





There is more here than meets the eye.

When it comes to investigating incidents of child sexual abuse, the initial indicators can often seem innocuous, making the realities hidden behind locked doors, fixed smiles and downcast eyes even more heartbreaking. At Children's Advocacy Centers of Texas (CACTX), we are honored to play a role in helping the child victims of abuse find the courage to speak up and the courage to heal.

During 2014, we marked our 20th anniversary with a continued emphasis on building teamwork among the agencies and advocates involved in the search for justice and healing. As a result, more than 40,000 young Texans found relief from the prison of abuse through the hard work of the incredible staff, board, volunteers and multidisciplinary team (MDT) members at the 68 local children's advocacy centers (CACs) across our state.

Being part of that process brings a sense of fulfillment when justice is served, but pragmatists understand we're not yet reaching every single child who needs the support of this network. Beyond concerns about the 71 Texas counties outside of our official service area, leaders at the state and local level had a sense that other cases fitting the CAC protocol were slipping by unnoticed. A pilot program launched in 3 locations across the state (Tyler, Edinburg and Austin) has revealed that a significant number of potential abuse cases may have never even made it to the front door of a CAC. In turn, it showed there is an opportunity for our model to play a larger role facilitating the coordination of investigative duties much earlier in the timeline of an investigation.

The program moved CACs farther up the intake pipeline, giving designated CAC staff coordinators access to the basic details of every call to the state's child-abuse hotline. By providing additional sets of eyes and trained minds to an intake process that can be overwhelming in its scope and detail, cases came into focus that deserved further attention. In Tyler alone, there was more than a 50% increase in cases over just six months. Furthermore, the addition of a dedicated CAC employee to the specific function of case coordination yielded greater communication among MDT partners and, ultimately, more effective investigations.

There is clearly more here than meets the eye. The question is, are we as an organization ready to handle the increased caseload in the event of a statewide rollout of this concept? Our hands are pretty full, handling some 40,000 cases per year. Could we keep up our high level of service if that number doubled? If that number were driven even higher by our state's rapidly growing population, could we still keep pace?

Knowing the people who make up our community, the easy answer is yes. As always, we will go the extra mile for our clients, but there are only so many miles available when a big workload nearly doubles. Our challenge will be to scale our operations, our procedures and our organizations to stay ahead of the demand.

Fortunately, we have strong trust relationships with law enforcement and CPS across the state, thanks to years of mutual support on tough cases. As the pilot program has shown, gaining access to reporting data earlier in the process reveals cases that meet our research-based criteria and gives the affected children the chance to enter our integrated process. Our goal is to ensure our law enforcement and CPS partners see this as a benefit to them and the potential victims, not just another task on an already-full job description.

As we survey the impact of the pilot program and contemplate a way forward, we're also fortunate to have a strong working relationship with the Texas Legislature and other key state agencies. We have presented our findings to the Legislature and are hopeful they will provide the funding necessary to expand the concept to CACs across the state. If and when that funding is approved, we need to be ready.

Readiness certainly implies a grasp of the concepts from the pilot program, but it demands a bigger picture approach based on our standing philosophies of getting the most value out of every dollar. Our network has a well-deserved reputation for innovation and we will need to carry that mindset forward as we address questions like "How do we staff the growth?" "What technology can help us handle the caseload?" and "How can we further strengthen the relationships with our partner agencies and other CACs and share resources?"

Such a challenge can seem a little intimidating, but the members of our teams tackle tougher challenges every day in our centers. Compared to the obstacles faced by child victims contemplating an outcry, the opportunity to expand our reach and effectiveness suddenly seems like a privilege. Our responsibility is to keep pressing forward in search of the solutions that secure justice and accelerate healing.

So, as 2015 unfolds and you contemplate this new era in the life of children's advocacy centers, ask yourself, what can I do to ensure our shared success? As a financial supporter, can I contribute more? As an agency partner, can I help expand access to data? As an employee, can I bring new solutions to the table?

For the last twenty years, we have asked ourselves those questions and created an advocacy system for Texas children that is the envy of the nation. Working together, we can make the next twenty years even more meaningful and successful in the fight to secure justice and healing for child victims of abuse.

When that happens, people who say, "There is more here than meets the eye," will be talking about a legion of committed, humble advocates working behind the scenes to bring about legitimate change and transform our society for the better.

That is a goal worth following and 2014 will long be remembered as the year we began a new season of caring and courage.

