
**Recommendations for
Improving Coordination and Collaboration
of Child Abuse and Neglect Prevention and
Early Intervention Programs and Services
Among State Agencies**

A report from

The Interagency Coordinating Council
for Building Healthy Families

December 2006

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EXECUTIVE SUMMARY

House Bill 1685, passed by the 79th Legislature, amending Title E, Subtitle 5, Family Code by adding Chapter 266 § 266.001, established the Interagency Coordinating Council for Building Healthy Families (the Council). In accordance with the statute, the Council submits this report containing recommendations for improving the coordination and collaboration of child abuse and neglect prevention and early intervention programs and services among state agencies.

This report includes an overview of the Council's efforts, including the results of the inventory of child abuse and neglect prevention and early intervention policies, programs, and activities of each member agency, submitted on June 1, 2006, and the Council's recommendations for improvements in coordination and continuation of its work.

The Council respectfully makes the following key recommendations to the Texas Legislature, detailed within the report:

Recommendation 1:

The Council recommends that the Legislature continue to support child maltreatment prevention and early intervention efforts delivered through state agencies, with the goal of achieving a sustained, long-term, cost-effective investment in Texas families. The costs of child maltreatment are well established and profound, while prevention and early intervention efforts have been demonstrated to be a cost-effective and successful approach to avert the personal and societal damage of maltreatment. The DFPS Legislative Appropriation Request includes exceptional items to maintain, as well as to expand, currently funded efforts.

Recommendation 2:

Consider implementation of a state-guided evaluation effort to assess the effectiveness of state-funded child maltreatment prevention programs and services to determine which current programs are achieving their intended outcomes and to support the movement of programs to higher levels of evidence-based practice, thus ensuring that funding is spent on programs with proven results.

Recommendation 3:

Continue the Interagency Coordinating Council for Building Healthy Families, to focus primarily on child abuse and neglect and secondarily on related state agency efforts that contribute to the development of healthy families. The past year allowed completion of the inventory, valuable initial public input and investigation into areas with potential to greatly improve coordination, but more time is needed to fully develop these options. Priorities include: implementation of improvements in coordination of service delivery; provision of information and tools to stakeholders and providers and solicitation of their input to guide policy development; examination of potential streamlined funding mechanisms and ongoing identification of additional opportunities for comprehensive improvement.

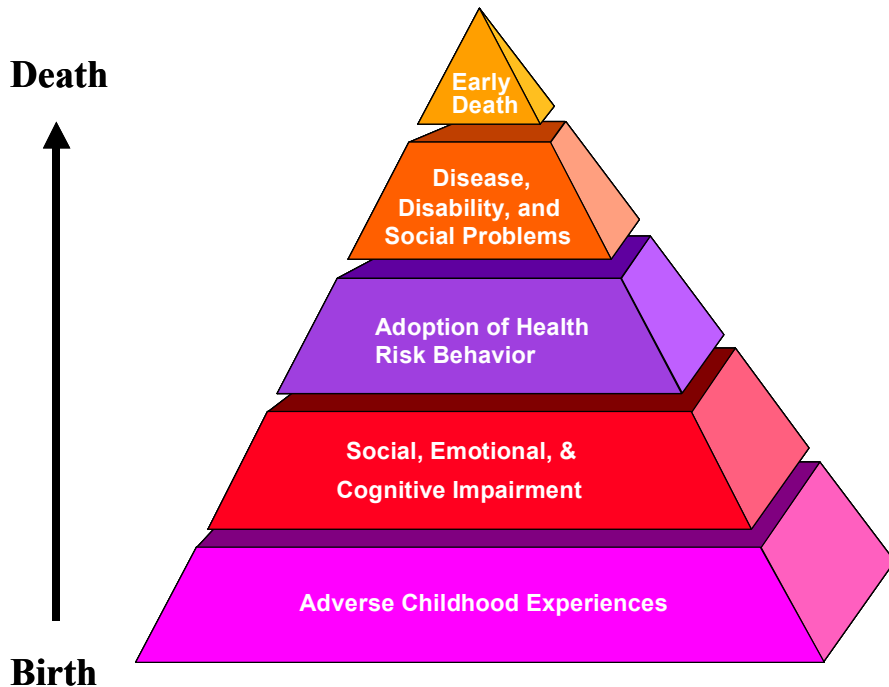
INTRODUCTION

“Investing in [children] is not a luxury or a choice. It’s a necessity...The issue is not are we going to pay -- it’s are we going to pay now, up front, or are we going to pay a whole lot more later on?” - *Marian Wright Edelman*

The costs of child abuse and neglect are high and growing higher. A 2001 landmark report by Prevent Child Abuse America estimates that the United States spends \$94 billion each year as a direct or indirect result of the abuse and neglect of our nation’s children.¹ In fiscal year (FY) 2005, child abuse and neglect cost Texas \$765.2 million in state and federal pass-through funds for purchased services, foster care payments, adoption subsidy payments, staffing, and projects of the Department of Family and Protective Services (DFPS) Child Protective Services (CPS).²

