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

&

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

A Report from

**The Interagency Coordinating Council
for Building Healthy Families**

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EXECUTIVE SUMMARY

In fiscal year (FY) 2007, the Texas Department of Family and Protective Services paid nearly \$1 billion in Child Protective Services costs related to child abuse and neglect intervention and treatment. As a state, Texas spent over \$6.3 billion in 2007 for direct and indirect costs associated with child maltreatment. In contrast, total DFPS appropriations for prevention and early intervention programs and services approximated \$42 million for FY 2007, and \$43.6 million in FY 2008 (\$25.1 million general revenue plus \$18.5 million federal funds). Acknowledging the accumulating evidence that prevention efforts are effective and yield a return of several dollars for every dollar invested, and recognizing the potential for significant savings in treatment costs by increasing prevention spending, the Texas Legislature (House Bill 662, 80th Reg. Session) directed the Interagency Coordinating Council (ICC or Council) for Building Healthy Families to conduct an extensive evaluation of child abuse and neglect prevention and early intervention programs and services in the state. As specified in bill language, the evaluation must determine the following:

- The potential for streamlining funding mechanisms;
- The effectiveness and cost efficiency of state-funded programs and services;
- Methods for transitioning state funded programs and services to evidence-based practices;
- Methods for improving delivery of services; and,
- The need for increased stated funding.

This action expanded the direction from the Legislature (House Bill 1685, 79th Reg. Session) to improve the coordination of child abuse and neglect prevention and early intervention policies, programs, and services. House Bill (HB) 662, passed by the 80th Legislature, directed Texas Department of Family and Protective Services to develop a Strategic Plan for Child Abuse and Neglect Prevention Services. Evaluation findings for the elements above are to be reported to the Lieutenant Governor and Legislature in two phases:

- First report due December 1, 2008, addressing the 1st, 4th and 5th elements above
- Second report due December 1, 2009, addressing the 2nd and 3rd elements above

DFPS is to submit the strategic plan by the earlier December 1, 2008 deadline.

Streamlining Funding

The ICC evaluation generated an extensive set of findings regarding the funding of child abuse and neglect prevention and early intervention programs and services,

and developed a series of recommendations in light of the research. Community-level, regional, and state-wide (Texas and other states) organizations were studied to assess achievements in streamlining funding. The two most prevalent practices examined were “braiding” and “blending.” Braiding refers to the use of funds from multiple sources for one common goal, but requires separate tracking of individual sources for administrative purposes. Blending funds, commonly known as “pooling,” involves the integration of funds from several sources into a new single fund to support multiple initiatives.

Organizations identified specific funding stream requirements as the single greatest barrier to combining funds, particularly with federal and state funding opportunities. For example, rules and requirements concerning eligibility, target populations, reporting, and allowable costs do not make blending and braiding a readily available alternative.

Organizations overcame some of these barriers by employing a variety of strategies. They educated foundations and other funders to increase compatibility of target populations, services, outcomes, and reporting and accounting requirements. The interest in, and commitment to prevention efforts and funding streamlining is maintained by showing financial benefits and progress toward common goals. Collaboration is critical and is accomplished by communication, resolving misunderstandings, and building trust.

Based on evaluation findings, the ICC recommends the following courses of action to maximize the potential for streamlining funding:

- 1. Explore the possibility of coordinating procurement of services that work to build healthy families.** ICC-member agencies should conduct a comparative analysis of funding opportunities and identify programs targeting similar populations and providing similar services. The agencies should attempt joint or multi-agency procurements and, in the process, align accountability and performance measures;
- 2. Take steps to support collaborative funding efforts.** ICC-member agencies should establish methods for sharing information regarding the coordination and streamlining of funding sources; and,
- 3. Seek the implementation of collaborative practice improvements.** ICC-member agencies should develop resources and methods to assist public and private entities at the local, regional, and state levels in practicing funding streamlining.

Improving Service Delivery

In order to improve the delivery of prevention services, the ICC deliberated over multiple options. Research revealed that the application of two practices, quality

assurance and continuous performance improvement was particularly effective in attaining the sought-after improvement. Quality assurance (QA) refers to the systematic evaluation or assessment of an organization's performance to ensure agreed-upon standards of quality are being met. Continuous performance improvement (CPI) encompasses an organization's efforts to achieve a higher level of quality by continuously enhancing processes and/or products. The following items are critical for QA and CPI measures to achieve their intended goals of improving service delivery:

- Cooperation, participation, and active engagement of all stakeholders
- Extensive training for agency leadership and staff
- Strategy for communication between the CPI/QA office and the agency
- Continuous updates on progress towards goals and objectives
- Commitment of officials.

As revealed by the evaluation, communication among stakeholders is key to ensuring success. Most organizations provided feedback to stakeholders, and held meetings, conferences, and trainings to collect input. Top-down support was also important as state agencies create planning teams and councils to disseminate information and perform QA/CPI activities. Barriers to successful QA/CPI in prevention and early intervention programs included the following:

- Ineffective communication
- Lack of resources to dedicate to time-intensive efforts
- "Measuring" prevention—It is difficult to prove that families receiving prevention services would otherwise abuse/neglect their children
- Organizational culture—the lack of familiarity with/or trust in QA/CPI

The degree to which DFPS can promote or require adoption of QA/CPI processes among prevention contractors is a function of resource availability. Full implementation of the recommendations statewide will require new significant investments in infrastructure and staffing, and of course, the critical top-down support necessary for approving such moves. The ICC decided on utilizing a grass-roots approach and focused its recommendations on supporting contractors attempting to adopt QA/CPI measures. To improve delivery of services for the prevention of and early intervention in child abuse and neglect, the ICC recommends the following courses of action:

- 1. Explore ongoing investment in opportunities for program evaluation to measure the impact of prevention services on child safety and cost impact on direct and indirect costs of child maltreatment;**
- 2. DFPS should take steps to clarify and promote use of evidence-based practices through development of web-based resources, tool kits, support systems, and other aids; and,**

- 3. DFPS should provide multiple opportunities for significant family and client participation and feedback, both for itself and its funded prevention and early intervention providers.**

Prevention Funding

Child maltreatment rates have increased in recent years, highlighting concerns regarding the capacity of state-funded prevention providers to serve children and families who need their services. Moreover, strategies for sustaining funding of programs and providers must be developed to avoid capacity reduction associated with fluctuations in prevention funding. Direct and indirect costs of child maltreatment in Texas total over \$6 billion annually. The amount reflects not only the immediate costs of intervention and treatment, but the long-term impact of the developmental and psychological damage caused by abuse and neglect. Early investment in reducing risk factors and increasing protective factors associated with abuse and neglect is an effective and proven strategy. Through the evaluation, the ICC is determining the cost-efficient programs which are also effective in achieving intended outcomes. Evaluation results will inform the ICC's recommendations regarding which prevention program types and models should receive priority for future funding, to be submitted in the second report due December 1, 2009.

Recommendations for Implementing DFPS Strategic Plan for Child Abuse and Neglect Prevention Services & Continuation of the ICC

The ICC was charged with presenting recommendations regarding the implementation of the new Strategic Plan for Child Abuse and Neglect Prevention Services and recommending whether the ICC itself should be continued. The ICC submits the following three recommendations. Continuation of the ICC is addressed in the first recommendation.

- **Continue the collaboration of state-funded child abuse and neglect prevention and early intervention programs and policies.** A formal memorandum of understanding (MOU) is recommended in order for collaboration to continue among the 11 member agencies.
- **Broaden the involvement of external entities in the strategic plan implementation process.**
- **Propagate adoption of the Pathway Model developed by the Harvard University Pathways Mapping Initiative as the basis for continued expansion of the initial strategic plan.**

The ability to move forward with all of the recommendations made in the report depends on the availability of resources and whether DFPS and the ICC-member agencies receive adequate funding. While the ICC-member agencies are committed to implementing the recommended courses of action, in the absence of sufficient funding and staffing, delayed or incomplete implementation might result.

