



Texas Department of Family
and Protective Services

Prevention and Early Intervention Outcomes

Rider 38 Outcomes Report

Effective · Evidence-Based · Collaborative

The 84th Legislature directed the Texas Department of Family and Protective Services (DFPS) to report on the effectiveness of its prevention programs. As required by the 2016-2017 General Appropriations Act, H.B. 1, 84th Legislature, Regular Session, 2015 (Article II, Health and Human Services Commission, Rider 38, DFPS Prevention and Early Intervention division must report specific information about children, youth, and families served by PEI. This report includes data required by Rider 38 and also serves as the required reports for Texas Home Visiting (Senate Bill 426, 83rd Legislative Session, Texas Government Code §531.9871) and for parent education programs (Senate Bill 2630, 84th Legislative Session, Texas Family Code §265.1035). A report on the Texas Nurse-Family Partnership program (Texas Family Code §265.109) will be published separately. These and other program evaluations are available on the PEI website.

Due to contractually established data reporting cycles, FY2016 data is based on preliminary data and subject to change. Final data will be published in the annual DFPS Data Book.

Contents

Executive Summary	3
Introduction	4
Current Programs.....	5
Special Initiatives.....	7
Utilizing Evidence-Based Programs.....	8
Resources and Support.....	9
Ongoing Technical Assistance and Support	10
Program Performance Measures & Outcomes	11
Current Measures.....	12
Outcomes I: Program Outputs	13
Outcomes II: Program Outcomes	14
Return on Investment	16
Protective Factors & Family Resiliency	17
Outcomes III: Increased Protective Factors by Program.....	18
Child Maltreatment - Prior History, Short & Long Term Prevention.....	19
Outcomes IV: Prior and Current CPS Involvement	20
Outcomes V: CPS Involvement after PEI Services	22
Home Visiting Programs	24
Strategic Investments Based on Risk Factors.....	26
Healthy Outcomes through Prevention and Early Support (HOPES)	26
Outcomes VI: Early Outcomes from HOPES I	29
Texas Home Visiting.....	30
Outcomes VII: Outputs and Outcomes from Texas Home Visiting - S.B. 426 Sites.....	33
Future Evaluation & Measures of Effectiveness	37
Appendix. Program Descriptions and Funding	38
Evidence-Based Curriculum Descriptions.....	39
Program Contact Information.....	39

Executive Summary

Prevention services under the direction of the Texas Department of Family and Protective Services are designed to reduce behaviors that lead to child abuse, delinquency, running away, truancy, and dropping out of school. DFPS Prevention and Early Intervention division (PEI) plans, develops, and delivers programs and services to children, youth, and families through a contracted delivery system. Services must meet individual needs and produce positive short-term and long-term outcomes from participation. By measuring outputs, efficiencies, and outcomes, PEI is able to target resources and ensure a high return on investment for the state of Texas.

Through an array of services designed to serve the most vulnerable and highest risk children, PEI has built a network of evidence-based and promising practice programs that have led to positive outcomes for families across Texas. In Fiscal Year 2016:

- **More than 62,000 unique families received services**—an increase of 23 percent over the past fiscal year.
- **99.7 percent of children and youth remained safe from maltreatment while receiving services.**
- **More than 95 percent of youth engaged in services did not become involved with the juvenile justice system.**
- **95 percent of all early childhood programs and 60 percent of all youth programs use an evidence-based curriculum.** With procurements for FY2018 underway, the use and expansion of evidence-based and evidence-informed practices will increase.
- **Families involved with evidence-based home visiting services had better overall health outcomes than the general Texas population and individuals served by comparable programs.** This includes no preterm births in FY2016, higher breastfeeding rates, and more than half of all clients served increased self-sufficiency through educational programs and/or employment.
- **PEI's online parenting and prevention resource page HelpandHope.org drew more than 1.6 million visits.**
- The RAND Corporation found that high-fidelity home visiting programs for at-risk families have a return on investment of \$1.26 to \$5.70 for every tax dollar spent depending on the population served. PEI continues to invest in these models and support community investments in these evidence-based programs.

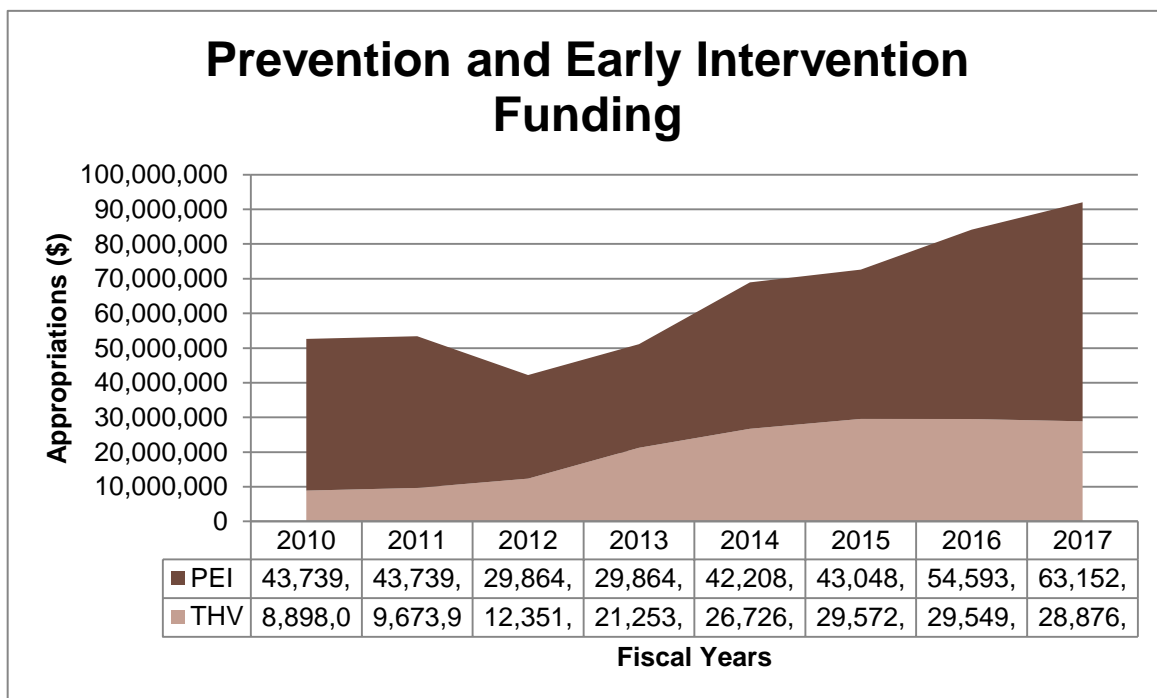
With the total estimated lifetime impact associated with child maltreatment at \$454 billion in Texas as of 2014, PEI is committed to building a continuum of services through a public health approach that are effective, evidence-based, and collaborative with community partners.¹ Through flexible programs, PEI contracts with providers across Texas to target high-risk areas and issues that impact children, youth, and families. By facilitating coordination and collaboration in communities to support the responsiveness of services for at-risk children and their families, PEI has established specific outputs and outcome measures that all programs must meet or exceed. This allows PEI to provide greater accountability for prevention and early intervention services and maximize federal, state, and local resources.