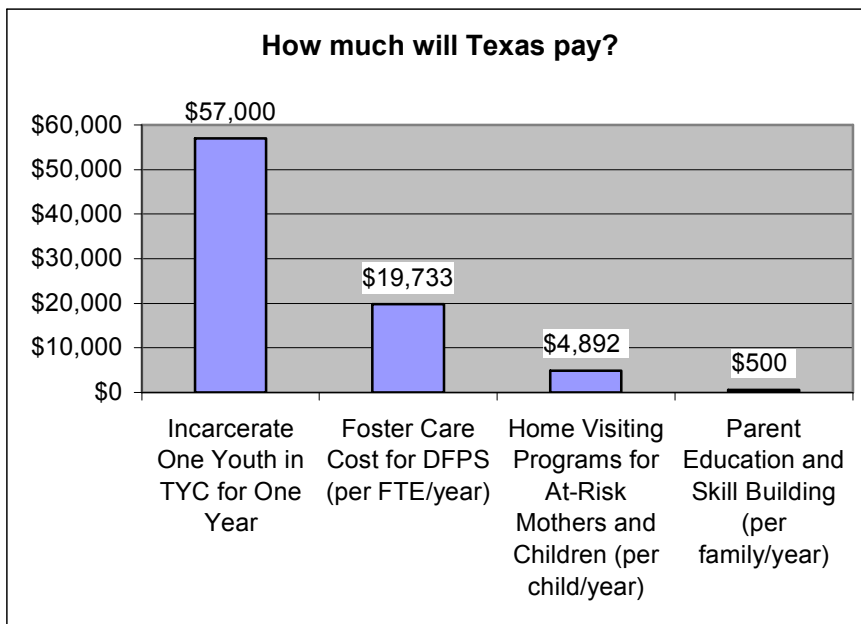
The CPS costs reflect only the initial state investment in addressing child abuse and neglect and do not reflect potential short and long-term expenses that can occur as a result of child maltreatment. Poor child outcomes that can cost the state millions of dollars in resulting short and long-term physical, mental, and/or medical health care expenses range from minor to severe physical injuries, brain damage, chronic low self-esteem, problems with bonding and forming relationships, developmental delays, learning disorders, depression, post-traumatic stress disorder, conduct disorders, and aggressive behavior.³ Moreover, long-term negative societal consequences of child maltreatment, such as increased risk of low academic achievement, illicit drug use, teen pregnancy, juvenile delinquency, and adult criminality, can result in increased long-term costs to Texas by expanding the need for mental health and substance abuse treatment programs, police and court interventions, correctional facilities, and public assistance programs, and by causing losses in productivity.⁴

The Adverse Childhood Experiences (ACE) Study by the Center for Disease Control (CDC), one of the largest investigations ever conducted, revealed direct links between childhood maltreatment and later-life health and well-being. The ACE study demonstrated that as the number of adverse childhood experiences (abuse, neglect, or exposure to adverse events) increases, the risk for the following health problems increases in a strong and graded fashion: chronic obstructive pulmonary disease (COPD), health related quality of life, alcoholism, ischemic heart disease (IHD), liver disease, risk for intimate partner violence, sexually transmitted diseases (STD), smoking, suicide attempts, and unintended pregnancies.⁵ As shown in the pyramid below, “the ACE Study reveals...the conversion of traumatic emotional experiences in childhood into organic disease later in life. The Study makes it clear that time does not heal some of the adverse experiences found in the childhoods of a large population of middle-aged, middle class Americans. One does not ‘just get over’ some things, not even fifty years later.”⁶



Given the extent of possible negative outcomes, it is apparent that the associated costs of child abuse and neglect are exceptionally high both for the children that suffer and for the society that incurs the expense.

Prevention programs can be cost-effective. If Texas prevented or even reduced the incidence of child maltreatment, this would result in better short and long-term outcomes for children and families and would produce significant cost savings to the state. For example, home-visiting programs for an at-risk mother and child have an average annual cost of approximately \$4892 (based on 2003 dollars).⁷ In addition, the average annual costs of parent education and skill-building programs are approximately \$500 per family.⁸



In contrast, the costs to provide remedial care are much higher – for example, in Texas the average annual cost of foster care per full time equivalent (FTE) in FY06 is \$19,733, while the cost to incarcerate a youth for one year in the Texas Youth Commission (TYC) is approximately \$57,000.

Equally important to the cost-effectiveness of investing in prevention, is that these efforts work. The developing field of child welfare research shows that prevention programs are effective, and that evidence-based, child abuse prevention practices involve strategies that are supported by scientific research as effective in improving outcomes for children and families.¹⁰ As stewards of public funding, it is essential for Texas to invest in prevention programs that are effective. By relying on evidence-based service elements, the state can anticipate a higher level of success, and ultimately an increased likelihood of cost savings.