INTRODUCTION

In fiscal year (FY) 2007, the Department of Family and Protective Services (DFPS) paid a combined \$978.3 million in federal and state funds for purchased services, foster care payments, adoption subsidies, staffing and other projects for Child Protective Services (CPS).¹ The direct and indirect costs of child maltreatment in Texas surpassed \$6.3 billion in 2007.² The FY 2007 legislative appropriations for DFPS prevention and early intervention programs totaled \$42 million. The appropriation for FY 2008 increased to \$43.6 million, comprising \$25.1 million in general revenue and \$18.5 million in federal funds. Prevention and early intervention programs have been shown to be successful in addressing the costly and tragic impact of child maltreatment. They can reduce abuse and neglect of children and are cost effective. As an example, the Nurse-Family Partnership model, a very thoroughly evaluated evidence-based, nurse home-visiting program that targets first-time, low-income parents, has been shown to reduce the incidence of abuse and neglect in participating families while generating savings from \$2.88 to \$5.70 for every dollar invested.

In 2007, the Texas Department of Family and Protective Services (DFPS) investigated over 163,000 cases of alleged child abuse/neglect involving over 278,000 alleged victims under age 18. These investigations resulted in 71,344 confirmed victims, or a child victimization rate of 11.2 per 1000 children.³ The 2007 rate also marks a rapid increase from a rate of only 7.2 per 1000 recorded in 2001,⁴ and convergence with a nationwide rate that ranged from 12.0 to 12.3 per 1000 between 2002 and 2006.⁵ Texas followed the nation's lead in 2006 with respect to the gender, race/ethnicity, and age of the victims. Children six years of age and younger comprised 58% of all abused and neglected children in 2006 and 2007, while constituting only 40% of the non-adult population during the same period. A larger proportion of maltreated children were female (52%), and African Americans constituted a disproportionate share of the victims (nearly 20% of all victims in 2006 and 2007, while representing only 12% of the state's under-18 population during the same period).^{6,7} According to a 2006 Texas Health and Human Services Commission and DFPS study, a problem of "disproportionality" exists throughout the child welfare system as African American children are over-represented at all stages: reports of maltreatment, investigations, removals from home, and placements in foster care.⁸ Texas can and should do a better job of preventing child abuse and neglect, and commit itself to reversing this troubling trend.

Child maltreatment is reported and documented in the form of bruises, broken bones, burns and other visible effects of physical harm. However, the impact of abuse and neglect extend far beyond the physical domain. Developmental delays, cognitive impairment, poor motor coordination, and sensory damage are routinely observed throughout the victims' lives. The trauma that children suffer through early abuse and neglect continue to affect them as they experience social, emotional, and behavioral problems throughout adolescence and adulthood.⁹

On the societal level, child abuse and neglect take a toll on Texas and its communities. Poor academic achievement by maltreated children strains school districts' resources as additional students enroll in special education, require greater intervention and repeat grade levels.¹⁰ State and local government agencies are affected by the increased need for publicly subsidized health care, cash assistance, and other welfare benefits. Child welfare agencies come under the potential pressures of larger case loads and increased and lengthier foster care placements. Law enforcement and judicial and correctional systems assume extra costs associated with increased criminality and incarceration.¹¹

In passing House Bill (HB) 1685 in 2005, the Texas Legislature acknowledged the importance of coordinating child abuse and neglect prevention and early intervention efforts and forming the Interagency Coordinating Council (ICC) for Building Healthy Families. By passing HB 662 in 2007, the Legislature expanded its commitment by directing the ICC to evaluate (1) effectiveness and efficiency of prevention and early intervention programs and services, (2) opportunities for streamlining funding and improving service delivery, and (3) whether a need for increased state funding exists. Using funds specifically appropriated by the Legislature for a comprehensive evaluation, an Interagency Cooperation Contract was developed with The University of Houston, Office of Community Projects. This report reflects the combined efforts of the ICC through multiple workgroups and the extensive research performed by the Office of Community Projects with resulting recommendations. It is the first of two reports containing evaluation findings and recommendations that the Council submits to the Legislature as required by HB 662.

BACKGROUND

House Bill 1685 and ICC Formation

During the 79th Regular Session of 2005, the Texas Legislature passed HB 1685, authored by Representative Dawwna Dukes, establishing the ICC. 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. The state agencies the Legislature originally selected for membership on the Council included:

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

In satisfying the requirements of HB 1685, the Council submitted two reports to the Lieutenant Governor, the Speaker of the House of Representatives, and the Legislature:

1. A report, submitted June 1, 2006, contained an inventory of the ICC member agency policies, programs, and activities regarding child abuse and neglect prevention and early intervention; and,
2. A second report, submitted December 1, 2006, contained recommendations for (a) improving the coordination and collaboration of child abuse and neglect prevention and early intervention programs and services among state agencies and (b) whether the Legislature should continue the Council itself.

2006 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 ICC-member agencies. Survey respondents included non-profit, private/for-profit, and faith-based organizations, as well as units of government. The types of programs/services included in the inventory report were limited to those that self-identified as “known to” or “promising to” contribute to the

reduction of **risk factors** and/or the promotion of **protective factors** that promote an environment conducive to building healthy families.^{12,13}

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.¹⁴ 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' inclusion in the inventory in order to reach all the member agency programs.

For the purposes of the inventory, the Council defined the types of prevention programs/services as those that either **directly** addressed child maltreatment prevention or did so **indirectly**, through a variety of approaches to strengthen families. Specifically,

- **Direct programs** had as a primary goal the prevention of child abuse and neglect; and
- **Indirect programs** did not have a primary goal of preventing child abuse and neglect, but included 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

The inventory report contained results from 269 returned surveys. Eighty-three responding programs classified themselves as direct impact, and 167 as indirect impact. Nineteen respondents chose not to answer this question. All respondents indicated the risk and protective factors their program or service addressed. Information was also included in the responses concerning service area, client eligibility, wait/interest lists, and base data on their organization.

2006 Recommendations Report

Per HB 1685, the Council submitted a second report on December 1, 2006 containing three key recommendations. These were based on Council deliberations and careful consideration of information secured via both public comment and the inventory report data. The Council believed that implementation of the recommendations would improve coordination and collaboration among state agencies and ensure that state investments in child maltreatment prevention and early intervention would produce measurable and effective results in developing healthy families.

The ICC recommended the following actions to 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;
- 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; and,
- 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.

House Bill 662: Continued Direction

In passing HB 662 in 2007, sponsored by Representative Dukes, the Legislature address the ICC recommendations from 2006 and provided new direction. HB 662 re-authorized the Council, added the Department of Assistive and Rehabilitative Services as a member, and directed the ICC to continue its work of coordinating policies, programs and services for prevention of and early intervention in child abuse and neglect. The Legislature directed the ICC to perform an evaluation of state-funded child maltreatment prevention programs and services to determine (1) which current programs are achieving their intended outcomes, (2) methods for streamlining funding and moving these programs to higher levels of evidence-based practice, and (3) if a need exists for additional funding of programs and services. Additionally, the Legislature directed DFPS to develop a Strategic Plan for Child Abuse and Neglect Prevention Services in consultation with the ICC, and for the ICC to develop recommendations regarding implementation of the plan.

The ICC was also charged with submitting two reports to the Lieutenant Governor, the Speaker of the House of Representatives, and the Legislature:

1. A first report due on December, 1, 2008, containing the first partial set of findings from the evaluation undertaken by the ICC, details regarding the new DFPS strategic plan, and recommendations regarding the plan's implementation; and,
2. A second report due on December 1, 2009, containing the remaining findings from the ICC evaluation.

ICC Evaluation

In partial fulfillment of HB 662 requirements, the ICC was directed to perform an extensive, 5-part evaluation regarding state-funded programs and services aimed at the prevention of and early intervention in child abuse and neglect. As directed by the Legislature, the ICC was to evaluate the following:

- (1) the potential for streamlined funding mechanisms for programs and services for the prevention of and early intervention in child abuse and neglect;*
- (2) the effectiveness and cost efficiency of state-funded programs and services for the prevention of and early intervention in child abuse and neglect;*
- (3) the effectiveness of state-funded child maltreatment prevention programs and services in achieving their intended outcomes and methods for transitioning those programs and services to an increased reliance on evidence-based practices;*
- (4) methods for the ongoing identification of additional opportunities for comprehensive improvements to the delivery of services for the prevention of and early intervention in child abuse and neglect; and*
- (5) the need for increased state funding for programs and services for the prevention of and early intervention in child abuse and neglect in order to ensure a sustained, long-term, cost-effective investment in families in this state.*

Findings from evaluation elements (1), (4), and (5) above are included in the current report. The findings generated from evaluating elements (2) and (3) will comprise the second report due December 1, 2009.

