partners.
 - Providing peer to peer learning and support opportunities.
- Identify the resources both at state and community level that are needed to implement this model. Resources to explore include but are not limited to:
 - The amount of financial support communities needed to take on this work.
 - Staff support at both levels of this model that is required for successful implementation.
 - Encouraging existing coalitions to take on a broader children's agenda.
- Consider options for public and private funding that are available to support this modeling. Options to consider:
 - Request networks match funds, use a sliding scale fee structure.
 - Philanthropic support.
 - Expand the intent of the Children's Trust Fund.
 - Request the amount going from marriage licenses in to the Children's Trust Fund be minimally increased.

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- Explore the use of administrative rules to facilitate the development, purpose and scope of local networks.
 - Identify any limitation on the types of associations PEI can contract with.
 - Develop a network of oversight including an advisory board to monitor, guide and support local prevention networks.
 - Local networks to create annual/biennial progress reports to advisory board.
 - Advisory board to create annual/biannual progress reports to the DFPS commissioner.
- Next Steps
 - Finalize statutory amendments to form Statewide Prevention Network.
 - Develop and finalize agency protocols for the establishment, funding, support and monitoring of networks.
 - Choose three to four counties that represent small, medium and large counties for initial cohort.

Community Toolkit Subcommittee

Understanding that there is no “one size fits all” approach for supporting all Texas communities, this subcommittee recommends PEI explores the use of the following broad strategies in the creation of a toolkit. The strategies PEI ultimately uses in the toolkit should apply to communities initiating a collaborative effort, those choosing to reinvigorate an existing one, and support communities in their collaborative efforts to align around child maltreatment prevention and the promotion of positive outcomes for children.

The following strategies are recommended for consideration:

- Provide structure for communities to develop a set of Guiding Principles that are both informed by the local community and reflective of their needs and direction.
- Since collaborative efforts should be data driven to the extent possible, data should be provided to communities and communities should commit to using the data to identify needs and set measurable goals to inform their practices.
- Working with existing coalitions within the community to identify what is needed in the community around child maltreatment prevention and the promotion of positive outcomes for children to create momentum and ascertain common goals. Identifying a champion/lead agency to progress the work within the coalition is crucial.
- Provide guidance for communities in executing a successful community needs assessment that effectively captures the community voice.
- Identifying gaps in professionals at the table outside of direct service providers and DFPS that can bolster the conversation around preventative upstream measures.
- Through different prevention strategies, collaborative efforts can better equip communities with the tools necessary to successfully encourage and support community / private philanthropic investment.

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- Create a menu of technical assistance supports PEI can offer to communities to support local collaborative efforts.
 - Offer suggestions for how collaborative efforts can leverage all resources a child could have at their disposal (including fathers).
 - Provide necessary resources to promote successful collaborations. This could include financial backing, DFPS staff support and identifying existing community/regional resources.
- All information in the toolkit should be evidence informed.
- Community Accountability – provide a way to track progress toward their goal
 - Set measurable goals
Monitoring small changes that are adding up to larger change
 - Check-in

This subcommittee recommends that PEI either incorporates existing strategies into the strategies listed above or provide a list of existing strategies to this subcommittee who can continue to act as a think-tank for PEI during the development of this toolkit and incorporate those strategies where appropriate.

This subcommittee further recommends that PEI work with the Child and Family Research Partnership to identify the top 10 measurable, mid-level indicators for long term change and develop a drivers of change resource for those indicators. This resource, based on a deep dive in to the elements of Results Based Accountability and the use of the RBA data report card, would provide communities a road map of actions they can take to influence overall community change over time.

Communities often have multiple coalitions, attended by the same agencies. With state agencies continuing to encourage collaboration, state agencies should coordinate their efforts and help connect existing coalitions within a community, especially those supported by other state agencies, to reduce duplication of efforts and leverage resources.

Elevating Early Brain Development Subcommittee

This subcommittee is recommending that a strategic initiative is developed to assist PEI in addressing early brain development.

The elements of this initiative could include:

- Identifying best practices, promising practices and/or current evidence-based practices in addressing early brain development that:
 - are informed through a literature review,
 - have demonstrated to be effective,
 - identifies where they have been implemented, and
 - are scalable;
- Defining how success is measured;

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- Considerations for any financial implications;
- Outlining the role of community, state, and federal partners;
- Ascertaining the current role of private philanthropy in early brain development work and focusing on opportunities for strategic investment/partnership with that sector;
- Exploring the role of the medical community in being a partner in promoting early brain development;
- Creating a communication strategy that:
 - Provides PEI guidance on consistent messaging to be used among partners when describing and discussing early brain development.
 - Disseminates the message that early brain development is a crucial pillar of child health key professionals and parents / caregivers.
 - Uses early brain development as a framework for engaging non-traditional partners.

The subcommittee also recommends the call to action from the Pediatric Brain health summit be used to provide further guidance during the development of PEI's strategic initiative.