In FY 2005, Texas' investment in prevention through the DFPS Division of Prevention and Early Intervention was \$31.3 million dollars.¹¹ In other words, Texas spends \$31.3 million to prevent child abuse and neglect and over 24 times as much - \$765.2 million - to investigate, begin to address the issues caused by abuse and neglect, protect children from additional maltreatment, and/or work to reduce the risk of future maltreatment. Were Texas to invest more in prevention, initial and long-term cost savings for the state would likely be realized. The long-term goal of prevention is to shift the need for dollars going into a remedial system response towards investment at the front end of our children's lives, where such investment has been demonstrated to be most cost-effective and life saving.

The Council appreciates the opportunity to submit the recommendations in this report as solid steps towards a more effective, comprehensive approach to prevention of child abuse and neglect.

BACKGROUND

To determine how Texas can work to further enhance its efforts in preventing child maltreatment, the 79th Texas Legislature passed HB1685 in 2005, bringing together eleven state agencies to comprise the Interagency Coordinating Council for Building Healthy Families. The agencies named to the Council include:

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

The Council was charged with:

- Facilitating **communication and collaboration** concerning policies for prevention of and early intervention in child abuse and neglect among state agencies whose programs and services promote and foster healthy families;
- Preparing an **inventory** of state agency policies, programs, and activities regarding child abuse and neglect prevention and early intervention, and
- Producing a **recommendations report** for how the Council agencies can improve coordination and collaboration among state agencies that provide child abuse and neglect prevention programs and services.

The Council has held formal meetings every three to four months and opened the meetings to interested parties as observers. The minutes of these meetings are posted on the DFPS website at: http://www.dfps.state.tx.us/Prevention_and_Early_Intervention/About_Prevention_and_Early_Intervention/icc.asp, as is the Inventory Report detailed in the next section. Subcommittees were developed as needed to address the Council's responsibilities.

* The Department of Assistive and Rehabilitative Services (DARS) was not included in HB 1685 but was invited to join the Council because of the important role Early Childhood Intervention (ECI), which DARS administers, plays in the prevention of child maltreatment.

THE INVENTORY REPORT

In order to prepare for the inventory report, the Council produced and distributed a survey in February 2006 to entities that contracted with and/or provided prevention programs on behalf of the member agencies at that time. This included non-profit, private/for-profit, and faith-based organizations, as well as units of government. The types of programs/services included in the Council's inventory report were limited to those programs that self-identified as known or promising to contribute to the reduction of **risk factors** and/or the promotion of **protective factors** facilitating an environment conducive to building healthy families.¹² Current research indicates that while certain risk factors have a negative impact on children and families, other protective factors can reduce that impact and provide benefits, resulting in greater resilience for parents and children and ultimately preventing child abuse and neglect from occurring.^{13&14} Therefore, since Council members indicated that most of the programs and services funded by their agencies would not identify themselves as child abuse and neglect prevention efforts, risk and protective factors were selected as the parameters for defining programs to be included in the inventory in order to reach all the member agency programs. Appendix A of this report provides a list of risk and protective factors as well as references to the research that supports this methodology.

In addition, the Council further defined the types of prevention programs/services included in the inventory as those that either **directly** address child maltreatment prevention or do so **indirectly**, through a variety of approaches to strengthen families. Specifically,

- **direct programs** have as a primary goal the prevention of child abuse and neglect; and
- **indirect programs** do not have a primary goal of preventing child abuse and neglect, but include goals to reduce the risk factors and/or increase the protective factors known to impact the prevention of child abuse and neglect. For example, providing adults with substance abuse treatment is not usually considered a child maltreatment prevention program. Ultimately, however, if a parent/caregiver with chemical dependency problems receives treatment, that person is less likely to abuse or neglect their children.¹⁵

Programs, Policies, and Activities

The Council's inventory report was published on June 1, 2006. The inventory summarized results from the 269 surveys submitted. Of the programs reflected in the inventory, 83 identified their programs as directly impacting child abuse and neglect, while 167 identified their programs as having an indirect impact on child abuse and neglect (19 respondents did not respond to this question). All respondents indicated which of the listed risk and protective factors their program or service addresses, and provided information on service area, client eligibility, wait- or interest-lists, and base data on their organization.