The Legislature allocated up to \$350,000 in DFPS Strategy A.2.16 funds for the ICC to procure evaluation services. DFPS, in consultation with the ICC members and with input from Health and Human Services Commission evaluation staff, developed a detailed requirements document for the evaluation. After negotiating a plan of service and timeline for the evaluation activities, DFPS entered into an Interagency Cooperation Contract with the University of Houston, Office of Community Projects.

DFPS Strategic Plan for Child Abuse and Neglect Prevention Services

In addition to the ICC reports outlined above, HB 662 directed DFPS to develop a statewide, long-range Strategic Plan for Child Abuse and Neglect Prevention

Services, in consultation with the ICC. The plan is submitted in conjunction with this report.

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

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

As required by HB 662, ICC recommendations regarding the plan's implementation, as well as an overview and details of the plan itself, are located in later sections of this report.

POTENTIAL FOR STREAMLINED FUNDING

As noted in HB 662, this report is to address:

(1) the potential for streamlined funding mechanisms for programs and services for the prevention and early intervention in child abuse and neglect

Funding child abuse and neglect prevention and early intervention programs is a proven, cost-effective investment. While additional funding would allow expansion of prevention efforts, it is also understood by all parties that more effective utilization of funds by streamlining and modifying existing funding mechanisms and processes is a critical consideration.

Findings

The ICC investigated and deliberated on the goal of streamlining prevention funding. The underlying intent of this goal is understood to be removal of barriers to the funding process, including both the process for awarding funds and for ongoing fiscal administration of contracts with prevention providers, to ensure that available funds are utilized in the most efficient and effective way, and that they support the most effective services. Previous efforts of the Texas Integrated Funding Initiative (TIFI) Consortium (created by the 79th Texas Legislature to develop systems of care for children and youth with complex mental health needs) to assess the potential for blending or braiding funds, as a type of pooled funding, have not yielded substantial results at the state level due to individual funding stream limitations. (Braiding refers to the use of funds from multiple sources for one common goal, but requiring separate tracking to their individual sources for administrative purposes. Blending funds, also commonly known as “pooling” of funds, involves the integration of funds from several sources into a new single fund to support multiple initiatives.) Efforts undertaken in support of this report again identified specific funding stream requirements as the single greatest barrier to combining funds. This includes specific eligibility requirements, target populations, reporting requirements (including fiscal reporting) and allowable costs, among others.

Community Level

In an effort to add community-level experience to the review of streamlining efforts, the ICC collaborated with the Community Engagement unit of DFPS Child Protective Services to collect regional stakeholder input. ICC members identified knowledgeable individuals and organizations within their provider communities, who were invited to participate in a series of facilitated forums at different locations throughout the state. Several participants reported considerable collaboration with other service providers, but only a limited amount of experience with the blending or braiding of funds.

Across the state, forum participants cited the barriers identified above, from different reporting requirements to different accounting procedures and challenging funder expectations. Strategies suggested by the invitees for possibly working around these impediments included flexible spending, eased bookkeeping requirements, integrated reporting requirements, and creative use of software to track client services and expenditures.

Further research undertaken by the Office of Community Projects on community-based organizations and their efforts to maximize funding streams to support prevention services revealed the following commonly faced hardships:

- Administrative tracking of services and financial accounting
- Program specification, i.e., the more specific the program components, implementation and outcomes, the more difficult it is to braid funds
- A relative lack of funding sources for child abuse and neglect prevention

Enhanced administrative infrastructure (staff, equipment and software), staff training, similar funding criteria, and collaboration were all identified as strategies for overcoming barriers. In maximizing resources, community-based organizations stressed the importance of collaboration across agencies, both formal and informal. To ensure effective collaboration, community-based organizations had to share benefits and purpose, clearly understand goals, select a leader or lead agency to coordinate collaboration, and develop trust in one another. Community-based organizations routinely overcame barriers to collaboration that were both internal, e.g., policies, procedures, organizational culture, etc., and external, e.g., insufficient funding, funding restrictions that limit flexibility in designating objectives, etc.

County & Regional Level

Considerable potential for collaboration at the sub-state levels of county and region exist due to the sheer size and diversity of Texas. Supporting collaboration through effective leadership is critical at this level. With this element in place, organizations can promote the abandonment of separate “silos” and invest in working with other agencies to achieve common goals regarding prevention. The other factors contributing to collaborative funding success at this level are:

- Planning structure based on collaborative funding
- Bottom-up and top-down communication regarding collaborative funding
- Clear expectations from public and private funders regarding outcomes, available resources, and an understanding of program processes and needs
- Promoting positive outcomes of collaboration, such as increased resources, opportunities to expand the reach of initiatives

- Educating potential partners about collaborating and pooling resources in seeking funding opportunities as opposed to independently pursuing funding.

State Level

Information gathered from state-level agencies and entities within Texas and in 17 other states identified multiple barriers to collaborative funding efforts. The most common included:

- Staff turnover
- Separate tracking and reporting of funding streams
- Maintaining legislative support for prevention
- Different budgets and fiscal procedures inhibit blending and braiding
- Collaboration impeded by concerns for meeting individual objectives
- Lack of communication among similarly-tasked organizations
- Restrictions on expenditures
- Multiple reporting requirements
- Confusion regarding the expected roles of collaboration members
- Issues involving ownership of programs or ideas
- Lack of top-down leadership and support

To surmount the barriers, contacted organizations indicated strategies similar to those reported by community-based organizations. They are as follows:

- Show financial benefits of collaborative efforts to ensure buy-in
- Show steady progress toward goals to maintain commitment
- Increase understanding of different policies and procedures
- Demonstrate leadership that supports and prioritizes collaboration
- People need to be invested in improving their work
- Locate paid staff across all regions to enhance accountability
- Agencies need to share trust and interests
- Create a logic model connecting collaborative efforts to goals/outcome
- Identify resources that each agency can contribute to and will receive
- Secure state legislature's support
- High level government officials must value and fund prevention efforts

Larger states stressed development of regional and local networks for communication and training/assistance purposes, and securing legislative support for collaboration.

Recommendations

Upon weighing its own work and the research generated by the University of Houston, Office of Community Projects, the ICC submits the following three recommendations:

- 1. Explore the possibility of coordinating procurement of services that work to build healthy families.** ICC-member agencies should conduct a comparative analysis of funding opportunities and identify programs targeting similar populations and providing similar services. The agencies should attempt joint or multi-agency procurements and, in the process, align accountability and performance measures;
- 2. Take steps to support collaborative funding efforts.** ICC-member agencies should establish methods for sharing information regarding the coordination and streamlining of funding sources. One approach would involve existing Community-Based Resource Coordination Groups (CRCGs), TIFI communities and existing regional- and county-level collaborations such as the Colonias Project, the Children's Partnership in Travis County, and TRIAD in Harris County to sponsor workgroups designed to share the experiences, lessons learned, and best practices identified by these groups in their successful coordination of funding. These workgroups could serve as the foundation for a more permanent collaborative funding network throughout Texas. Another method could involve hosting a "funders meeting," or seminar, at the annual DFPS-PEI Partners in Prevention conference in order to bring together federal, state, and local public and private funders in a structured dialogue to address alleviating barriers to restricted funding, easing application processes, creating more collaborative funding opportunities between the three levels, and establishing an ongoing dialogue for the future; and,
- 3. Seek the implementation of collaborative practice improvements.** ICC-member agencies should develop resources and methods that will assist public and private entities at the local, regional, and state levels in practicing funding streamlining. This should include the ability to access information on prevention programs supported by state agencies via each ICC-member agency web-based home page. Additionally, community-based organizations and other organizations require information regarding prevention funding sources available at all levels of government in addition to private funders, similar to that provided by Texas Department of State Health Services Funding Alert. Collaboration with the Alert to expand its coverage to include more prevention and family strengthening efforts should be explored. Nationally recognized, experienced, non-profits such as the Texas chapter of Prevent Child Abuse America or the Children's Defense Fund should be asked to participate in an ongoing, state-sponsored planning process for identifying and implementing streamlining methods. Lastly, the regional workgroups identified above could be instrumental in disseminating information more broadly.

