

INVESTING IN PRIMARY PREVENTION THROUGH VOLUNTARY IN HOME FAMILY SUPPORT

The most effective way to reduce CPS cases, caseworker turnover, foster care needs and the myriad of costs associated with maltreatment is by investing in effective child abuse prevention programs. Evidence-based family support parent education programs, such as the Nurse-Family Partnership and other home visiting programs, are the most proven and effective methods of reducing child maltreatment for children between the ages of 0-5. The majority of child maltreatment occurs in the most formative years for children. Over the past five years in Texas, 75% of child abuse fatalities were children under age 3. In 2018, most of these fatality cases were due to physical blunt force trauma with no previous involvement with child protective services highlighting the need and opportunity for effective primary prevention for children in their most critical neurodevelopmental years.

Current Home Visiting Funding is Insufficient

Currently: The Prevention and Early Intervention Division at DFPS is serving just under 16,000 families with evidence-based in home family support programs. This includes Healthy Outcomes through Prevention and Early Support (HOPES), Texas Home Visiting (THVP), Nurse-Family Partnership (NFP), as well as other programs.

In research conducted by Child Trends, there are 423,000 families in Texas who have children under age 6 and three or more risk factors that would make them likely to benefit from prevention programs. In the 85th legislature, HB 1549 tasked the department with taking prevention programming to scale. That bill was sponsored by Sen. Kolkhorst. PEI is currently only serving 3.6% of those in highest need.

Goal: TexProtects, in collaboration with Child Trends, created a strategy that would allow the department to reach at least 30% of the highest need families in the next 10 years. Aligned with that strategy is our ask for this biennium which includes:

- \$12 million to serve an additional 1,200 families with NFP
- \$18.5 million to serve an additional 2,400 families or more with HOPES (costs differ based on the evidence- based model chosen in the community).

Article II Department of Family and Protective Services Exceptional Items 8a and 8b

Evidence-Based Prevention	2020-2021 Base	Estimated # Families Served	2020-2021 Addl. Funding Request	Addl # Families Served with Request	DFPS Exceptional Items 8a and 8b	Addl. # Families Served with Exceptional Item
HOPES	\$39,898,016 GR/AF	7,081	\$18,500,000GR	2,400	\$9,704,994 8a	1,200
NFP	\$30,172,436AF (\$5,641,338GR)	3,293	\$12,000,000GR	1,200	\$5,815,782 8b	550
TOTAL	\$70,070,452AF	10,374	\$30,500,000AF	3,600	\$15,520,776	1,750

**AF- all funds; GR- state general revenue. Legislature may choose to use revenue from the Child Abuse Trust Fund Account 5085.*

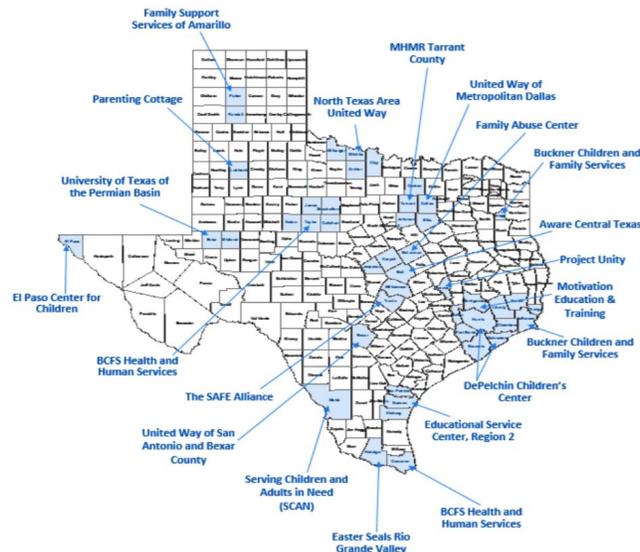
Background on HOPES and NFP

HOPES is a prevention approach developed to be a **flexible and community-based solution** to child abuse and neglect prevention in **high-risk counties** by increasing protective factors of families served. It is currently serving families in **55 counties with children ages 0-5 at risk for child abuse and neglect**. Each community can choose the evidence-based prevention program that best fits their unique needs and capacity. The evidence-based models each have proven outcomes across multiple domains and **returns on investment that range from \$1.26 to \$8.08**.