Of the 83 surveys reporting that their programs directly relate their goals to the prevention of child abuse and neglect, 82 respondents identified the following state agencies identified as the funding source:

- Department of Family and Protective Services (DFPS) – 77 responses for programs: *Services To At-Risk Youth (STAR)*, *Community-Based Child Abuse Prevention program (CBCAP)*, *Texas Families: Together and Safe (TFTS)*, and *Family Strengthening programs*;
- Department of State Health Services (DSHS) – 1 response for the statewide *Pregnant, Post-Partum Intervention program*;
- Texas Department of Housing and Community Affairs (TDHCA) – 4 responses for the *Emergency Shelter Grant Program (ESGP)*; *

The most common types of services provided by the identified direct-impact programs were parent education and training, home visitation, public awareness campaigns, and life skills development. The inventory found that state agencies allocate more than \$34 million in funds specifically designated to prevent children from being abused or neglected. In addition to the programs at DFPS, this amount includes the DSHS funding for the post-partum intervention program.. **

Current state policies associated with child maltreatment prevention, specifically for the direct-impact programs, were also identified in the inventory. The DFPS Community Based Child Abuse Prevention (CBCAP) program was identified as federally mandated, in this case meaning that the state may choose to apply for these federal funds, but must meet all federal requirements to expend them. This program provides the state and DFPS with considerable flexibility in the details of how the program is implemented. In addition, the Department of State Health Services (DSHS) Pregnant, Post-Partum Intervention (PPI) program is also federally funded by specialized female services set aside of the Substance Abuse Prevention and Treatment Block Grant. The set aside monies must be expended on pregnant and parenting women, and DSHS determines the type and modality of the contracted services.

The following programs were identified as state mandated or addressed in statute and/or appropriation and allowing for varying agency flexibility in how they are implemented:

- Services to At-Risk Youth (STAR) Program – DFPS
- Texas Families Together and Safe (TFTS) Program - DFPS
- Family Strengthening (At-Risk Child Abuse Prevention) Program - DFPS

The above programs are largely funded with federal pass-through dollars, currently Temporary Assistance to Needy Families (TANF) and Social Security Title IV-B Part 2. These funding streams include additional requirements that must be met in expending the funds, but do not specify the named programs or their particular implementation.

* A number of TDHCA subrecipients identified their programs or services as having a direct impact; however the funding provided by TDHCA is not directed to funding child maltreatment prevention, but rather is flexible enough to allow the recipient to determine use based on community needs.

** Allocations for DFPS and DSHS were reported differently in the Council's June 2006 Inventory. In the inventory report allocations for DFPS direct programs were reported for FY06 only, whereas DSHS funding was reported for FY06-07. This report compares both agencies' direct program costs for FY06 only.

Respondents to the survey also reported whether their direct-impact child maltreatment prevention programs are “evidence-based,” defined in the inventory as “those programs that have been evaluated and found to be effective in accomplishing their goals and/or stated client outcomes, in this case, prevention of child abuse and neglect.” In reviewing the responses to this section of the survey, Council members noted that respondents may not have interpreted this definition in a consistent manner, based on member knowledge of the programs that self-identified as evidence-based. This finding led the Council to believe that more may need to be done related to both education regarding and implementation of evidence-based practices and programs.

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

Lastly, the inventory documented several of the member agencies’ prevention activities, such as conferences, media campaigns, collaborations, trainings, and outreach/awareness materials.

Although the inventory represents only programs administered by Council member agencies, we believe it provides an informative point-in-time snapshot of the state’s investment in preventing child abuse and neglect. The Council considered recommending an expanded inventory that would include other, privately funded programs. However, it is unclear that the additional benefit such an inventory might provide would warrant the allocation of necessary resources when there is already a system in place in Texas that is charged with maintaining up-to-date information on available social services. The Texas Information and Referral Network, utilizing an extensive database and the services of Area Information Centers available to the public via the internet or by calling 2-1-1, offers the best opportunity to compile additional current and accurate information on services available across the state.

PUBLIC TESTIMONY

The Council solicited public comment (both written and through a public hearing) following publication of the inventory. Those responding were asked to provide feedback on the inventory as well as input on recommendations for the current report. The Council received public comment from representatives of advocacy groups and nonprofits, current and prior state contracted prevention service providers, concerned citizens, and supporters of specific programs.

Public comments can generally be categorized into the following observations and challenges:

- Prevention efforts require stable and consistent funding to have effective and sustainable results;
- Results of prevention are often difficult to show. Demonstrating that something did not happen can be methodologically complex. However, the monetary investment in effective and cost-efficient prevention programs is considerably less than the investment that must be made in treating those who suffered from abuse and neglect;
- Evidence-based services that are proven as effective prevention models are limited in number, often difficult to implement with fidelity, and can be expensive to replicate;
- Evidence-based services represent a continuum which begins with those programs that appear to be effective but have not been evaluated through those that have been proven effective through rigorous evaluation and replication;
- Programs that appear promising but do not meet the definition of “evidence-based,” need to determine whether they are producing positive outcomes for children and families;
- Many services can have an indirect impact on the prevention of child abuse and neglect, such as housing, employment, education, health care, etc, which results in the need for state agencies to take a more comprehensive approach to prevention.