Potential Alternatives to Pooling Funds

The ICC workgroups also focused on other potential benefits associated with streamlined funding and improvement in the efficient use of available prevention dollars, leading to the following four recommended alternatives to the pooling of funds:

1. DFPS/PEI should study the feasibility of shifting its method of purchasing services from a cost-reimbursement basis to a unit-rate form of payment.

The unit-rate approach might reduce the administrative burden on contractors related to billing and allow DFPS to realize some efficiencies by lessening its administrative burdens through simpler oversight. For this approach to be implemented, the process for determining rates would need to be determined. If a formal rate setting process were determined to be necessary, this would require substantial additional resources as there is not currently staff to carry out this function;

2. In funding child abuse and neglect prevention and early intervention programs, DFPS should explore the possibility of targeting geographic regions within Texas that have the highest need for those services, and take into account each region's share of overall population to be served by programs.

The ICC recommended that DFPS seek to base funding distribution decisions on relevant data. During the period in which this report was developed, DFPS/PEI procurements have increasingly utilized data on child maltreatment rates and disproportionality rates to prioritize funding to proposed service areas with greater risk, and plans to continue to explore inclusion of additional recognized risk factors in this process. This is consistent with the ICC recommendation to utilize data to identify "pockets of need" that may be included and prioritized through procurement. Consideration of a region's total population and percentage of residents who will receive DFPS-funded resources are also elements to be weighed in directing funding where it will be most effective;

3. DFPS should consider the implementation of mid-year reviews of contractors and potential for re-allocation of funding.

Some HHS agencies follow the practice of performing such reviews as a means of distributing unspent funds to providers. Better performing providers would be eligible to receive additional funding to serve a larger clientele, or provide additional needed services to their current participants by utilizing funds likely to be lapsed rather than requiring additional funds through program expansion. For this recommendation to be implemented, a period of transition would be necessary during which DFPS would provide information and seek input from providers to ensure stakeholders understood and supported the plan. As part of the transition, DFPS might consider a temporary approach of holding a percentage of all funds in reserve and allocating these reserves based on mid-year performance; and,

4. DFPS should examine the possibility of conducting joint procurement or synchronizing procurement cycles with other ICC-member agencies.

While DFPS administers the large majority of state-funded child abuse and neglect prevention and early intervention programs, other ICC-member agencies are the primary providers of services that are known to influence the risk for abuse and neglect, particularly those involving substance abuse and domestic violence. Joint or coordinated procurement activity might ensure that services which are critical to overall success in supporting healthy families may be funded in particular areas of the state with demonstrated need; in turn addressing issues with unavailability or inadequate availability of critical service elements.

IMPROVEMENT IN THE DELIVERY OF SERVICES

As noted in HB 662, this report is also to address:

(4) methods for the ongoing identification of additional opportunities for comprehensive improvements to the delivery of services for the prevention of and early intervention in child abuse and neglect.

In recent decades, non-governmental organizations and agencies at all levels of government have felt the pressure to incorporate business practices into their operations with the objective of improving efficiency, accountability, and sustainability. The merging of business best practices with the delivery of social services has been challenging for some organizations. In many cases, adoption of the practices has compromised the ability of agencies to fulfill their core functions and, thus, forced the decision to abandon their continued use. Two practices that have consistently produced positive results are quality assurance (QA) and continuous performance improvement (CPI).

Within the realm of social services, QA has translated into the commitment of an organization to enact policies requiring ongoing self-monitoring, thereby ensuring that its operations are consistent with its mission and standards. An agency's corresponding commitment to CPI comes in the form of strategies that it will follow in order to modify operations and bring them into alignment with the mission and standards. It should be further noted that adoption, maintenance, and improvement of ongoing QA/CPI strategies will require the commitment of major resources by ICC-member agencies.

Among prevention providers nationwide, the adoption and propagation of evidence-based practices and the solicitation of client feedback are other proven methods for improving the delivery of services. By implementing programs and services with documented evidence of success with other entities, providers increase their odds of effectively serving their clientele. Securing input from served clients allows service providers to identify their programs' strengths and weaknesses.

QA/CPI Findings

The ICC requested assistance from the Office of Community Projects to explore the potential for QA/CPI processes more intensively. Prior to initiating a series of qualitative interviews with organizations in other states, the Office of Community Projects conducted a comprehensive literature review and identified several common elements for a successful QA/CPI program:

- Cooperation, participation and active engagement of all stakeholders
- Extensive training for agency leadership and staff

- Strategy for communication between the QA/CPI office and the agency
- Continuous updates on progress towards goals and objectives
- Legislative commitment

In researching the QA and CPI efforts of other states, the Office of Community Projects determined the extent of ongoing continuous program improvement efforts, as well as the components of successful programs, and the barriers that need to be surmounted. Research in other states reinforced much of what was learned through the literature review. In order to ensure success, communication among stakeholders is critical. Most organizations provide feedback to stakeholders, especially grantees, and hold meetings, conferences, and trainings to provide forums to collect input. Top-down support is also important as state agencies will often create planning teams and regional/local councils to disseminate information and perform QA/CPI activities.

Among the barriers identified, were:

- Effective communication can be hampered when the QA/CPI activities stretch across multiple departments
- A lack of resources to dedicate to a time-intensive effort, sometimes involving hesitation to divert funds from direct services
- The challenge in “measuring prevention.” It is difficult to prove that families that receive primary or secondary prevention services would have abused or neglected their children if not for the services received. Relating prevention outputs to outcomes is challenging.
- Organizational culture—the lack of familiarity with or trust in QA/CPI strategies—can serve as another obstacle

Recommendations

The Council deliberated over many possible methods for comprehensive improvements to the delivery of prevention services, including the introduction of a systematic QA/CPI process for prevention service providers. To what degree DFPS can promote or even require the adoption of the QA/CPI by funded prevention contractors relates directly to availability of resources. As noted in the Office of Community Projects study, full implementation of these processes at the state level requires substantial investment in staffing and infrastructure as well as full executive and management support. In recognition of the many competing priorities for state funding, the Council determined that while such a thorough approach is desirable, the current recommendation will focus on supporting a more prudent next step—grass-roots adoption of these practices.

The following three broad recommendations are submitted to address improvement in prevention service delivery:

1. The Legislature should consider ongoing investment in opportunities for program evaluation to measure the impact of prevention services on child safety, and cost impact on direct and indirect costs of child maltreatment.

- Evaluation will allow determination of whether DFPS-funded providers are achieving their intended outcomes and making a difference in clients' lives.
- Evaluation will provide a framework for the most effective investment of Texas resources. By investing in the programs and services determined effective via the evaluation process, child abuse and neglect are anticipated to decline and Texas should yield a return on its investment in the form of lower direct and indirect costs associated with child maltreatment, currently surpassing \$6 billion annually. In turn, these cost-savings could be re-invested in prevention and early intervention efforts with the hope of achieving a situation where Texas prevention and early intervention funding exceeds the funding required for treatment. (It must be noted that factors such as increased reporting, economic hardship, and changes in state demographics, may offset improvements made through effective prevention efforts.)
- With the focus on prevention efforts shifting increasingly toward evidence-based approaches, evaluation is also critical in determining whether providers are maintaining fidelity to the program model being implemented, and thus are likely to achieve the expected client outcomes.
- DFPS should consider linking a percentage of program funding to evaluation of provider effectiveness. The percentage of set-aside funds might vary depending on the maturity of the evidence-based program utilized by the provider. For instance, the percentage for providers implementing start-up evidence-based programs could range between 20-25%, with an established evidence-based program set at a lower level. Note that if evaluation funds are taken from current appropriations, it will impact client service funding.

2. DFPS should take steps to clarify and promote use of evidence-based practices through development of web-based resources, tool kits, support systems, and other aids.