¹ Suffer the Little Children: An Assessment of the Economic Cost of Child Maltreatment, The Perryman Group, November 2014

Introduction

The Prevention and Early Intervention (PEI) division assists communities in identifying, developing, and delivering high quality prevention and early intervention programs designed to address risk factors and build protective factors within families in order to prevent or reduce juvenile delinquency and child maltreatment. Prevention services are provided through contracts with non-profit organizations and local governments located throughout Texas. With more than ten programs, two initiatives, multiple third-party program evaluations, and contractors serving all counties in Texas, PEI programs reached more than 62,000 families in FY2016.

PEI was established in 1999 by the passage of Senate Bill 1574. In 2015, the 84th Legislature both increased funding and aligned programs across the Texas Health and Human Services system that target improving outcomes for families from a prevention perspective. The Legislature increased funding for PEI by adding \$28.8 million for prevention services and campaigns in the FY 2016-17 biennium, funding a new \$3.3 million data collection and reporting system and adding the equivalent of seven fulltime positions. Additionally, PEI was directly impacted by Senate Bill 200, the comprehensive effort to transform the Texas Health and Human Services system. Pursuant to the bill, the Texas Home Visiting Program, including the Nurse-Family Partnership Program, transferred from HHSC to PEI. The move was intended to improve child and family outcomes and make better use of public resources. At the end of FY2016, PEI had expanded to more than 120 contracts and interagency agreements to serve children, youth and families across Texas.



Current Programs

The current PEI-contracted programs include services for children, youth, and families. Full details about each program are located in the appendix.

Childhood Programs (Primarily Serving Children 0-5)

- **Healthy Outcomes through Prevention and Early Support (HOPES)** promotes community collaboration through parent education, home visiting services, and other support services for families with children 5 years old and younger who are considered at risk for abuse and neglect. Counties were selected after identifying those at greatest risk for child maltreatment, focusing on risks most strongly tied to child abuse and neglect, such as domestic violence, substance abuse, teen pregnancy, child poverty, and child abuse fatalities.
- **Texas Home Visiting (THV)** supports the development and implementation of home visiting programs in at-risk communities across Texas and contributes to the development of a comprehensive early childhood system promoting maternal, infant, and early childhood health, safety, and development, as well as strong parent-child relationships in these communities.
- **Safe Babies Evaluation** is an initiative and evaluation required by Budget Rider 39 from the 84th Legislature. The purpose of the project is to provide and evaluate hospital or clinic-based interventions that are designed to prevent maltreatment, especially abusive head trauma, in the first year after birth. Over 2000 families will be provided prevention services and the evaluation will estimate the impact of abusive head trauma prevention efforts across the state.

Youth Programs

- **Services to At-Risk Youth (STAR)** provides family crisis intervention counseling, short-term emergency respite care, and individual and family counseling. This program is available in all counties in Texas.
- **Community Youth Development (CYD)** uses various approaches to prevent juvenile delinquency, including mentoring, youth employment programs, and recreational activities.
- **Statewide Youth Services Network (SYSN)** provides community and evidence-based juvenile delinquency prevention programs.
- **Texas Families Together and Safe (TFTS)** provides evidence-based, community-based programs designed

PEI by the Numbers for FY2016

25,676

Number of Families Served

47,865

Number of Youth Served

99.7%

**Children Remained Safe
During Services**

98.6%

**Youth with Positive
Outcomes**

468,000

**Number of Unique Visits to
PEI Website**

1.6 million

**Number of Interactions
with Help & Hope Videos**

\$148,192,821

Amount of PEI Funding

11

Number of Programs

119

Number of Contracts

to alleviate stress and promote parental competencies and behaviors that increase the ability of families to become self-sufficient and successfully nurture their children.

Family Programs

- **Community-Based Child Abuse Prevention (CBCAP).** CBCAP programs seek to increase community awareness of existing prevention services, strengthen community and parental involvement in child abuse prevention efforts, and encourage families to engage in services that are already available. CBCAP programs in FY2016 and FY2017 include:
 - Fatherhood Effects;
 - Basic parent education;
 - Respite care;
 - Home visiting, Education, and Leadership (HEAL);
 - Public awareness campaigns such as Safe Sleep and other special initiatives.
- **Community Based Family Services (CBFS)** serves families, who have been investigated by CPS but whose allegations are low priority or unsubstantiated, through community and evidence-based services.
- **Helping through Intervention and Prevention (HIP)** provides targeted families with an extensive family assessment, home visiting that includes parent education, and basic needs support. Families with a new child and a prior history of a confirmed child maltreatment fatality or termination of parental rights are eligible. Former foster youth and current foster youth who are expecting and/or are new parents may also access HIP services.
- **Military & Veterans Family Program (Military Families)** was established by HB 19 from the 84th Legislature to develop and implement a preventive services initiative targeted to serve military families and veterans. This program is currently in El Paso, San Antonio, and the Killeen/Belton area. The Military Families program is intended to address child abuse and neglect by providing prevention services based on the needs identified in a Community Needs Assessment and through collaboration with the local Family Advocacy Program office located on the targeted military installation. The program seeks to increase protective factors of families served, thereby reducing the likelihood of a caregiver abusing a child and strengthening the resiliency of the family and community to prevent future maltreatment.
- **Texas Youth and Runaway Hotlines (TY&R)** is a 24-hour toll-free hotline offering crisis intervention, telephone counseling, and referrals to troubled youth and families. The hotline also includes text messaging and online chat to help support youth and families in need.