Recommendations from the public hearing included the need for state agencies to:

- Increase communication with contracted service providers to offer more up-to-date information on the expectations and needed changes and improvements in evidence-based services, and allow more opportunities for providers to offer feedback to the state;
- Create a stakeholders’ contact list or a web page to share changes and up-to-date information regarding prevention efforts and opportunities for funding in the state;
- Understand the obstacles and difficulty in requiring contractors to implement evidence-based services;
- Assist communities in understanding and providing evidence-based services through better definitions, training, and technical assistance;
- Invest in program evaluation to determine the effectiveness of contracted services;

- Determine if the programs the state currently funds are effective rather than omit them because they have not yet been evaluated.

Many of those offering testimony also provided information about the programs they offer and the evidence that substantiates effectiveness of those programs. The insights offered through public comment, briefly summarized above, illustrate the importance of continued dialogue with local communities, providers and stakeholders. Continued community engagement will support the state in development of better-informed policy and practices and more effective use of scarce state resources. A list of those offering testimony and those submitting written comments is available in Appendix B.

RECOMMENDATIONS

The following recommendations are based on the deliberations of the Council and careful consideration of the information gained from both public comment and the inventory report data. The Council believes that implementation of these recommendations will improve coordination and collaboration among state agencies and ensure that state investments in child maltreatment prevention and early intervention are producing measurable and effective results in developing healthy families.

The Interagency Coordinating Council for Building Healthy Families recommends that the Texas Legislature:

1. Continue to support child maltreatment prevention and early intervention efforts delivered through state agencies, with the goal of achieving a sustained, long-term, cost-effective investment in Texas families.

- Prevention programs can be cost-effective in comparison to remedial treatment services. If Texas were to invest more in prevention and thereby avert or reduce the incidence of child maltreatment, this would result in better short and long-term outcomes for children and families and could produce cost savings to the state.
- It is essential for the state to invest in prevention programs that are effective, and to ensure that research findings support the wise use of taxpayer dollars. The Council recommends that state-funded, child maltreatment prevention programs be supported by research to be successful at preventing or reducing child abuse and neglect, increasing the likelihood of success and ultimate cost savings. (A list of references supporting the importance of evidence-based programming can be found in Appendix C).
- Many good programs start off as promising in theory, but may need assistance in establishing evidence of their effectiveness. The Council suggests that DFPS continue their work in establishing a system for defining evidence-based, child maltreatment prevention services. One of the goals of this system is to assist programs in working towards higher levels of proven effectiveness. The federal government is also working towards such a system. DFPS is working with the

Federal Children's Bureau, Community-Based Child Abuse Prevention (CBCAP) program. (Draft document appears in Appendix D).

- In response to public testimony requesting support for community-based entities transitioning to or adopting evidence-based child maltreatment prevention services, the Council supports DFPS' plan to provide comprehensive information regarding evidence-based practice through the DFPS website. This website may include items such as updates on the definition of evidence-based programming, links to appropriate national and state websites/information, connecting links to other state agencies which support both direct and indirect services that strengthen families and/or prevent child abuse and neglect, information and/or links to opportunities for existing or continued funding; and training and technical assistance on methods for successfully adopting evidence-based programs as well recommendations on how to keep to the fidelity of evidence-based programs.

2. Consider implementation of a state-guided evaluation effort to assess the effectiveness of state-funded child maltreatment prevention programs and services to determine which current programs are achieving their intended outcomes and to support the movement of programs to higher levels of evidence-based practice, thus ensuring that funding is spent on programs with proven results.

- There are a relatively small number of programs that have been proven to be effective in preventing child maltreatment, but it is likely that there are other promising programs that would be found effective if fully evaluated. While substantial research on effective programs and practices exists in other social service fields (notably, juvenile delinquency and substance abuse prevention), the establishment of evidence-based services in child maltreatment prevention lacks institutional sponsorship for well-funded rigorous research.¹⁶
- Consistent with public comment, the Council agrees Texas should not limit its investment in prevention to a limited range of prescribed programs. The geographic size and diversity of the state and local populations do not lend themselves to an approach with very limited options, and it is desirable to support local determination of an appropriate approach while ensuring that the results will accomplish the intended outcomes. Some proven models may also bring associated challenges with needed resources or replication fidelity that individual communities may be pressed to meet.
- To enable state-funded service providers to determine whether their current programs are effective in preventing child abuse and neglect, and to assist them in moving their programs to higher levels of proven effectiveness, the Council recommends that the Legislature enhance the state's investment in prevention programs by supporting a state-guided evaluation effort to begin to assess these services. The focus in Texas and elsewhere has been on prioritizing the use of prevention funds to support direct client services, which has restricted the state's ability to support research-based evaluation of state-funded programs. A unified approach to evaluation will ensure quality and consistency and support

comparative assessment of the effectiveness of services to families and determination of cost effectiveness.