- A web-page and tool kit will support the process of transitioning toward evidence-based practices and provide a better understanding of the evidence-based continuum from promising practices through fully evaluated programs.
- The web-page should also contain links to evidence-based assessment tools such as those created by the Substance Abuse and Mental Health Services Administration (SAMHSA) and the Association of Maternal and Child Health Programs (AMCHP), as well as links to sites with guidance on how to use public input and available local data to improve service delivery and prevent abuse and neglect.

- DFPS should publicize new resources in collaboration with provider organizations and groups such as the Community Resource Coordination Groups education service centers, etc.
- Establish a peer-to-peer QA/CPI system throughout Texas to supplement and support the current efforts of providers and DFPS/PEI Division.
- DFPS could develop a tool kit for providers to follow in developing a strong QA/CPI program in their organizations. The first tool in that kit should be the following step-by-step QA/CPI “implementation guide:”

1. Develop a Framework for Creating Measures. In collaboration with DFPS, select outcomes to appropriately measure that a given abuse/neglect intervention actually results in the prevention of child abuse/neglect;
2. Conduct Status Reviews. Agencies should examine outcomes within each of the three content areas identified by the US Department of Health and Human Services (HHS) in the child and family services review conducted by the HHS Children’s Bureau, i.e., safety, permanency, child/family well-being;¹⁶
3. Select Standards, Indicators and Benchmarks;
4. Create Performance Measure Instruments. Again, with support and guidance from DFPS, an agency should develop computer-based measurement tools;
5. Schedule and Implement the on-going collection of data; and,
6. Establish Guidelines and Methods for Analysis and Application of Measures to Performance Review and Refinement of Practice. (Rather than a last step, this would be conducted throughout the process to inform each step.)

3. DFPS should provide multiple opportunities for significant family and client participation and feedback, both for itself and its funded prevention and early intervention providers.

- DFPS should create methods for soliciting stakeholder feedback on the range and array of programs and services it supplies the public through contracted providers.
- DFPS should secure feedback from its contracted entities regarding its administration of funded programs.
- Families and clients should be queried to ascertain the degree to which DFPS-funded providers are meeting their needs. This should include feedback on client outreach, registration, service provision and outcome assessment.
- Input should be sought from program “graduates,” clients and family members that have completed the requirements of one or more programs, as well as those being served.
- DFPS should take steps at the regional and state level in order to secure feedback on its performance.

- DFPS/PEI Division should build representative panels including, but not limited to, providers, families, stakeholders, community representatives.
- Panel representatives should include people who have been in situations involving abuse and neglect, and/or have received abuse and neglect prevention and early intervention services.
- To be effective, DFPS/PEI Division should pay panel members' travel expenses.

INCREASED STATE FUNDING

As noted in HB 662, this report is also to address:

- (5) *the need for increased state funding for programs and services for the prevention and early intervention in child abuse and neglect in order to ensure a sustained, long-term, cost-effective investment in families in this state.*

Current levels of state funding allow DFPS through the PEI Division to administer nine programs: three that target juvenile delinquency prevention, five that focus on child abuse and neglect prevention, and one that addresses both priorities (the Youth and Runaway Hotlines, managed within PEI, also address both priorities but do not utilize contracted local service providers). With the exception of one, these programs do not serve the entire state. One program provides services in multiple counties within every Texas Health and Human Service region. The remaining child maltreatment prevention programs offer services in some communities across a number of regions. The increased incidence of child maltreatment documented in the past decade demonstrates the reality of a growing gap between the capacity of state-funded prevention programs and their ability to serve those in need of their services.

In addition to the issue of capacity, sustainability is another element that can hamper efforts to prevent child maltreatment. Provider presence and capacity have been reduced in the past when state budgetary constraints have forced cuts in prevention appropriations. The effects of funding reductions are often long-term as, in many cases, the ability of a community or region to re-generate the lost capacity for some time following the restoration of prevention funding cuts. Development of a strategy to ensure sustained funding could alleviate these impacts.

Recommendations

In order to ensure that a sustained, long-term investment in child abuse and neglect prevention is cost effective, it is necessary to determine which programs are effective in achieving client outcomes and are cost-efficient. This information is currently being developed through the University of Houston evaluation in addressing elements (2) and (3) of the evaluation requirements in HB 662 (see page 13). Detailed recommendations regarding which individual programs, program types or approaches should be prioritized for future funding are not included in this report, but will be addressed in the Council's second report, to be submitted December 1, 2009, after the evaluation is complete.

Prevention efforts of child abuse and neglect show results. Research shows that front-end investment in reducing factors that put children at risk of abuse and neglect and increasing the factors that protect them is substantially less costly

than the back-end spending involved with intervention, treatment, incarceration, etc. According to data collected in 2004, treatment costs in the United States exceeded prevention spending by a ratio of 400 to 1.¹⁷ Direct costs of child maltreatment are associated with the costs of child welfare services, medical care, mental health services, law enforcement and legal proceedings. Total costs of abuse and neglect are summarized below in Table 1. (See Appendices B and C for a more detailed explanation of direct and indirect costs.)

Table 1
Expenditures Related to Child Maltreatment in Texas:
Direct and Indirect Costs, 2007

COST TYPE	Estimated Annual Cost (2007 dollars)
Direct Costs	
Hospitalization	\$27,209,220
Mental Health Care System	\$32,365,206
Texas Child Welfare Services System	\$993,864,077
Law Enforcement	\$1,187,907
Judicial Costs	\$27,443,925
Total Direct Costs	\$1,082,170,335
Indirect Costs	
Special Education	\$41,248,247
Juvenile Delinquency	\$13,084,185
Juvenile Probation	\$22,508,843
Mental Health and Physical Health Care	\$10,615,987
Adult Criminal Justice System	\$1,472,275,485
Substance Abuse/Dependence	\$46,901,673
Lost Productivity to Society	\$3,650,399,618
Total Indirect Costs	\$5,257,034,038
TOTAL COST	\$6,339,204,373

Source: Univ. of Houston, Office of Community Projects, 2008.

According to the chart above, Texas is spending billions of dollars on an annual basis in costs related to child maltreatment. Developmental and psychological effects afflict the victims and their families long after the actual abuse or neglect is committed. The impact of child abuse and neglect is absorbed at every level of society: individual, family, community, and state. Our state's economy is weakened by decreased productivity and the diversion of limited state and local budget dollars to more costly forms of treatment and intervention.

OVERVIEW AND DETAILS OF THE DFPS STRATEGIC PLAN FOR CHILD ABUSE AND NEGLECT PREVENTION SERVICES

Strategic Plan Overview

With passage of HB 662, the Legislature amended Section 265.001 of the Texas Family Code by requiring DFPS, in collaboration with the ICC, to develop a statewide, long-range Strategic Plan for Child Abuse and Neglect Prevention Services. The following plan elements were specifically identified:

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

The foundation of the DFPS strategic plan is a comprehensive framework that will support increased effectiveness of prevention efforts statewide, leading over time to decreases in (1) the incidence of child maltreatment and (2) the number of children and families entering the child welfare system. This in turn will reduce costs associated with intervention and treatment, and create savings that can be reinvested in an expansion of prevention efforts, in an ongoing cycle of improvement. Increasing the public's awareness of child abuse and neglect and usable prevention strategies and techniques will be key in this transformation, and is at the core of several of the plan's outreach-oriented strategies.

Process

The DFPS Prevention and Early Intervention Division assumed the lead role in the plan's development. The plan framework was developed through a series of internal staff work sessions, commented on and approved by the ICC, and posted for public comment. A public hearing was held on June 16, 2008, at which public comment was received, in addition to written comments received through June 30, 2008. A revised draft reflecting public input was completed and reviewed by ICC members and their respective agencies' leadership. The final plan is submitted concurrently with this report.

Strategic Plan Vision, Mission and Goals

PEI and the ICC developed a vision regarding child abuse and neglect in Texas, a mission statement for the strategic plan, and set of goals that an implemented strategic plan will achieve.

Vision

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

Mission

To reduce and prevent the incidence and impact of child abuse and neglect, through coordinated efforts with public and private partners. To deliver effective prevention services where they will have the greatest impact, through a network of skilled and knowledgeable community-based service providers.