Expanded Programming

The task force recommends that DFPS support expanded PEI programming based on strategic and data-driven growth and request increased funding for PEI to do so in the 2020-2021 biennium. Evidence has supported that prevention efforts are more effective at reaching vulnerable families when, along with offering multiple service models for communities, there is a focus on system and strategy to support the scaling of prevention efforts upstream. The Task Force received a preview of the mapping tools developed by Population Health at University of Texas Health Science Center Tyler (UTHSCT) depicting the vision PEI has for a growth strategy and expansion of a true community based approach to child abuse maltreatment, as directed by House bill 1549. With approximately 64,000 families receiving supports from PEI in Fiscal Year 2017, PEI cannot have a far reaching impact without an increase in funding.

HB 1549 Implementation Efforts

The Office of Child Safety (OCS) produced the Child Maltreatment Fatalities and Near Fatalities Annual report in accordance with Texas Family Code §261.204, updated during the 85th legislative session. This report supports internal and external work to address risk factors associated with child maltreatment, as well as to support ongoing work to increase resiliency within the community and reach positive outcomes for Texas children. Further, OCS staff updated their review tools to collect data allowing them to capture newly legislative required data points in preparation of the next Child Maltreatment Fatalities and Near Fatalities Annual report due March 1, 2019. During the 85th Legislative Session, PEI was appropriated funds for a new position through Rider 36, allowing PEI to expand the breadth of near fatality reporting the division is now able to provide.

PEI began taking steps to scale and expand its portfolio of programs. PEI executed a Request for Proposal (RFP) process expanding HIP services and changing the funding structure for select programs from a fee for service to a cost reimbursement funding structure to create dependable, statewide capacity. PEI solicited proposals to enhance the quality of services provided by the STAR program. PEI began working with the City of Austin through its Housing Authority (HACA) to pilot a project offering a support group to male primary caregivers who live within six zip codes and reside at a HACA property. PEI also began initial readiness conversations with other local authorities interested in piloting similar innovative projects.

Currently, PEI utilizes a county-level/county-based geographic risk assessment to provide THV, HOPES, and CYD programs in communities identified as high-risk. House bill 1549, from the 85th Legislative Session, requires PEI to develop a growth strategy to gradually increase the number of families receiving PEI services each year. In response to this PEI contracted with Population Health at University of Texas Health Science Center Tyler (UTHSCT) to develop a series of tools that utilize zip-code level risk mapping and geographically based risk and resiliency models that will assist PEI in developing growth strategies focused on how to allocate resources within communities of need. UTHSCT will also provide information and analysis that will help PEI understand where programs and investments will need to grow to meet the needs of communities at high risk for maltreatment.

The first of four phases was completed during Fiscal Year 2018, with phase two underway. During this initial phase Population Health developed maps that show the geographic distribution of maltreatment rates in the state by residential zip code and county. During phase two, Population Health will utilize statistical techniques to understand community level risk for infant maltreatment. The factor-based techniques allow one to see how risk indicators cluster together allowing for community data to emerge that describe communities at risk and ones that are resilient. The third phase will move towards more in-depth analyses and will focus on risk modeling and the fourth phase will focus on growth modeling and prediction.

Appendix A: Task Force Membership

The following professionals accepted Commissioner Whitman's request to serve on the prevention task force as outlined in HB 1549:

- Christopher Greeley, MD, MS, Chief, Section of Public Health Pediatrics (Chair)
- Jamye Coffman, MD, Medical Director C.A.R.E. Team
- Mark W. Shen, MD, Senior Vice President of Network Development, Ascension Texas, CEO of Ascension Texas Accountable Care Network, Associate Professor of Pediatrics, Dell Medical School at UT Austin
- Ryan D. Larson, 395th District Court Judge
- Susan Hoff, Chief Strategy, Impact & Operations Officer, United Way of Metropolitan Dallas
- Celeste Garcia, Executive Director – Community Services Division, BCFS Health and Human Services
- Katie Olse, Executive Director, Texas Alliance of Child and Family Services
- Cynthia Osborne, Ph.D., MPP, MA, Director, Child and Family Research Partnership, LBJ School of Public Affairs, The University of Texas at Austin
- David Lakey, MD, Vice Chancellor for Health Affairs and Chief Medical Officer, The University of Texas System
- Elena Marks, President and Chief Executive Officer, Episcopal Health Foundation
- Luanne Southern, Senior Director, Casey Family Programs
- Penny Schwinn, Deputy Commissioner of Academics, Texas Education Agency
- Manda Hall, MD, Associate Commissioner for the Community Health Improvement Division, Texas Department of State Health Services
- Kristine Blackstone, Associate Commissioner, Child Protective Services, Texas Department of Family and Protective Services
- Sasha Rasco, Associate Commissioner, Prevention and Early Intervention, Texas Department of Family and Protective Services

Appendix B: Additional PEI References

PEI has the following reports published for Fiscal Year 2019:

- Progress Report on Implementation of Five-Year Strategic Plan, Fiscal Year 2018 - September 1, 2018
- Fiscal Year 2019 Business Plan - September 1, 2018
- Rider 17 Report - October 1, 2018
- Fiscal Year 2018 Child Maltreatment Fatalities and Near Fatalities Annual Report - March 1, 2019