3. Support the continuation of the Interagency Coordinating Council for Building Healthy Families, to focus primarily on child abuse and neglect and secondarily on related state agency efforts that contribute to the development of healthy families.

- The Council recommends that its work be continued in an effort to identify, define and implement additional improvements to agency coordination and collaboration that will improve state-funded efforts to build healthy families and to monitor the implementation of the recommendations in this report. The potential for ongoing work to be managed through an existing collaborative effort to avoid duplication of effort was carefully assessed, and it was determined that the scope of issues and challenges that the Council hopes to address, in conjunction with its primary focus on prevention of child maltreatment, render it unique.
- The Council will work with other collaborative groups addressing shared concerns, and will ensure that there is ongoing communication and coordination between groups. Council members will explore the opportunity to use the strengths of these complementary groups to advance the goals set forth within the Interagency Coordinating Council for Building Healthy Families. In some cases, there is already cross-representation, which will facilitate the process. Identified potential collaborations include:
 - Texas Integrated Funding Initiative (TIFI),
 - whose primary focus is on provision of mental health services to Texas children, youth and their families;
 - Texas Early Childhood Comprehensive Systems (TECCS) Plan,
 - supporting efforts to strengthen the State's early childhood systems of services for young children (ages 0-6) and their families;
 - Invisible Children's Project (Mental Health Association of Texas)
 - which focuses efforts on children of parents/guardians who are mentally ill;
 - Mental Health Planning and Advisory Council (MHPAC)
 - which advocates for the needs of Texans with mental illness by monitoring services and advising the DSHS Commissioner on provisions of services and supports;
 - Community Resource Coordination Group (CRCG)
 - whose purpose is to provide multi-agency staffing to children and their families who have exhausted the resources of a single agency;
 - Interagency Council for the Homeless
 - evaluates and helps coordinate the delivery of services for the homeless in Texas;
 - Texas Partnership for Family Recovery
 - is an interagency initiative to integrate judicial, child welfare, and behavioral health services for families involved with CPS; and
 - Drug Demand Reduction Advisory Council,
 - which is the single source of information for the governor, the legislature, and the public about issues relating to reducing drug demand, including available prevention programs and services.

- The Council has identified additional areas for examination. These include reviewing the potential to streamline funding mechanisms, which has been a focus of TIFI, to support development of a continuum of child maltreatment prevention services. While challenging, this holds the promise of simplifying the process for those seeking funding for family services. Other priorities include improvements in stakeholder communication including specific strategies to engage in ongoing meaningful dialogue with stakeholders and local communities to support development of better-informed policy and practices; and provision of information and tools to enhance service delivery and cross-referral to a broader range of family supporting resources, recognizing the interrelationship between our various mandates and potential to support families in a comprehensive, holistic manner.
- The Council has agreed to meet at least twice a year to review and discuss current strategies, challenges, and opportunities to increase prevention and early intervention cross-agency efforts to build healthy families. An interagency agreement will be developed to reflect the commitment of each agency and the scope of work to be addressed.

CONCLUSION

Child maltreatment is devastating to the families impacted and costly, in both financial and human terms, to all Texans. While DFPS is the state agency charged with addressing abuse and neglect, the issues cross agency and program lines. As each agency works to address its own mission, it can be challenging to recognize the potential of shared goals, resources that might be better aligned, and issues better faced with consolidated effort. Beginning in October 2005, the Interagency Coordinating Council for Building Healthy Families has worked diligently to meet the challenges set forth in House Bill 1685. In completing the tasks specified in the legislation, the Council appreciated the rewards of collaboration between a broad representation of state agencies.

The Council's recommendations for the Texas Legislature result from a thorough review of the programs the member agencies support, feedback and recommendations from stakeholders, and extensive discussions within the group. The Council hopes to continue its work in implementing these recommendations and supporting the state's long-term investment in creating a comprehensive, interagency, state-supported prevention effort to support healthy Texas families.

Endnotes

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Appendix A

Risk and Protective Factors

The Interagency Coordinating Council for Building Healthy Families inventory identified state-funded programs in Texas that **strengthen families and reduce the risk of abuse and neglect within families**. Current research related to the prevention of child maltreatment indicates that while certain "risk" factors have negative effects on children and families, other "protective" factors can lessen those effects and provide benefits, resulting in greater resilience for parents and children and ultimately preventing child abuse and neglect from occurring. Based upon this research, the ICC sought information on programs in Texas that reduce risk factors and/or promote the protective factors related to child abuse and neglect.

Below is a list of many of the risk and protective factors referenced by the research. While the Council recognizes these lists are neither all-inclusive nor exhaustive, the Council directed programs responding to the survey to use them as the basis to determine whether their program directly or indirectly prevents child abuse and neglect.

If a program **directly** addresses the goals preventing child abuse and neglect, then the program likely collects specific data towards reducing risk factors and increasing the protective factors in the families and children they work with.