Goals

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

Strategic Plan Details

Pathway Model and Texas Strategic Plan

The “Pathway” framework developed by the Harvard University Pathways Mapping Initiative in collaboration with California State University-Monterey Bay and the California Department of Social Services Office of Child Abuse Prevention was identified as a promising framework for the Texas plan. The Pathway approach is flexible and adaptive to the needs of different types of organizations at different levels that are working toward the goal of reducing and eliminating child maltreatment. In order for the framework to function effectively, users inject knowledge of local circumstances in developing their specific pathway for reducing child abuse and neglect.¹⁸ The problem of child abuse and neglect is addressed holistically, on multiple levels. The Pathway framework seeks the reduction of child maltreatment by improving conditions of individual children, their families, and the communities within which they live.¹⁹

The ICC concurred with DFPS' determination that the approach is well-substantiated, validated and congruent with Texas' needs; and further, that it is particularly well suited for use as it meets three goals of adaptability that DFPS had prioritized. The Pathway model will:

1. Allow for "growth" of the plan over time—the plan submitted to the Legislature represents the planned actions of DFPS and the other ICC-member agencies. It does not comprise all the work that can be undertaken to reduce the occurrence of child abuse and neglect. This framework will allow for the incorporation of new local, regional, and statewide efforts to fill in the missing pieces of a fully comprehensive approach;
2. Generate replication—other entities can develop strategic plans that might not necessarily be combined with the DFPS plan, but using the framework should encourage synchronization of actions and objectives for greatest impact, and,
3. Be "flexible"—in other words, while the goals of the plan will remain stable, it will allow DFPS to incorporate new strategies in reaching them.

PEI staff considered the process of developing this strategic plan as a process akin to assembling a puzzle. The plan DFPS is submitting to the Legislature today, represents the "outer edge" of the puzzle and a good share of the "filler pieces" in between those edges. However, there are several areas within the puzzle that are unfilled at this point. DFPS cannot fill in these parts of the puzzle as it lacks the "pieces" to do so. If we are to achieve the goal of eliminating child abuse and neglect in Texas, local, regional, and state-level stakeholders will provide these filler pieces by making their own contributions to reducing the incidence of child maltreatment

Scope

The scope of the planning process and the timeframe for development focused on the efforts of ICC member agencies. All parties recognized that a fully comprehensive statewide effort, with the ability to impact the complex and multi-faceted challenge of preventing and reducing child maltreatment, must in time coordinate state efforts with those of community level organizations, including private non-profit and other family-serving entities.

PEI and the ICC strategic plan can serve as a starting point, as a foundation for more comprehensive planning to prevent child abuse and neglect in the future. The planning approach utilized is flexible enough to grow and incorporate the participation and resources of local government, community-based organizations, providers, businesses, and other non-ICC state agencies. The ultimate goal for Texas is the integration and coordination of the prevention activities, services, and programs of these other entities with those of DFPS and the ICC-member

agencies in order to eliminate (1) the occurrence of child abuse and neglect, and (2) the great costs associated with intervention and treatment.

Texas Strategic Plan: Goals and Objectives

The plan PEI developed in consultation with the ICC adopted the six goals of the Pathway framework, with only slight modifications, and added a new seventh goal to address the higher, societal levels of other planning approaches drawn on in development. As intended by the Pathway originators, PEI adopted the original “Actions” of the framework as “Objectives,” but using knowledge of Texas-specific circumstances, revised some of them and crafted a new goal, as well. PEI staff maintained the use of easily-identifiable indicators and outcomes as indicated in the Pathway approach.

The plan’s seven goals, and the numerous objectives identified for each goal, are found in Appendix D.

IMPLEMENTATION OF THE DFPS STRATEGIC PLAN FOR CHILD ABUSE AND NEGLECT PREVENTION SERVICES AND CONTINUATION OF THE ICC

The Legislature charged the ICC with presenting (1) recommendations regarding the implementation of the new Strategic Plan for Child Abuse and Neglect Prevention Services and (2) a recommendation on whether the ICC itself should be continued once it completes the work assigned in HB 662.

Recommendations

With respect to the concurrently submitted Strategic Plan, the ICC worked with the DFPS PEI Division and provided critical input throughout the development process. The ICC recommends the following three recommendations be addressed in order to ensure the success of the plan.

- 1. Continue the collaboration of state-funded child abuse and neglect prevention and early intervention programs and policies.** The ICC does not believe it is necessary to maintain the formal structure of the Council, as established in HB 1685, in order for some level of collaboration to continue among the 11 member agencies. However, development of a formal memorandum of understanding (MOU) is recommended to support ongoing commitment to this collaboration. The MOU should explain the purpose of the continued collaboration, explicitly describing the roles and responsibilities of each involved agency. If the Legislature desires to augment this approach, it could require ICC-member agencies to incorporate prevention goals in their strategic plans, along with related objectives and measures.
- 2. Broaden the Involvement of external entities in the implementation process.** As DFPS moves forward with implementation of the plan, the role of other ICC agencies has been identified in numerous strategies. However, it is well recognized that there are many other public and private entities that have both a stake and role in moving forward. DFPS-PEI must continue to engage these entities in developing implementation steps to ensure success.
- 3. Propagate adoption of the Pathway Model as the basis for continued expansion of the initial strategic plan.** This approach is ideally suited for the needs of an increasingly more populous and diverse Texas. It is a flexible model that permits the incorporation of new strategies to meet the broader goals and objectives; will allow for the incorporation of new local, regional, and statewide efforts, and is well adapted to growth and replication by new partners as they enter the planning process and wish to synchronize their efforts with those already underway.

CONCLUSION

Assessing the true impact of child abuse and neglect within Texas is a challenging and imperfect exercise. Beyond the direct and indirect cost estimates (over \$6.3 billion in 2007) and CPS costs (almost \$1 billion in FY 2007) detailed earlier in the report, understanding the immediate and downstream effects of physical and psychological abuse and neglect remains a complex undertaking.

The Texas Legislature has recognized the potential for achieving significant cost savings by increasing prevention spending. In light of the increases in state population, in child maltreatment rates, and numbers of abused and neglected children recorded over the past decade, the investment in intervention and treatment will likely remain at current levels or higher. However, in order to eventually reduce these costs and the number of children maltreated, Texas will have to expand its investment in prevention. Recent research has proven the cost effectiveness of prevention, indicating that the savings accrued to government are much higher than the increased prevention investment itself.

Identifying substantial new funding that DFPS can direct to prevention may remain difficult for the foreseeable future. As such, the Legislature directed the ICC to explore methods of doing more with the current prevention appropriations levels. This is why the current report has focused on issues such as streamlining funding and improving service delivery to meet this mandate. Improvements in these and other areas will help in “stretching” the prevention dollar further until Texas has reached the goal of reducing child maltreatment to a level where the need for treatment has decreased and we can generate new funding for prevention.

The ICC, with the assistance of the University of Houston's Office of Community Projects, has performed extensive research and deliberated on numerous alternatives. It has developed the recommendations enclosed in this report for consideration by the Legislature to create and take advantage of opportunities to enhance collaborative funding efforts and more effectively deliver child abuse and neglect services to families in need.

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- ⁶ Texas State Data Center and Office of the State Demographer. *2006 Age, Sex, and Race/Ethnicity Estimates for the State of Texas and All Texas Counties*. Retrieved March 30, 2008 from the Texas State Data Center website: <http://txsdc.utsa.edu/tpepp/txpopest.php>
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- ⁸ Texas Health and Human Services Commission (2006). Disproportionality in Child Protective Services: Statewide Reform Efforts Begins with Examination of the Problem. Retrieved November 10, 2008 from the Department of Family Protective Service website: http://www.dfps.state.tx.us/Documents/about/pdf/2006-01-02_Disproportionality.pdf
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- ¹⁰ North Carolina Institute of Medicine. *NCIOM Task Force on Child Abuse Prevention October 8, 2004 Meeting*. (Raleigh, North Carolina, 2004)
- ¹¹ Thomas, D., Leicht, C., Hughes, C., Madigan, A., & Dowell, K. *Emerging Practices in the Prevention of Child Abuse and Neglect*. . (Washington, DC: U.S. Department of Health and Human Services, 2003).
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APPENDIX A: OFFICE OF COMMUNITY PROJECTS - FINDINGS FOR STREAMLINING FUNDING

The University of Houston (UH) researched this topic by interviewing organizations at four distinct geographic levels:

- Community-based organizations (CBOs) in Texas
- Regional/County-based partnerships in Texas
- Texas statewide collaborations
- Other states' child welfare organizations.