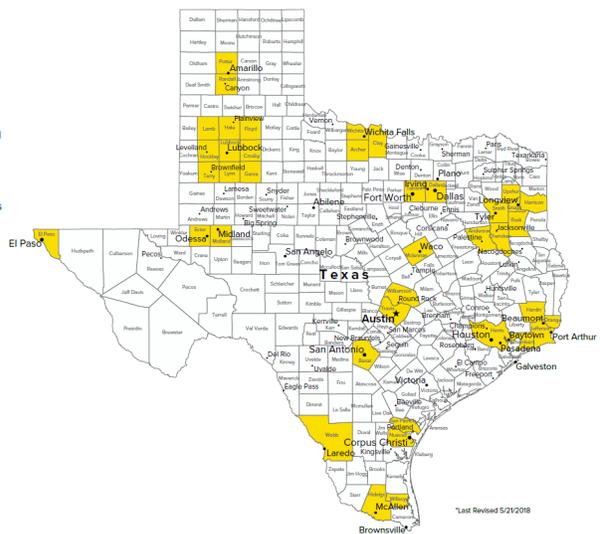
NFP is an **evidence-based, community health approach** with over **40 years of evidence** currently serving families in **43 counties**. NFP works by having specially trained nurses regularly visit young, first-time expectant moms and fathers, **starting early in the pregnancy, continuing through the child's second birthday**. **For every dollar invested there is a return on investment of \$5.70** including savings on medical care, child welfare, special education, and criminal justice. Trial outcomes demonstrate that NFP delivers better pregnancy outcomes, improved child health and development and increased economic self-sufficiency making a measurable impact on the lives of children, families and the communities in which they live. Some specific outcomes include:

- **48%** reduction in child abuse and neglect
- **56%** reduction in ER visits for accidents and poisonings
- **50%** reduction in language delays of child
- **67%** less behavioral/intellectual problems
- **79%** reduction in preterm delivery
- **32%** fewer subsequent pregnancies
- **82%** increase in months employed
- **61%** fewer arrests of the mother
- **59%** reduction in child arrests at age 15

HOPES Service Area



NFP Service Area



Why Continue to Invest in Home Visiting Programs?

- The long-term costs associated with child trauma are exponentially more expensive than supporting families short-term with effective prevention.
- Existing evidence-based programs need increased support to prepare the future generation for success and save taxpayer dollars.
- Studies have shown that parents, infants and kids receiving family support home visiting are healthier, safer and more resilient.
- Home visiting support has been shown to engage fathers more in co-parenting, resulting in more supportive and engaged fathers and long-term family benefits.

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Child Maltreatment Prevention

For Texas to reach its full potential as an economic leader, we must unlock the potential of our children, ensuring all children have opportunities to learn, develop and thrive. In 2018, the negative impacts of child abuse cost Texas more than \$58 billion in criminal justice, healthcare, social services, education and loss in workforce productivity. Child abuse is preventable, and our children and taxpayers don't have to pay. **Evidence-based home visiting** has proven to be cost effective in fostering secure, healthy children prepared for learning, productivity, and success. **This model voluntarily connects expectant and new parents with a trained nurse, social worker, or early childhood specialist who promotes health, child development, parenting skills, education, and employment.** By intervening to prevent adversity and build resilience during a child's most critical years of neurodevelopment, home visiting programs impact outcomes across multiple domains and generations.

Philanthropic efforts, in partnership with strong bipartisan support, have been instrumental in building and sustaining home visiting capacity in several communities across Texas. Existing infrastructure, contracts, and community support will allow the state to make services available to additional Texas families in a cost-effective way.

Legislative Action- 20-21 Budget (DFPS) Exceptional Item #8 **PLUS**

Strengthen investments in **community-based**, primary child abuse **prevention programs** for children during their most critical neuro-development years

HOW?

- Scale Nurse-Family Partnership--\$12M to serve an additional 1,200 families per year
- Expand Healthy Outcomes through Prevention and Early Support (HOPES)--\$18.5M to serve an additional 2,400+ families per year

WHY?

Reduce child maltreatment and downstream cost associated with abuse.

Child Abuse in Texas

Child maltreatment is a public health epidemic, according to the Centers for Disease Control (CDC)—and it is one of Texas' costliest social issues. In Texas, four children died from abuse or neglect on average each week. Children 3 years of age and younger were victims in almost 80 percent of all confirmed child abuse and neglect fatalities in the last five years. 181 children were substantiated victims each day during 2018 with the highest rates occurring in children under age 5. Creating opportunities for prevention upstream not only produces the best outcomes for children, families, and communities but also saves the state from other downstream costs.