Victoria Ford, Immediate Past President

CACTX: BY THE NUMBERS



children's advocacy centerstm of texas

Statement of Financial Activities

For the period September 1, 2013 through August 31, 2014

SUPPORT	רואגיי	דיום	71"NTT TI"
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Contributions, including Grants & Contracts	11,598,324
In-Kind Contributions	-
Membership Dues	96,600
Fundraising	166,940
Program Services/Registration Fees	117,416
Other Income/Investment Income	844,168
TOTAL REVENUE FROM OPERATIONS	12,823,448

EXPENSES

Program Services	11,034,291
Management and General	378,473
Fundraising	233,292
TOTAL EXPENSES FROM OPERATIONS	11,646,056

Statement of Financial Position

ASSETS

Cash and Short-Term Investments	329,865
Receivables, net	1,327,192
Prepaid Expenses/Other	40,207
Land, Building, & Equipment, net	1,708,125
Endowment/Investments	8,513,541
TOTAL ASSETS	11,918,930

LIABILITIES

Accounts Payable and Accrued Expenses	1,244,251
Deferred Revenue	100,325
TOTAL LIABILITIES	1,344,576

NET ASSETS

Unrestricted	3,123,835
Temporarily Restricted	2,450,519
Permanently Restricted	5,000,000
TOTAL NET ASSETS	10,574,354

TOTAL LIABILITIES AND NET ASSETS: 11,918,930

^{*}CACTX benefitted from additional revenue from endowment distributions and prior year contributions.



A victim-centered, multidisciplinary team (MDT) approach to the investigation and prosecution of child abuse cases, providing specialized forensic interviews, therapeutic recovery services, medical evaluations, and case management.

Improving Texas' response to child abuse:

A true public-private partnership.



counties remain outside the official CAC service area, leaving Texas children without the full spectrum of CAC services. CACs:
An Effective
Public-Private
Partnership

Strengthening child abuse investigations & prosecutions

CACs raise an additional for every the state appropriates.

National research indicates that the average cost per case to investigate child abuse was higher for 36% non-CAC investigations.*

WHY IT MATTERS TO TEXAS

EFFECTS & COST of UNTREATED ABUSE



The Perryman Group

Estimates that more than **3.3** million children in the US suffered from first-time abuse or neglect in 2014, with lifelong social and economic consequences.

Estimates that the lifetime impact of all social costs and lost earnings associated with child maltreatment incidence in 2014 on business activity is \$454.9

billion

INVEST UPSTREAM

Untreated trauma is costly for both the child and Texas.

Adverse Childhood Experiences Study*



Children who have experienced trauma are more likely to engage in: Early initiation of smoking, sexual activity, illicit drug use, adolescent pregnancies, suicide.



Children with multiple traumas have significantly higher rates of: Heart disease, chronic pulmonary lung disease, hepatitis, depression, diabetes.

ACCORDING TO THE National Institute of Justice* abused and neglected children are:

59% more likely to be arrested for juvenile crime.

more likely to be arrested as an adult.

THE National Center for Mental Health and Juvenile Justice* ESTIMATES

of youth in detention reported exposure to "adverse" events, including physical and sexual abuse.

CACs: OUR IMPACT

In FY 14

Texas CACs served

Services Provided

30,467 children were interviewed.

6,092 children received medical exams.

16,654 children received mental health services.

7.799 adults received mental health services (usually the non-offending caregiver).

25,287 cases were reviewed by the MDT

Type of Abuse

71% sexual abuse

13% physical abuse

8% child at-risk/secondary victim

6% child witness to crime

2% neglect

Ages of Children Served

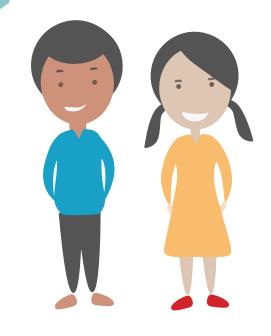
25%

47.5% 6-12

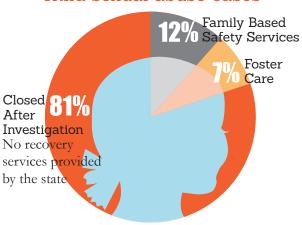
27% 13-17

.5% 18+

of child victims **knew** their alleged perpetrator.



Of all CPS confirmed child sexual abuse cases



OUTCOME: Facilitating Healing & Justice

of MDT members reported that the CAC MDT approach results in more collaborative and efficient case investigations.

of caregivers felt that the CAC facilitated healing for their child and for themselves.*

OUTCOME: IMPROVED MENTAL HEALTH

Trauma-Focused Cognitive Behavioral Therapy: TF-CBT

An evidence-based form of treatment for children who have experienced traumatic events.

Texas is home to the highest number of TF-CBT certified clinicians in the nation.

90%

are employed by or under contract with a CAC.