This approach allowed the UH Office of Community Projects (OCP) to form a comprehensive picture of efforts to coordinate services and funding, as well as gather information on a variety of perspectives to inform child abuse and neglect prevention practices at both local and state levels. OCP focused on the two prevalent types of funding coordination: braiding and blending.

Community Level Findings

To study how effectively local organizations can maximize funding streams to support prevention services, the OCP interviewed a diverse set of CBOs. These agencies identified a set of common hardships in their attempts to braid funds:

- Administrative tracking of services and financial accounting
- Program specification, i.e., the more specific the program components, implementation and outcomes, the more difficult it is to braid funds
- A relative lack of funding sources for child abuse and neglect prevention.

In the course of the interviews, the CBOs identified the following strategies to address the problems listed above:

- Administrative infrastructure, including the staff and software for accounting and outcome tracking unique to each funding source
- Staff training
- Locating funding sources that target similar populations and/or services
- Educating foundations to increase compatibility of funding streams, in terms of reporting requirements, schedules, accounting and outcomes
- Collaborating with other agencies in order to maximize funding

Essential to the success of any effort to streamline funding and maximize resources among multiple organizations is the element of collaboration. All the interviewed agencies engage in collaboration, and all but one have formalized agreements in place to document the members' roles. Collaboration appears to be best supported when agencies:

- share benefits and a purpose
- possess a clear understanding of goals, services and responsibilities,
- select a leader, or lead agency, to coordinate collaboration efforts
- trust one another (achieved through time, regular meetings, and reaching shared goals)

Unfortunately, responses from the CBOs indicated that they frequently had to overcome barriers to collaboration. Some of the obstacles are beyond the agencies' control, such as insufficient funding to contribute to a collaborative effort, or limitations of restricted funding that do not allow for flexibility in objectives, tasks, and activities. Nevertheless, some internal impediments can make cooperation difficult. Agencies need to be aware that their policies, procedures, structures, organizational culture and philosophies are not always conducive to collaboration.

County and Regional Level Findings

In a second round of interviews, the OCP collected responses from region- and county-based partnerships. Due to the sheer size and diversity of Texas, much opportunity for collaboration exists at these levels. OCP selected three entities for this round: TRIAD of Harris County, the Texas Integrated Funding Initiative (TIFI) in the Panhandle region known as LEAF, and the Children's Partnership (located in Travis County). Leadership in supporting collaboration is key at this level if collaborative efforts are to be successful. With this element in place, organizations are able to promote a culture that brings them out of their own silos and invests them in working with other agencies to achieve common goals regarding prevention. The other factors contributing to collaborative funding success as cited by the participants are as follows:

- Planning structure based on collaborative funding
- Bottom-up and top-down communication regarding collaborative funding
- Clear expectations from public and private funders regarding outcomes, available resources, and an understanding of program processes and needs
- Promoting positive outcomes of collaboration, such as increased resources, opportunities to expand the reach of initiatives
- Educating potential partners about using resources more efficiently through collaboration as opposed to separate procurement processes

State Level Findings

In order to research work done with collaborative funding at the state level, OCP interviewed state-level collaborations both in Texas and other states. Within Texas, OCP examined four entities that work to strengthen children and families. These include: the Texas Integrated Funding Initiative (TIFI), Raising Texas, the

Colonias Initiative and the Building Strong and Healthy Families in Texas Initiative. Interestingly, only this last collaboration in Texas had sustained success with blended funding. Outside of Texas, OCP contacted the lead agency for the federally-funded Community Based Child Abuse Prevention (CBCAP) program in all 50 states, securing the participation of 17 states. Out-of-state responders included Children's Trust Funds, state child welfare/human services departments, governors' offices, umbrella organizations for state-wide prevention services and private organizations to which prevention services are out-sourced.

Many common barriers to coordinating collaborative funding efforts were identified across the Texas entities and the CBCAP lead agencies in other states. In summary, those are as follows:

- Staff turnover at the state level prevents solidification of training regarding a collaborative vision
- Separate tracking of funding streams in addition to consolidated reporting
- Maintaining buy-in from legislature for prevention due to difficulty of showing the accrued financial benefits
- Lack of understanding regarding the budgets and fiscal procedures of different departments, which inhibits blending and braiding of funds
- Collaboration at the state level is difficult because entities are concerned with meeting individual objectives
- Lack of communication between state-level organizations with similar missions and goals
- Restrictions on expenditures
- Multiple reporting requirements
- Confusion regarding the expected roles of collaboration members
- "Turf" issues
- Lack of top-down leadership and support

The responders also shared various strategies for overcoming the barriers, many of which were similar to those identified at the community level. These are listed below:

- Show the financial benefits of collaborative efforts to ensure buy-in
- Show steady progress toward goals to maintain members' and funders' commitment
- Increase the understanding between members of the collaboration regarding the budgets, and fiscal policies and procedures that differentiate the departments, agencies, members, etc.
- Demonstrate leadership that supports and prioritizes collaborative efforts from the start
- People need to be invested in improving their work
- Locate paid staff across all regions to enhance accountability
- Agencies need to share trust and interests

- Create a logic model connecting collaborative efforts to goals/outcome
- Identify resources that each agency can contribute to and will receive from the collaboration
- Secure the buy-in of the state legislature
- High level government officials must value and fund prevention efforts, especially in the area of universal prevention

On a separate note concerning only the out-of-state responders, larger states stressed the need to develop regional and local networks through which information can be communicated and assistance offered to service providers. In terms of collaborative efforts, OCP interviewers recorded frequent legislatively-mandated state agency participation and all states reported public participation, especially by parents and professionals from the prevention field. Few states indicated direct participation by legislators. While only a handful of states have achieved collaborative funding, all are either working toward expanding their current efforts or making this strategy a reality in their state.

APPENDIX B: ESTIMATE OF ANNUAL DIRECT COST OF CHILD ABUSE AND NEGLECT

<p>Texas Child Welfare Services System Rationale: CPS Direct Delivery Staff, CPS Program Support, Statewide Intake Services, TWC Foster Day Care, TWC Protective Day Care, Adoption Purchased Services, Post-Adoption Purchased Services, PAL Purchased Services, Substance Abuse Purchased Services, Other CPS Purchased Services, Foster Care and Adoption Subsidy Payments.</p>	\$993,964,077¹
<p>Hospitalization Rationale: There were 878 hospital discharges with child maltreatment diagnosis in 2007. The mean charge for services performed was \$30,990.²</p> <p>Calculation: 878 x \$30,990=27,209,220</p>	\$27,209,220
<p>Mental Health Care System Rationale: Cost for average length of stay of children receiving DSHS funded community health treatment was 4.3 months at an average cost of \$422 a month in 2007. \$422x4.3=\$1,814.6 average cost per child.³ 25% -50% of children who are abused will require mental health treatment.⁴ The more conservative estimate of 25% is used. There were 71,344 confirmed victims of child abuse and neglect in Texas in fiscal year 2007.⁵</p> <p>Calculation: 71,344 x 0.25 x \$1,814.6 = \$32,365,206</p>	\$32,365,206
<p>Judicial Costs Rational: 16% of child abuse victims have court action on their behalf at an average cost of \$2,404.19.⁶</p> <p>Calculation: 71,344 x .16 x \$2,404.19 = \$27,443,925.02</p>	\$27,443,925
<p>Law Enforcement Rational: The cost of police services in child abuse cases varies by the type of abuse: physical abuse \$28.69, sexual abuse \$78.90, emotional abuse \$28.69, neglect \$2.87.⁴ The calculation of cost is based on the number of duplicated substantiated incidents³ and assumes that cases involving multiple types of abuse increases law enforcement costs.</p> <p>Calculation: Physical abuse- \$28.69 x 15,150 = \$434,653.50; Sexual abuse-7,050 x \$78.90 = \$556,245; Emotional abuse - \$28.69 x 839 = \$24,070.9; Neglect= \$2.87 x 60,257 = \$172,937.6. Total \$1,187,907</p>	\$1,187,907
<p>Total Direct Costs</p>	\$1,082,170,335

¹ Texas Department of Family and Protective Services. Operating Budget. Fiscal Year 2008. Summary of Budget by Strategy

²Texas Department of State Health Services. 2006. Hospitalization Discharges and Mean Charges for Children 0-17.