	Number in 2018	Cost of each	Total Cost 2018
Confirmed Victims	66,370	\$830,928	\$55.2 billion
Fatalities	211	\$16,615,186	\$3.5 billion
Entries into Foster Care	20,681	\$32,904	\$680.5 million
Families in FBSS	18,804	\$3,868	\$72.7 million
Investigations	171,228	\$1,403	\$240.2 million

Sources: Peterson, C., Florence, C., & Klevens, J. (2018). DFPS (2018). Prevention Taskforce

DIVERTING 5% OF FAMILIES FROM FAMILY BASED SAFETY SERVICES (1,786) WOULD SAVE MORE THAN \$9.4 MILLION. PREVENTING 3% OF REMOVALS (593) WOULD SAVE UPWARDS OF \$20.3 MILLION.

DFPS 2018 PREVENTION TASK FORCE REPORT

If 1,000 families received NFP home visiting services, it would prevent:

 **64**
pre-term births

 **171**
high-risk pregnancies

 **255**
person-years of intimate partner violence

 **249**
child maltreatment cases

 **190**
violent crimes

 **1255**
public order crimes

 **75**
youth arrests

 **264**
person-years of youth substance use

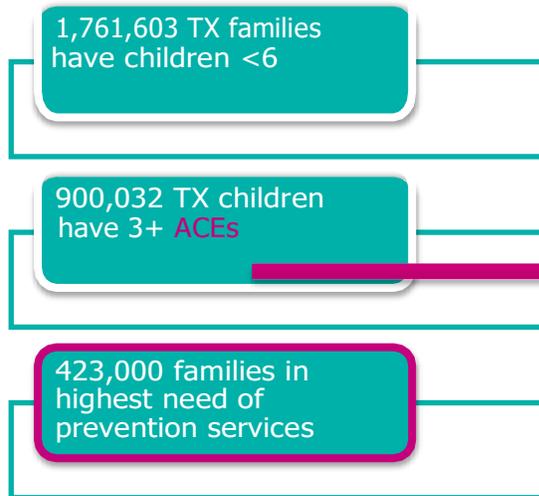
 **3**
infant deaths

Home Visiting is Cost Efficient and Effective

Evidence based, home visiting programs have proven to reduce child maltreatment by 50% and build protective factors within families. In addition, these programs have proven outcomes in school readiness, maternal and child health, father involvement, child development, and family economic self-sufficiency.

- ❖ Home visiting programs generally return **\$1.26-\$8.08 per \$1 spent**.
- ❖ **Nurse-Family Partnership** reports a **\$5.70/\$1** return to government with an average cost of **\$5,027**.
- ❖ **HOPES** costs **\$3,925** per family.
- ❖ **SafeCare** reports a **\$8.08/\$1** return to government with an average cost of **\$2,275**.
- ❖ **Family Connects** has a **\$3.02** return on emergency room costs alone and costs **\$600/birth**.

Texas Children Who Could Benefit from Home Visiting



Adverse Childhood Experiences (ACEs) are traumatic events that disrupt neurodevelopment and increase the likelihood of negative health, behavioral, educational, and economic outcomes. The effects compound with each additional adversity.

ACEs include:

- ❖ Physical Abuse
- ❖ Emotional Abuse
- ❖ Sexual Abuse
- ❖ Physical Neglect
- ❖ Emotional Neglect
- ❖ Mental Illness
- ❖ Incarcerated Caregiver
- ❖ Substance Use
- ❖ Divorce
- ❖ Violence

Current Capacity Is Not Sufficient

Families Served by Home Visiting Programs (2018)		
PEI Programs	# Families Served	Available in # Counties
Texas Home Visiting	4,433	24
Nurse-Family Partnership	3,293	24
HOPES	7,081	46
HIP	261	85
TOTAL	15,068	*counties may be duplicated



Evidence-based, Family Support, Home Visiting models currently serving Texas families include:

- ❖ Nurse Family Partnership
- ❖ Parents as Teachers
- ❖ Healthy Families America
- ❖ Home Instructions for Parents of Preschool Youngsters
- ❖ Family Connects
- ❖ SafeCare
- ❖ Early Head Start

FOR MORE INFORMATION

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