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Texas Raises the Bar on Child Abuse Prevention New Strategic Plan Adopts Public Health Approach

Today, Texas released its first-ever <u>strategic plan on child abuse prevention and</u> <u>early intervention</u>, shifting from primarily investigation-based efforts aimed at protecting children to a public health approach to strengthen families.

The five-year plan, developed by the Prevention and Early Intervention (PEI) division of the Department of Family and Protective Services (DFPS) was developed in collaboration with stakeholders statewide.

In PEI's public health approach, child abuse and neglect are considered a community problem that only a community can prevent, informed by research and demographic data that identifies neighborhoods, cities, and counties where it is more likely to occur. PEI also identifies the most vulnerable children and shares that information with Child Protective Services (CPS).

The goal of the new effort is to reduce the incidence of child abuse and neglect in Texas, particularly the number of serious injuries and fatalities.

The plan also emphasizes the staggering economic cost of child abuse: a 2014 study from the Waco-based Perryman Group found child maltreatment in Texas (foster care, health care, unemployment, incarceration) costs \$454 billion.

"I'm proud of the 84th Texas Legislature's efforts to support and expand programs that prevent child abuse and neglect," said Senator Charles Schwertner, chairman of the Senate Health and Human Services Committee. "One of our primary duties as lawmakers is to protect the most vulnerable children in our state, and this plan will guide the state's efforts to better protect them and preserve families. I'm encouraged by this plan's goals to better utilize data to target prevention resources in areas of the state with the greatest needs, increase collaboration and sharing of resources with other entities, and annually report every program's effectiveness, thereby ensuring Texas children and families receive high quality, evidence-based services and supports." Representative Richard Peña Raymond, chairman of the House Human Services Committee, also expressed his support for the plan.

"Through the years, we have seen that prevention and early intervention efforts can be highly effective - both in terms of helping people and saving funds and other resources," Raymond said. "I commend PEI and all the folks at DFPS for putting forth this great plan. I believe it will have a great and positive impact."

One example of how smart child abuse prevention funding can actually save long-term dollars is the Texas Home Visiting program, a key PEI program in which health care and child development professionals visit mothers of infants at home. One study found that for every public dollar spent for home visiting during a child's first six months, three dollars were saved for fewer emergency room visits.

Here's the link to the plan:

http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/docum ents/2017/09-2016_PEI_Five_Year_Strategic_Plan.pdf

Here are a few of the PEI programs already under way:

- Services to At-Risk Youth (STAR) provides family crisis intervention counseling, short-term emergency respite care, and counseling.
- Community Youth Development (CYD) is built to prevent juvenile delinquency and includes mentoring, youth employment programs, and recreational activities.
- Statewide Youth Services Network (SYSN) provides community and juvenile delinquency prevention programs.
- Texas Families Together and Safe (TFTS) is designed to alleviate stress and promote parental skills that give families a better chance to become self-sufficient and successfully nurture their children.
- Community Based Family Services (CBFS) serves families who have been investigated by CPS but whose allegations are low priority or unsubstantiated.
- Healthy Outcomes through Prevention and Early Support (HOPES) provides parent education, home-visiting, and other support services for families with children five and younger who may be at risk for abuse and neglect.