When I found out I was expecting I was so afraid. I had an incredible revelation that I would now be responsible for another life. The hospital referred me to PEI. As a result of the home visiting program, I felt more than ready to give birth and to begin raising my child. I even shared all of the information with my husband. It enabled us to break the bands of tradition that were unhealthy and embrace psychological truths of child development.

- Mother Enrolled in PEI Texas Home Visiting Program

Special Initiatives

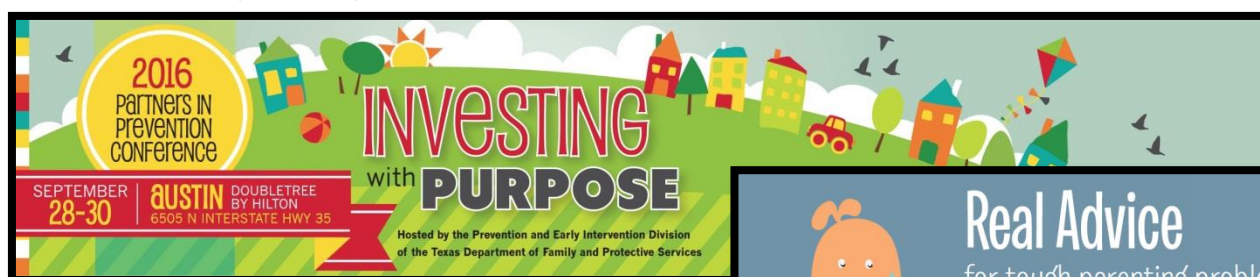
Parenting Tips Calendar

Since 2007, PEI has published an annual parenting tips calendar for Texas families. The calendar is designed to give parents and other caregivers practical advice on child safety and to address common stressors of parenting including everything from soothing a fussy baby, potty training, water safety, bullying, chores, and more. The calendar's messages are consistent with the most effective strategies for prevention outreach by directly providing families with user-friendly outreach materials that give them tools to strengthen their parenting skills. The calendar has been endorsed by the Texas Pediatric Society. PEI distributes nearly 500,000 calendars in English and Spanish to about 1,000 agencies, contractors, and partners across Texas, including:

- more than 250 social-service providers
- licensed child-care facilities, child welfare boards, and child advocacy centers
- elementary and secondary schools and Head Start programs
- Women, Infants, and Children (WIC) offices in many locations
- local churches and medical facilities

Partners in Prevention Conference

DFPS hosts the Partners in Prevention Conference—the largest annual gathering of prevention and early intervention specialists and aligned professionals in Texas. Partners in Prevention is an education and networking event for community-based providers, advocates, civic leaders, researchers and others with a professional interest in child welfare, social, emotional and cognitive development, parenting, juvenile justice and prosocial adolescent development. In September 2016, nearly 800 people from across Texas gathered for the 16th Annual Partners in Prevention Conference. The theme—Investing with Purpose—highlighted both the need for and movement toward collective and coordinated investments of time, talent and financial resources in Texas children, families, and communities.



Public Awareness Campaigns

PEI is also responsible for public awareness campaigns targeting child safety, addressing common parenting stressors and connecting families to services. Campaign materials and service information can be located at HelpandHope.org.



Information provided by HelpandHope.org includes:

- Help and Hope: real advice for the tough parenting problems
- Child Safety: parenting and safety tips about children of all ages—babies, toddlers, kids, preteens, and teens, plus quick video tips
- Watch Kids Around Water safety (prevent accidental child drowning)

In FY2016, the Help and Hope campaign had more than 468,000 page views and the new videos were watched over 1.6 million times.

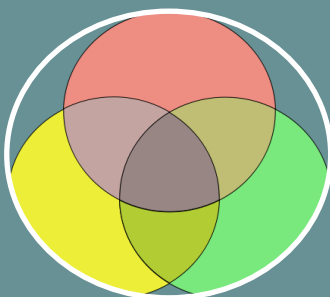
Utilizing Evidence-Based Programs

PEI currently utilizes evidence-based programs in ten of the eleven program areas that offer services such as home visiting, youth counseling, parenting classes, maternal and child health, juvenile delinquency prevention, military services, fatherhood services, and more. Ninety-five percent of all early childhood programs and sixty percent of all youth programs use an evidence-based curriculum.



Evidence-based

1. Research-based and grounded in relevant, empirically based knowledge and program-determined outcomes
2. Associated with a national organization, institution of higher education, or national or state public health institute
3. Comprehensive standards that ensure high-quality service delivery and continuously improving quality
4. Demonstrated significant positive short-term and long-term outcomes
5. Evaluated by at least one rigorous randomized controlled research trial across heterogeneous populations or communities, the results of at least one of which has been published in a peer-reviewed journal
6. Follows with fidelity a program manual or design that specifies the purpose, outcomes, duration, and frequency of the services that constitute the program
7. Employs well-trained and competent staff and provides continual relevant professional development opportunities
8. Demonstrates strong links to other community-based services
9. Ensures compliance with home visiting standard.



Evidence-informed

Evidence-informed practices use evidence-based research and practice to support program design and implementation.

The primary difference is that evidence-informed practice allows for innovation and flexibility in the model. This allows the program to utilize new research and practices to deliver program curriculum in a way that is designed to be flexible to the family's specific needs, values, and community preferences while still being rooted in an evidence-based model and individual preferences.