If a program **indirectly** prevents child abuse and neglect, then, although the main focus of the program is not the prevention of child abuse and neglect, its services may ultimately reduce the risk factors or increase the protective factors for preventing child maltreatment. (For example, providing adults with substance abuse treatment is not usually considered an abuse and neglect prevention program. Ultimately, however, if an adult with chemical dependency problems receives treatment, that person is less likely to abuse children).

Common Risk Factors for Child Abuse and Neglect

Child	Parental/Family	Social/Environmental
Premature birth, birth anomalies, low birth weight, exposure to toxins <i>in utero</i>	External locus of control	Low socioeconomic status
Temperament: difficult or slow to warm up	Poor impulse control	Stressful life events
Physical/cognitive/emotional disability, chronic or serious illness	Low tolerance for frustration	Lack of access to medical care, health insurance, adequate child care, and social services
Childhood trauma	Feelings of insecurity	Parental unemployment; homelessness
Anti-social peer group	Lack of trust	Social isolation/lack of social support
Age (especially 0-5 years old)	Insecure attachment with own parents	Exposure to racism/discrimination
Child aggression, behavior problems, attention deficits	Childhood history of abuse	Poor schools
	High parental conflict, domestic violence	Exposure to environmental toxins
	Family structure - single parent with lack of support, high number of children in household	Dangerous/violent neighborhood
	Social isolation, lack of support	Community violence
	Parental mental illness/depression/anxiety	
	Substance abuse	
	Separation/divorce, especially high conflict divorce	
	Age of Parent (Teen or younger)	
	High general stress level	
	Poor parent-child interaction, negative attitudes and attributions about child's behavior	
	Inaccurate knowledge and expectations about child development	

Common Protective Factors for Child Abuse and Neglect

Child	Parental/Family	Social/Environmental
Good health, history of adequate development	Secure attachment; positive and warm parent-child relationship	Mid to high socioeconomic status
Above-average intelligence	Supportive family environment	Access to health care and social services
Hobbies and interests	Household rules/structure; parental monitoring of child	Consistent parental employment
Good peer relationships	Extended family support and involvement, including caregiving help	Adequate housing
Good physical and mental health	Stable relationship with parents	Family religious faith participation
Easy temperament	Parents have a model of competence and good coping skills	Good schools
Positive disposition	Family expectations of pro-social behavior	Supportive adults outside of family who serve as role models/mentors to child
Active coping style	High parental education	
Positive self-esteem	Knowledge of child development and parenting	
Good social skills	Social connections	
Internal locus of control	Concrete support in times of need	
Balance between help seeking and autonomy	Effective problem solving and communication skills	

Supportive Information Regarding Protective and Risk Factors

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Appendix B

Interagency Coordinating Council for Building Healthy Families Public Hearing July 27, 2006

Presenters were asked to address the following questions:

1. How can state agencies better collaborate and coordinate to improve child abuse and neglect prevention programs and services?
2. Do you have any suggestions for how state agencies can support communities and providers in implementation of evidence based programs?
3. What best evidence-based and cost-effective prevention programs do we lack in Texas?
4. Are there areas in Texas where demand for child abuse and neglect prevention services exceeds availability?
5. Do you have any feedback to provide regarding the Council's Inventory Report?

List of Presenters and Affiliations

1. Janet Pozmantier – Child Builders – Houston, TX
2. James Castro – Center for Health Care Services – San Antonio, TX
3. Madeline McClure – TexProtects The Texas Association for the Protection of Children and Prevent Child Abuse Texas – Dallas, TX
4. Peggy Hill – Nurse Family Partnership – Denver, CO
5. Conni Barke – DePelchin Children's Center – Houston, TX
6. Mary Ellen Nudd – Mental Health Association in Texas, Austin, TX
7. Theresa Tod – Texas Network of Youth Services – Austin, TX
8. Steven Wick – Central Texas Youth Services – Belton, TX

Twenty-five people signed in as attendees to the Public Hearing but did not provide testimony.

Ten people submitted written comments, including:

- Mark Rowe - Family Outreach Corpus Christi – Corpus Christi , TX
- Drew Dixon - The Arc of Dallas – Dallas, TX
- Karlyn Strickland - Texas Can! – Dallas, TX
- Lynn Bernhard – The Children's Center, Inc. – Galveston, TX
- Denise Hilton - Newton County Special Education Cooperative - Newton, TX
- Dr. Holly VanScoy – Academic Research Associates – Pflugerville, TX
- James Shields – Justice for Children – Houston, TX
- Karent Long-De Smit – DSHS – Denton, TX
- Indiana Villagarcia – Spanish Mediation and Facilitation Services – Austin, TX
- Danielle Pate – Childbuilders – Houston, TX