³Texas Department of State Health Services. Personal Communication. Received 7/17/08

⁴ Miller, T., Cohen, M. Wiersema, B. (1996). Victim costs and consequences: A new look. The National Institute of Justice. Retrieved 7/10/08.

⁵Texas Department of Family and Protective Services (2007). 2007 Data Book (September 1, 2006 through August 31, 2007). Retrieved from DFPS website 6/1/2008,

http://www.dfps.state.tx.us/About/Data_Books_and_Annual_Reports/2007/databook/default.asp

⁶Dallas Commission on Children and Youth (1988). A step towards a business plan for children in Dallas County.

<p>Substance Abuse/Dependence</p> <p>Rationale: In 2007, 88,452 adults were admitted to Texas State funded substance abuse treatment facilities¹⁴ at an average cost of \$2,121.¹⁵ Substance abuse in adulthood has consistently been linked to child maltreatment as a predictor and a consequence.⁸ In the adult treatment population, the prevalence of persons with a history of maltreatment, range from 25% (high trauma)¹⁶ to 79% (women).¹⁷ The more conservative rate of 25% is used.</p> <p>Calculation: $.25 \times 88,452 \times \\$2,121 = \\$46,901,673.00$</p>	<p>\$46,901,673</p>
<p>Lost Productivity to Society</p> <p>Rationale: The median annual earning for a full-time worker in 2007 was \$29,921.74.¹⁸ The average work life is 39.1 years for males and 29.3 years females for an average work life of 34.2.¹⁹ Assuming that on average victims of confirmed child abuse (71,344) will lose on average 5%²⁰ of their potential earnings.</p> <p>Calculation: $\\$29,921.74 \times 71,344 \times 0.05 \times 34.2 = \\$3,650,399,618.$</p>	<p>\$3,650,399,618</p>
<p>Total Indirect Cost</p>	<p>\$5,257,034,038</p>
<p>Total Direct and Indirect Cost</p>	<p>\$6,279,204,373</p>

¹Texas Department of Family and Protective Services (2007). 2007 Data Book (September 1, 2006 through August 31, 2007). Retrieved from DFPS website 6/1/2008, http://www.dfps.state.tx.us/About/Data_Books_and_Annual_Reports/2007/databook/default.asp

²Widom, C.S., & Maxfield, M.G. (2001). An update on the "cycle of violence". U.S. Department of Justice, the National Institute of Justice. Retrieved 4/2007/ from <http://www.ncjrs.gov/pdffiles1/nij/184894.pdf>

³Wang, C. & Holton, J. (September 2007). Economic impact study: Total estimated cost of child abuse and neglect in the United States. Prevent Child Abuse America. Retrieved 2/20/2008 from http://member.preventchildabuse.org/site/DocServer/cost_analysis.pdf?docID=144

⁴Texas Juvenile Probation Commission. The State of Juvenile Probation Activity in Texas, Calendar Year 2005. Retrieved 7/10/08 from <http://www.tjpc.state.tx.us/publications/reports/RPTSTAT2005.pdf>

⁵Texas Juvenile Probation Commission Statistical Report Calendar Year 2005 TYC. Retrieved 7/10/08 from http://www.tyc.state.tx.us/research/cost_per_day.html

⁶Miller, T., Cohen, M. Wiersema, B. (1996). Victim costs and consequences: A new look. The National Institute of Justice. Retrieved 7/10/08.

⁷Department of Justice (2007), Justice Expenditures and Employment Extracts, Table #4. Justice system expenditure, by character, State, and type of government, fiscal year 2005. Retrieved 7/10/08 <http://www.ojp.usdoj.gov/bjs/eande.htm#selected>

⁸Hammerle, N. (1992). Private choices, social costs, and public policy: an economic analysis of public health issues. Westport, CT: Greenwood, Praeger.

⁹Texas Education Agency, Academic Excellence Indicator System 2006-2007 State Profile Report. Retrieved 7/14/08 <http://www.tea.state.tx.us/perfreport/aeis/>

¹⁰Teas Education Agency, Academic Excellence Indicator System 2005-2006 State Profile Report. Retrieved 7/14/08 <http://www.tea.state.tx.us/perfreport/aeis/>

¹¹Walker, E., Unutzer, J., Rutter, C., Gefan, A., Saunders, K., VonKorff, M. Koss, M., Katon, W. (1999). Costs of health care use by women HMO members with a history of childhood abuse and neglect. *Archives of General Psychiatry*, 56, 609-613. Retrieved 7/17/2007 from www.archgenpsychiatry.com

¹²Frayne, S., Yu, W. Yano, E., Ananth, L., Iqbal, S. Thraikill, A., Phibbs, C. (2007). Gender and use of care: Planning for tomorrow's Veterans Health Administration. *Journal of Women's Health*, 16(8): 1188-1199.

¹³Springer, K., Sheridan, J., Kuo, D. , Cares, M. (2007). Long-term physical and mental health consequences of childhood physical abuse: Results from a large population-based sample of men and women. *Child Abuse and Neglect*, 31:, 517-530.

¹⁴Maxwell, J. (2008). Substance abuse trends in Texas: June 2008. Gulf Coast Addiction Technology Transfer Center, U.T. Addiction Research Institute. Retrieved 7/18/08
<http://www.dshs.state.tx.us/sa/default.shtm>

¹⁵DSHS ICC representative.

¹⁶Ravndal, E. , Lauritzen, G., Ove, F., Janson, I. and Larsson, J. (2001). Childhood maltreatment among Norwegian drug abusers in treatment. *International Journal of Social Welfare*, 10: 142-147.

¹⁷Gutierrez, S. & Todd, M. (1997). The impact of childhood abuse on treatment outcomes of substance users. *Professional Psychology: Research and Practice*, 28(4): 348-354.

¹⁸U.S. Department of Labor (2007). National Compensation Survey: Occupational Wages in the West South Central Census Division, June 2006. U.S, Bureau of Labor Statistics. Retrieved 7/10/08. <http://www.bls.gov/ncs/ocs/compub.htm#TX>

¹⁹Smith, S.J. (1985). Revised worklife tables reflect 1979-80 experience. *Monthly Labor Review*, August, 23-30. Retrieved July 1, 2008 from <http://www.bls.gov/opub/mlr/1985/08/art3full.pdf>

²⁰Daro, D. (1988). *Confronting child abuse: Research for effective program design*. NY: The Free Press, Macmillan, Inc.

APPENDIX D: GOALS AND OBJECTIVES OF DFPS STRATEGIC PLAN FOR CHILD ABUSE AND NEGLECT PREVENTION SERVICES

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

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

Goal 2: Families are strong and connected

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

Goal 3: Identified families access services and supports

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

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

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

Goal 5: Communities are caring and responsive

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

Objective 2: Sustainable networks of services and supports contribute to child protection

Objective 3: Develop a community culture that values prevention

Objective 4: Communities have capacity to make available, accessible, and affordable the high-quality services needed to maximize healthy family functioning

Objective 5: Services funded by PEI are delivered effectively at the community level

Objective 6: Expand PEI contractor pool by providing education to increase awareness of PEI to potential providers

Goal 6: Vulnerable communities have capacity to respond

Objective 1: Services and supports target populations in at-risk communities as defined by rates of: child abuse and neglect, substance abuse, domestic violence, mental illness, poverty, unemployment, and teen pregnancy

Objective 2: Community environments offer an array of formal services, informal supports, and opportunities that promote healthy child development and family functioning

Goal 7: Provide prevention information and data to stakeholders

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