Promising Practice

1. Has an active impact evaluation program or can demonstrate a timeline for implementing an active impact evaluation program
2. Has been evaluated by at least one outcome-based study demonstrating effectiveness or a randomized controlled trial in a homogeneous sample
3. Follows with fidelity a program manual or design that specifies the purpose, outcomes, duration, and frequency of the services that constitute the program
4. Employs well-trained and competent staff and provides continual relevant professional development opportunities
5. Demonstrates strong links to other community-based services
6. Ensures compliance with home visiting standards.

Evidence-based and promising practices for home visiting are defined in Texas Government Code Sec. 531.983 and are also detailed in the appendix.

PEI directs potential and current providers to use a national clearinghouse for evidence-based programs to ensure the program they intend to use has been certified. The six major clearinghouses for evidence-based programs are:

1. Pew Charitable Trust Results First Clearinghouse Database
2. Blueprints for Healthy Youth Development
3. California Evidence-Based Clearinghouse for Child Welfare
4. CrimeSolutions.gov
5. National Registry of Evidence-based Programs and Practices
6. Promising Practices Network

STAR is PEI's only program that does not explicitly require evidence-based programs. It is in the process of re-procurement. Many providers with the STAR program are already utilizing evidence-based curricula. With new STAR program contracts starting in FY2018, all 11 PEI programs will require the use of evidence-based programs but may also include other support services that are evidence-informed or promising practices.

Resources and Support

In order to ensure that children, youth, and families receive quality services and reach positive outcomes, PEI offers a variety of resources, support, and technical assistance.

Requests for Proposals (RFP) Support

When RFPs are published, PEI provides information on various clearinghouses and databases which rate and describe evidence-based programs. PEI has also developed an evidence-based program ranking tool to assist contractors in determining the evidence-base of the program they are proposing to deliver. This tool guides the contractor in analyzing the evidence-based programs in areas such as program effectiveness, the program's conceptual framework or logic model, training and program materials, long-term effects of the intervention, program replication, program purpose, publication of evaluations, timeliness of evaluations, implementation methodology, and analysis of research.

New Program Planning & Implementation

New providers and providers of new programs require substantial time and support to take root in the community. While established providers often are able to quickly launch new programs, new providers must hire and train new staff, recruit participants, and develop processes to meet the needs

Examples of Evidence-based and Promising Programs Funded by PEI in FY2017

24/7 Dad

AVANCE

Effective Black Parenting

Family Connections

Home Instruction for Parents of Preschool Youngsters (HIPPY)

Nurse Family Partnership (NFP)

Nurturing Parenting

Nurturing Skills for Parents/Teen Parents

Parents as Teachers (PAT)

Parenting Wisely

Period of Purple Crying

Positive Parenting Program (Triple P)

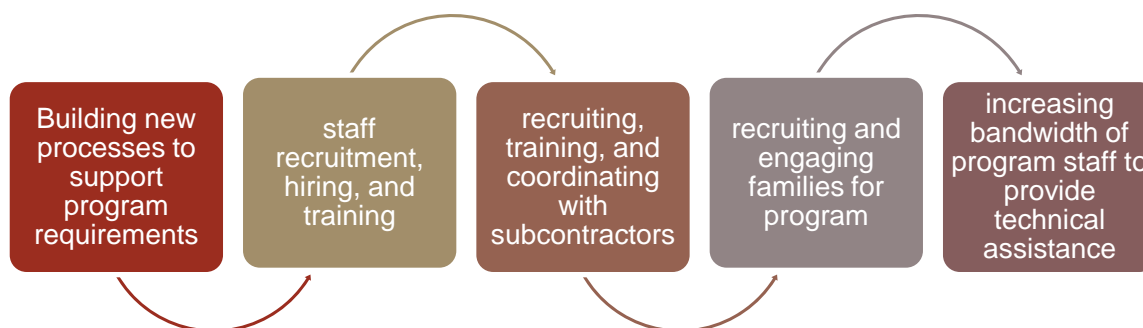
SafeCare

SEEK Model

Systemic Training for Effective Parenting (STEP)

of families ,while also meeting PEI's contracting requirements. A 2013 study on the first year of the Texas Home Visiting Program by the University of Texas Child and Family Research Partnership found that new providers and programs needed more time in the start-up phase and cautioned against high expectations for short-term outcomes. In the case of home visiting, many evidence-based programs are designed to serve a family over a two year period and outcomes associated with the program may not be realized until the third year of program operation.

Year-One Issues for New Providers and Programs



Ongoing Technical Assistance and Support

PEI staff assist providers with questions or issues they experience in program implementation. Common issues include:

- Planning and coordinating training activities
- connecting providers to share information about successes and challenges their respective programs are experiencing
- identifying strategies for recruiting and retaining families
- supporting technical requirements including billing, data entry, and quality data checks
- contract monitoring, including administrative data and onsite reviews
- assisting with program improvement plans targeting provider-specific needs

Additionally, the Texas Home Visiting program has contracted with the three evidence-based program models used in the program—Parents as Teachers (PAT), Nurse-Family Partnership (NFP), and Home Instruction for Parents of Preschool Youngsters (HIPPY)—to conduct site visits, help measure program fidelity, and provide technical assistance.

Program Performance Measures & Outcomes

As part of its five year strategic plan, PEI laid out its ongoing work related to program specific performance measures to ensure funds are used to address specific risk factors, community needs, and an ever increasing and diversifying population. Specifically, PEI is adopting a public-health framework to prevent child maltreatment and fatalities and support positive child, family and community outcomes. One strategy to accomplish this is to use mapping technology to identify and track population needs, strategic investments, and program outcomes. PEI will look for not only the best locations for services, but also ways to address identified geographic-, race- and ethnicity-based inequities in resource allocation and service delivery.

Based on Texas Family Code Section 265, PEI currently evaluates programmatic effectiveness using the following measures.