Appendix C

Supportive Information Regarding Evidence-Based Programs and Practices

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 - a. Evidence Based and Evidence Informed Programs and Practices Checklist <http://www.friendsnrc.org/download/part/attachc.pdf>
 - b. Matrix of Evidence-Based Programs and Practices Rating Criteria <http://www.friendsnrc.org/download/part/attachd.pdf>
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10. The California Evidence-Based Clearinghouse for Child Welfare (CEBC). *Importance of Evidence Based Practice*. Retrieved November 1, 2006 from the CEBC website: <http://www.cachildwelfareclearinghouse.org/importance-of-evidence-based-practice#explain>
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12. The Promising Practices Network. *Programs that Work*. Retrieved November 1, 2006 from the Promising Practices Network on children, families, and communities website: http://www.promisingpractices.net/about_ppn.asp
13. University of Pittsburg Office of Child Development (2004). *Evidence-Based Programming - Investigating What Works and Why* - Special Report. Retrieved November 1, 2006 from the University of Pittsburg School of Education website: <http://www.education.pitt.edu/ocd/publications/sr2004-03.pdf>

Appendix D

Administration on Children and Families/Children's Bureau Community-Based Child Abuse Prevention (CBCAP) Program Draft Definitions for the Levels of Evidence for Evidence Based Practice/ Evidence Informed Practice

Level I - Emerging Programs and Practices

PROGRAM CHARACTERISTICS

- The program can articulate a theory of change, which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This may be represented through a program logic model or conceptual framework that depicts the assumptions for the activities that will lead to the desired outcomes.
- The program may have a book, manual, other available writings, and training materials, OR may be working on documents that specify the components of the practice protocol and describe how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

RESEARCH & EVALUATION CHARACTERISTICS

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- Programs and practices may have been evaluated using less rigorous evaluation designs with no comparison group, including “pre-post” designs that examine change in individuals from before the program or practice was implemented to afterward, without comparing to an “untreated” group – or an evaluation may be in process with the results not yet available.
- The program is committed to and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.

Level II - Promising Programs and Practices

PROGRAM CHARACTERISTICS

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

- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

RESEARCH & EVALUATION CHARACTERISTICS

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

Level III - Supported Programs and Practices

PROGRAM CHARACTERISTICS

- The program articulates a theory of change, which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.
- The practice has a book, manual, training, or other available writings that specify the components of the practice protocol and describe how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

RESEARCH & EVALUATION CHARACTERISTICS

- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The research supporting the efficacy of the program or practice in producing positive outcomes associated with reducing risk and increasing protective factors associated with the prevention of abuse or neglect meets at least one or more of the following criterion:

- At least two rigorous randomized controlled trials (RCTs) in highly controlled settings (e.g., university laboratory) have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.

OR

- At least two between-group design studies using either a matched comparison or regression discontinuity have found the practice to be equivalent to another practice that would qualify as supported or well-supported; or superior to an appropriate comparison practice.
- The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.
- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of evidence supports the efficacy of the practice.
- The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.
- The local program can demonstrate adherence to model fidelity in program implementation.

Level IV - Well Supported Programs and Practices*

PROGRAM CHARACTERISTICS

- The program articulates a theory of change, which specifies clearly identified outcomes and describes the activities that are related to those outcomes. This is represented through the presence of a detailed logic model or conceptual framework that depicts the assumptions for the inputs and outputs that lead to the short, intermediate and long-term outcomes.
- The practice has a book, manual, training or other available writings that specify components of the service and describe how to administer it.
- The practice is generally accepted in clinical practice as appropriate for use with children and their parents/caregivers receiving child abuse prevention or family support services.

RESEARCH & EVALUATION CHARACTERISTICS

- Multiple Site Replication in Usual Practice Settings: At least two rigorous randomized controlled trials (RCT's) or comparable methodology in different usual care or practice settings have found the practice to be superior to an appropriate comparison practice. The RCTs have been reported in published, peer-reviewed literature.
- There is no clinical or empirical evidence or theoretical basis indicating that the practice constitutes a substantial risk of harm to those receiving it, compared to its likely benefits.
- The practice has been shown to have a sustained effect at least one year beyond the end of treatment, with no evidence that the effect is lost after this time.

- Outcome measures must be reliable and valid, and administered consistently and accurately across all subjects.
- If multiple outcome studies have been conducted, the overall weight of the evidence supports the effectiveness of the practice.
- The program is committed and is actively working on building stronger evidence through ongoing evaluation and continuous quality improvement activities.
- The local program can demonstrate adherence to model fidelity in program implementation.

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Department of State Health Services	Dr. Fouad Berrahou	Texas Title V Director
Health and Human Services Commission	Karen Hilton	Department of Community Social Services
Office of the Attorney General	Jim Underwood	Director of Office of Family Initiatives
Texas Department of Housing and Community Affairs	Elena Peinado	Team Leader, Legislative Affairs
Texas Education Agency	Kandis Ream	Director of Interagency Coordination
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