73%

were trained by CACTX.*

After 15 TF-CBT sessions with a CAC therapist

children in the clinically significant range for:

Post-traumatic stress fell from

88% to 38% Depression fell from

75% to 25%

Parent-Child Interaction Therapy

An evidence-based treatment for building parental skills and increasing positive interactions between the primary caregiver and child; reduces recurrence of abuse from

49% to 19%

CACTX: FY 14 YEAR

Awareness, Advocacy, Collaboration:

Ensure the public and stakeholders understand the value of the unduplicated role CACs provide in creating not just support, but systemic change within the investigation, prosecution and treatment of crimes against children.

20,000 Recognizing and Reporting brochures and posters delivered to Texas CACs. A new partnership with the Texas Education Agency helped ensure that materials reached school districts more effectively.

The Women of Courage committee reaches **60** members and raises over **\$180,000** since inception.

The "Courage to Report, Courage to Heal" awareness campaign reaches viewers via 1900 movie theater ad placements and over 1 million online impressions.

Time Warner Cable contributions of pro bono air time valued over \$1 million.

CACTX participates in the Department of Family and Protective Services Sunset Review process, weighing in on matters impacting investigations. Throughout the legislative interim, **CACTX provided testimony at 10 hearings.**

Partnered with the Children's Hospital Association of Texas to develop **standardized protocols** for the referral of child abuse victims to medical providers. The document was endorsed by the Texas Pediatric Society.

IN REVIEW

Funding/Quality Assurance:

Ensure financial and programmatic accountability of local centers.

\$11,081,030 in state, federal and private funds invested towards program services at the state and local level.

\$236,327 in new funding supported evidence-based, trauma informed mental health programming for local CACs.

16 site visits performed to ensure compliance and promote excellence in service.

The organization and membership began preparations for administering federal Victims of Crime Act funds directly to Texas CACs in FY 15.

Monitoring under the revised standards for Texas CACs begins.



Program Services:

Develop programs that advance the CAC model and support the highest possible standards of services for abused children and their families in a culturally competent manner.

105 specialized professional trainings totaling over **730** classroom hours delivered to almost **1700** participants.

165 CAC clinicians now trained in TF-CBT through CACTX.

55 forensic interviewers trained in the new Multi-Session Forensic Interview Protocol for use with children with disabilities, those who have suffered extreme trauma such as human trafficking, and individuals with diverse cultural backgrounds.

25 mobile forensic interview kits were distributed to local CACs to ensure access to services for children in remote areas and/or those unable to travel.

Over the last 2 years, **20** counties were added to the official CAC service area.

New investigative partnerships formed with Adult Protective Services and Child Care Licensing.

Began building the **infrastructure** for Parent-Child Interaction Therapy at Texas CACs.

Developed and implemented an innovative pilot project between DFPS Statewide Intake and the Smith County CAC to move CAC case coordination "upstream" in the investigation process. Early results show strengthened joint investigations and a more than **50%** increase in forensic interviews over six months.

A SPECIAL THANKS TO OUR PARTNERS

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The Amerigroup Charitable Foundation Hogg Foundation for Mental Health KCL Foundation The Meadows Foundation RGK Foundation Shield-Ayres Foundation

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Office of the Attorney General Office of the Governor -Criminal Justice Division Texas Children's Justice Act National Children's Alliance Southern Regional CAC

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CACTX 2014 ANNUAL REPORT DATA CITATIONS:

- 1 National Children's Advocacy Center, "Cost-Benefit Analysis of Community Responses to Child Maltreatment" by Amy L. Shadoin, Suzanne N. Magnuson, et al. (2006).
- 2 Darkness to Light, "Estimating a Child Cexual Abuse Prevalence Rate for Practitioners: A Review of Child Sexual Abuse Prevalence Studies" by C. Townsend and A.A. Rheingold (2013).
- 3 Kaiser Permanente Adverse Childhood Experiences (ACEs) Study; http://www.cdc.gov/violenceprevention/acestudy/.
- 4 U.S. Department of Justice, National Institute of Justice, Research in Brief, "An Update on the 'Cycle of Violence" by Cathy S. Widom and Michael G. Maxfield (2001).
- 5 National Center for Mental Health and Juvenile Justice, Research and Program Brief, "Trauma Among Youth in the Juvenile Justice System: Critical Issues and New Directions" by Julian D. Ford, John F. Chapman, Josephine Hawke, and David Albert (2007).
- 6 CACTX Outcome Measurement System, 843 surveys were collected from MDT members in FY 14.
- 7 CACTX Outcome Measurement System, 5,249 surveys were collected from caregivers of child victims receiving services at a CAC in FY 14.
- 8 Official TF-CBT National Therapist Certification Program, https://tfcbt.org/; percentages reflect data as of December 2014.