TYPE	DEFINITION	EXAMPLE
Outputs	A quantifiable indicator of the number of goods or services an agency produces	Average daily number of children served
Outcomes / Effectiveness	A quantifiable indicator of the clients' benefit from the agency 's action	Percent of children who remain safe Percent of families who increased Protective Factor Survey scores
Efficiency	A quantifiable indicator of productivity expressed in unit costs, units of time or other ratio-based units	Average monthly cost per child receiving services

Current Measures

All PEI programs share two major measures:

- a validated pre- and post-services survey of protective factors (assessments conducted by providers)
- data on entry into the child welfare and the juvenile justice system, if applicable (requires data matching with Child Protective Services and Texas Juvenile Justice Department)

Evidence-based parenting programs also include outcome measures to show an increase in two or more of the following areas:

- Improved cognitive development of children;
- Increased school readiness of children;
- Reduced child abuse, neglect, and injury;
- Improved child safety;
- Improved social-emotional development of children;
- Improved parenting skills, including nurturing and bonding;
- Improved family economic self-sufficiency;
- Reduced parental involvement with the criminal justice system; and
- Increased paternal involvement and support.

Additional measures are collected through program instruments. Starting in FY2017, PEI will collect and analyze additional measures that either are unique to programs or cross a variety of programs. Examples of this include:

- mental health, substance abuse, domestic violence and homelessness screenings
- improvement in parental knowledge around child development and stress management
- increases in parents continuing their education or engaging in the labor force
- improved youth and family perception of the program and positive changes that they see since receiving services

Additional data matching will also be possible with other systems including Texas Education Agency, Office of the Attorney General, Department of State Health Services, and law enforcement agencies.

Thanks to STAR services my two sons were able to learn coping skills and decrease their stress and anxiety due to family crisis. The worker met with each teen separately and she also worked with us as a family. The activities that were used help my sons to focus on the present and on things that they are able to manage. They used these skills to gain confidence in school and improve their behavior. They also learned skills for goal setting and have a positive outlook now.

As a parent, I gained insight to managing my behaviors that contributed to my children's stress and I am now changing my ways of dealing with crisis. We take time to listen to each other as a family and focus on seeing things from a positive outlook. The STAR worker also provided additional support by guiding me through how to access other services for my husband who suffers from bipolar and major depression; he is now also getting the help that he needs. I believe our family is better and continues to make good progress.



Outcomes I: Program Outputs

PEI works with contractors to establish specific output measures by program type. Recent evaluations of PEI's HOPES and Military Families Program highlighted the need for new programs to have time to gradually increase in the number of families served. These evaluations found that new providers needed time to hire and train staff in the chosen evidence-based model and to make connections in the community to help recruit families for the program. In some areas, new providers needed time to change perceptions that services were only for families in crisis or that engaging in services would ultimately lead to a referral to Child Protective Services.

Annual Program Target Output and Outcomes by Fiscal Year

PROGRAM	FY2016	FY2017	FY2018	Children Remain Safe as a measure?	Not Referred to JP as a measure?
Services to At-Risk Youth (STAR)	28,606	28,606	25,500*	✓	
Community-Youth Development	11,625	12,500	12,500*		✓
Community-Based Child Abuse Prevention (CBCAP)	1,089	1,000	1,000	✓	
Community Based Family Services (CBFS)	470	470	470	✓	
Statewide Youth Services Network (SYSN)	2,336	2,336	2,336		✓
Healthy Outcomes through Prevention and Early Support (HOPES)	3,095	3,863	3,863	✓	
Helping through Intervention and Prevention (HIP)**	140	150	150	✓	
Texas Families Together and Safe (TFTS)	3,319	3,319	3,319	✓	
Military & Veterans Family Program (Military Families)	238	630	630	✓	
Safe Babies**	400	800	800		
Texas Home Visiting (THV)	4,500	4,500	4,500	✓	
Total	55,818	58,174	55,068		

* FY2017 and FY2018 are estimates due to pending procurements (STAR and CYD)

**Numbers are not set in contract. For HIP, clients are determined by number of DFPS referrals to HIP providers. Safe Babies does not specify fixed outputs per year, only estimates.

For FY2018, the projected number of youth and families to be served through the STAR and CYD program are lower than in previous fiscal years. This is due to both programs being re-procured, which opens the door to new services being proposed and implemented by providers. Depending on the type of proposed services, the contractor may serve a lower number than previous years due to implementing more intensive or long-term programs. Updated output numbers will be available upon contract execution.

Number of Families and Youth Served by PEI in FY2016

PROGRAM	Unduplicated Families / Primary Caregivers	Unduplicated Youths	Total Served*
Services to At-Risk Youth (STAR)	18,804	24,991	43,795
Community-Youth Development (CYD)	49	15,649	15,698
Community-Based Child Abuse Prevention (CBCAP)	1,081	120	1,201
Community Based Family Services (CBFS)	418	280	698
Statewide Youth Services Network (SYSN)	0	4,027	4,027
Healthy Outcomes through Prevention and Early Support (HOPES)	2,591	1,975	4,566
Helping through Intervention and Prevention (HIP)**	28	4	32
Texas Families Together and Safe (TFTS)	2,585	744	3,329
Military & Veterans Family Program (Military Families; MVP)	120	75	195
Safe Babies	Data will be available after December 2016.		
Texas Home Visiting (THV)	7,766	NA	7,766
Total	25,676	47,865	73,541

* Total number served can include duplicated families as youth may be served individually or as part of a family unit.

Outcomes II: Program Outcomes

PEI programs take a public health approach to the prevention of child maltreatment and juvenile delinquency. To measure our ability to effectively reach this goal, all PEI programs have keeping participating children safe and/or keeping youth out of the juvenile justice system as short-, medium-, and long-term outcomes, depending on the age of children and youth served by each program. For example, home visiting programs serving families with children under five would not have engagement with the juvenile justice system as a short-term outcome, but it could be measured as a long-term outcome. The table on the following page shows performance on these outcomes by program and fiscal year.

The Fatherhood EFFECT Program in Fort Worth is working in partnership with the school district's Family Resource Centers to reach at-risk families. The program also has a presence on school campuses to engage fathers directly. Through this new relationship, several fathers have enrolled in Nurturing Fathers classes and Mentor/Navigator program. All of the children continue to be active in school. Five fathers have secured improved employment situations since starting service to help them become self-sufficient.



PEI Outcome Measures	FY2012	FY2013	FY2014	FY2015	FY2016**
Percent of Community Youth Development (CYD) Youth not referred to juvenile probation	98.1%	98.6%	98.8%	98.6%	Pending data match
Percent of Statewide Youth Services Network (SYSN) Youth not referred to juvenile probation	98.3%	98.5%	98.6%	98.6%	Pending data match
Percent of Services to At-Risk Youth (STAR) Youth not referred to juvenile probation	96.6%	93.6%	93.8%	94.1%	Pending data match
Percent of Services to At-Risk Youth (STAR) Youth with better outcomes 90 days after termination	87.5%	86.4%	86.8%	84.6%	86.4%
Percent of Services to At-Risk Youth (STAR) Youth remain safe*	99.7%	99.7%	99.6%	99.6%	99.8%
Percent of Federal Community Based Child Abuse Prevention (CBCAP) Children who remain safe*	99.1%	99.8%	99.7%	100%	99.2%
Percent of Community-Based Family Services (CBFS) Children who remain safe*	96.6%	97.9%	98.9%	98.5%	98.2%
Percent of Texas Families: Together and Safe (TFTS) Children who remain safe*	99.0%	98.6%	99.5%	99.5%	99.7%
Percent of Healthy Outcomes through Prevention and Early Support (HOPES) Children who remain safe*	n/a	n/a	n/a	99.7%	99.1%
Percent of Help through Intervention and Prevention (HIP) Children who remain safe*	n/a	n/a	n/a	100%	100%

Data from DFPS Databook and DFPS data request

*This is a measure of the percent of adult caregivers who do not abuse or neglect their children while receiving or after receiving services.

**For FY2016, the percentage may increase since not all families have completed services in the required time period prior to measure. For example, the STAR follow-up survey is completed 90 days after termination of services.

The Centers for Disease Control and Prevention has found that promoting safe, stable nurturing relationships and environments through primary and secondary prevention programs and services will decrease rates of child maltreatment, but also decrease long term physical ailments, behavioral health, substance abuse, crime rates, and poor educational outcomes.

“From a public health perspective, the promotion of safe, stable, nurturing relationships is, therefore, *strategic* in that, if done successfully, it can have synergistic effects on a broad range of health problems as well as contribute to the development of skills that will enhance the acquisition of healthy habits and lifestyles.”

www.cdc.gov/violenceprevention/pdf/cm_strategic_direction--long-a.pdf

Return on Investment

The personal effects of child abuse are intensely devastating and often debilitating for children and their families. When combined with economic and social costs, the negative effects are quantifiable and massive. The impact of adverse childhood experiences—including child maltreatment—have long-lasting and far-reaching effects on a child's behavioral, mental, social, and physical health. The Perryman Group, a Waco-based economic and financial analysis firm, calculated the increased expenses related to health care, education, social services and crime, plus lost productivity and earnings. The total estimated lifetime impact associated with child maltreatment was \$454 billion in Texas in 2014.²

Prevention programs can also produce returns on investment beyond decreased child maltreatment costs. Research compiled by the Child and Family Research Partnership at The University of Texas at Austin found that the short- and long-term benefits of home visiting programs largely outweigh the overall costs incurred from implementation.³ The RAND Corporation found that high-fidelity home visiting programs for at-risk families have a return on investment of \$1.26 to \$5.70 for every tax dollar spent depending on the population served.⁴ Another study of a home visiting program in Durham, North Carolina reported saving \$3.00 for every \$1.00 spent during a child's first six months due to reduced emergency care visits.⁵ Looking at youth programs, a study by the Washington State Institute for Public Policy found that youth mentoring programs have a benefit-to-cost ratio of \$1.74.⁶

With three quarters of all funds being invested in evidence-based programs, there are proven and expected short-term and long-term outcomes for engaging in services with PEI. PEI is not only investing in programs that directly serve individuals but have a significant return on investment for the community and state at large.

² Suffer the Little Children: An Assessment of the Economic Cost of Child Maltreatment, The Perryman Group, November 2014

³ The Top 5 Benefits of Home Visiting Programs, Child and Family Research Partnership, The University of Texas at Austin, June 2015

⁴ Early Childhood Interventions: Proven Results, Future Promise, RAND Labor and Population, 2005

⁵ Dodge, K. A., Goodman, W. B., Murphy, R. A., O'Donnell, K., Sato, J., & Gupitill, S. (2014). Implementation and randomized controlled trial evaluation of universal postnatal nurse home visiting. *American Journal of Public Health*, 104 (S1), S136-S143.

⁶ Return on Investment: Evidence-Based Options to Improve Statewide Outcomes, Washington State Institute for Public Policy, April 2012

Protective Factors & Family Resiliency

While measuring involvement with the child welfare system and juvenile justice system help illustrate the impact of a specific program, it is also important to measure the progress a family is able to achieve through services. To assess this process, PEI currently measures the increase in parental protective factors based on the Protective Factors Survey, a validated pre- and post-survey. Some programs, such as Texas Home Visiting and HOPES use other tools in conjunction with the Protective Factors Survey or another validated tool with similar domains.

The Protective Factors Survey was designed in 2004 by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention (CBCAP). This tool is a pre-post survey designed to measure five major areas.⁷

Protective Factors	Description
Family Functioning/ Resiliency	Having adaptive skills and strategies to persevere in times of crisis. Family's ability to openly share positive and negative experiences and to accept, solve, and manage problems.
Social Support	Perceived informal support (from family, friends, and neighbors) that helps provide for emotional needs.
Concrete Support	Perceived access to tangible goods and services to help families cope with stress, particularly in times of crisis or intensified need.
Child Development & Knowledge of Parenting	Understanding and using effective child management techniques and having age-appropriate expectations for children's abilities.
Nurturing & Attachment	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.

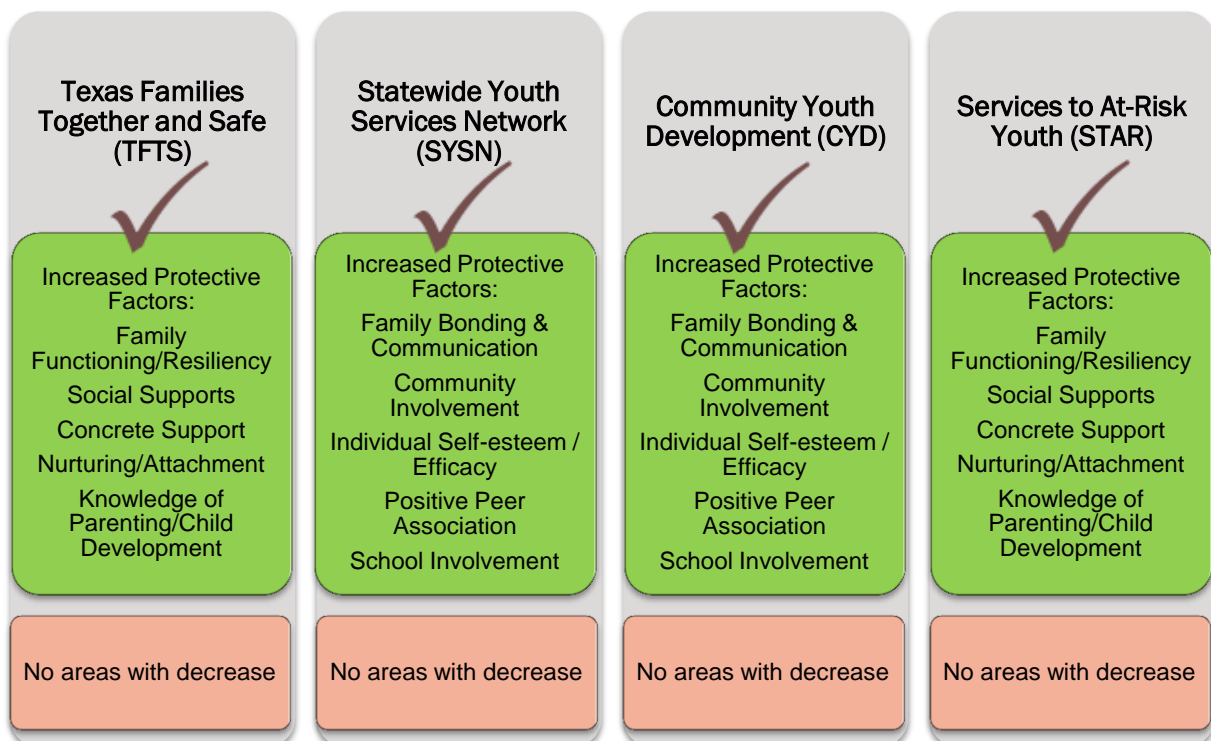
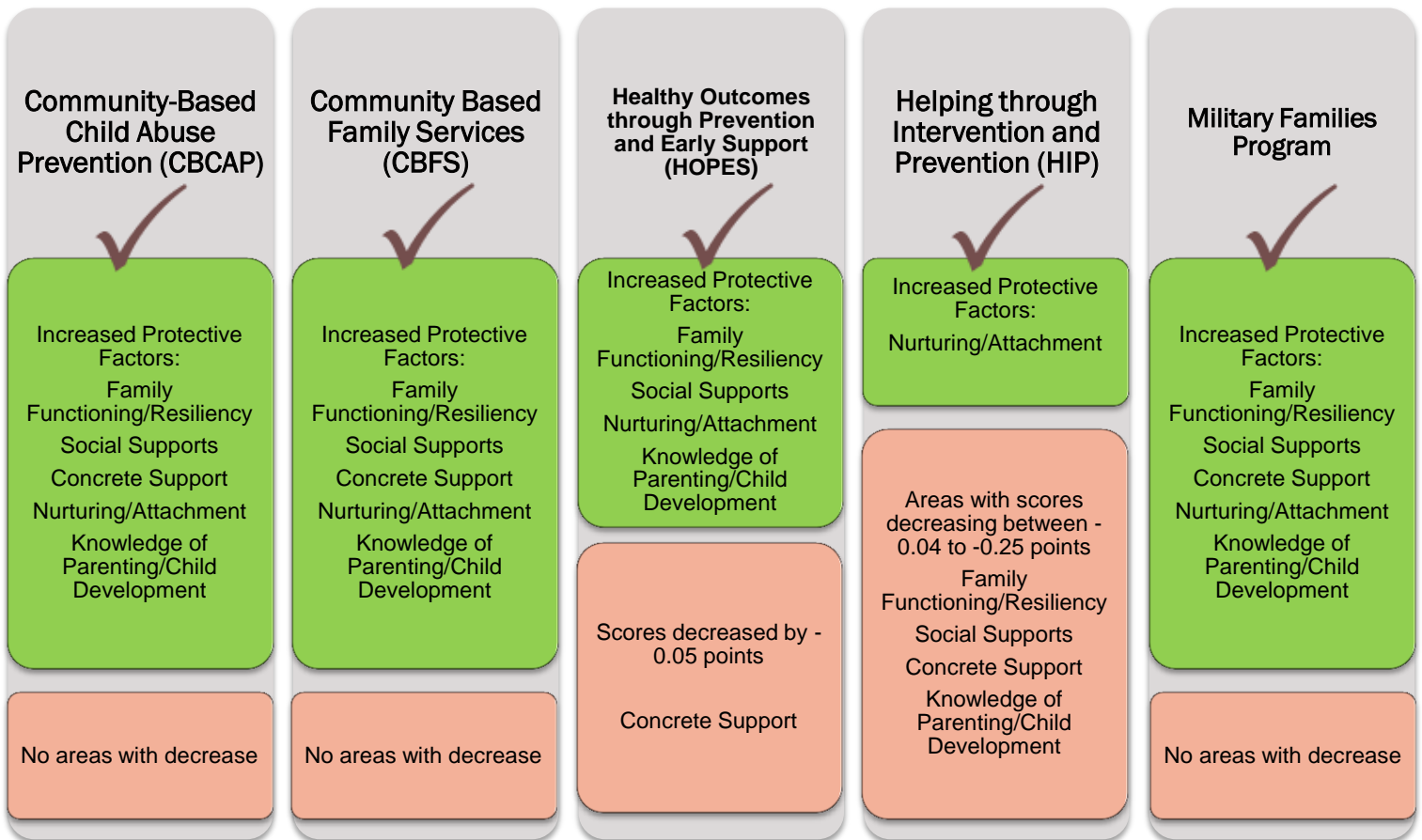
Parents complete the survey at the start of services and again at discharge. All programs showed at least one area with an increase. Only HIP had more than one area where there was a decrease (less than 1 percent decrease) between the pre- and post-survey.

For programs that serve youth, the survey measures similar domains but is geared toward and completed by the youth. The youth survey measures:

- Family Bonding/Communication
- Community Involvement
- Individual Self-esteem / Efficacy
- Positive Peer Association
- School Involvement

⁷ The Protective Factors Survey User's Manual Revised, October, 2011. Retrieved from: http://friendsnrc.org/downloads/attachments/pfs_user_manual_revised_2012.pdf

Outcomes III: Increased Protective Factors by Program



PEI is currently working with university partners, researchers, and stakeholders to evaluate other validated tools for measuring protective factors and assess the likelihood of future child maltreatment. Tools that are more sensitive to change over time and factor in social desirability bias in responses may be helpful to show more meaningful change over time. For instance, a tool developed by The University of Texas Institute for Child and Family Wellbeing is currently being used in the field with the HOPES program. Preliminary data from HOPES has shown a reduction in family stressors, increased parental empowerment, and positive changes in parent and child interactions for participants. After further use of this tool with HOPES, data will be analyzed to validate the tool and plan for future use in other PEI programs. A similar, more streamlined tool is also being developed specifically for the Texas Home Visiting program to meet federal reporting requirements in Federal Fiscal Year 2017.

Additionally, the FRIENDS Network is currently revising the Protective Factors Survey to include updated questions and the option of a reflective pre-test. One issue that comes up with the current Protective Factors Survey pre/post-survey design is that once a family has engaged in services, they are more likely to openly discuss concerns and/or are more truthful on the post-test because they are able to reflectively see where they had been lacking in one or more of the domains and have built trust with the staff who are administering the survey.

Child Maltreatment - Prior History, Short & Long Term Prevention

Prevention programs can be used to target high-risk populations prior to family crisis, help divert a child from the child welfare system, and set a positive course for the child and family. A strong indicator of future child maltreatment is prior involvement with the child welfare system.

Additionally, children who are younger than five are more likely to be victims of child maltreatment, including fatal child maltreatment, than older children.

PEI has aligned program investments to target the most at-risk populations and geographic areas of the state. High-risk populations include the following:

- Families with children younger than five years
- Families referred to CPS but not opened for services
- Foster children who are parents
- Parents of newborns who have prior history where rights have been terminated or a child has died from abuse or neglect

Addressing Child Fatalities through Prevention

PEI, in conjunction with providers and other state agencies, has set out to address child fatalities through a public health approach. To date, this has included building a strategic plan with the Texas Department of State Health Services to increase prevention efforts around safe sleep, vehicle safety, domestic violence interventions, and increase positive health outcomes through smoking cessation programs, and supporting breastfeeding initiatives.

With the launch of HOPES and HIP, PEI designed programs specifically focused on risk factors for fatal child maltreatment and prior child maltreatment fatality history as key indicators. Since both of these programs started in FY2015, long-term impact data is not yet available. However, in both FY2015 and FY2016, there have been no cases in either program where a parent or

caregiver had received or was receiving services and was involved in a child fatality. For HOPES, data is available to track child maltreatment fatalities by county, both as part of the original risk model as well as part of ongoing data collection. The finalized FY2016 child maltreatment fatality data will be available in early 2017 and will be included in the DFPS Annual Child Fatality report.

PEI is committed to helping families, providers, and communities address risk factors that often lead to fatal child maltreatment. To reach a larger audience, PEI, through the Help and Hope Campaign (HelpandHope.org), has made available instructional videos to help support positive parenting. Topics addressed include dealing with child behaviors that are often precursors to child maltreatment: fussy babies, temper tantrums, potty training, water safety, teen conflict and more. Additional parenting resources are also available to help families and connect them to service providers that can address major drivers of child maltreatment (i.e. domestic violence, substance abuse, mental health, and home instability). In FY2017, PEI is partnering with community providers to address water safety for children.

Outcomes IV: Prior and Current CPS Involvement

Historically, the only PEI program that could serve families with a prior CPS investigation was the Community Based Family Services (CBFS) program. Designed to serve families who have been investigated by CPS but whose allegations are low priority or unsubstantiated, CBFS offers families community supports and evidence-based services. Additionally, CPS investigators often refer families to the STAR program where allegations are either unsubstantiated or do not require more intensive intervention by CPS. In FY2016, PEI made contract changes to allow providers to serve families with either a prior CPS investigation or an open stage of service with CPS. While providers can limit the number of families served with open or prior CPS history, PEI providers now have the flexibility to serve any family that comes to them for support. This change was made recognizing that families do not differentiate who a provider can serve, and when families are seeking help, it is everyone's interest to provide the necessary services. However, considering that the services are designed to serve in a prevention capacity, providers must continue to target and serve families prior to child welfare investigations and interventions.

Defining Current CPS Involvement for Families Served by PEI

*An **open case** is defined as cases in which the primary caregiver was listed as a principal, the case was open during the period of PEI service delivery, and the stage was Investigation, Alternative Response, Adoption, Family Preservation, Family Reunification, Family Substitute Care, or Substitute Care.

An **open investigation is defined as CPS investigations in which the primary caregiver was an alleged perpetrator and the investigation was open during the period of PEI service delivery.

**Primary Caregivers and Target Child For Families Who
Received PEI Services during Fiscal Years 2014-2016 YTD**

Fiscal Year 2014					
Program	Total Families	Families With An Open Case*		Families With An Open Investigation Where The PEI Primary Caregiver Was an Alleged Perpetrator**	
		#	%	#	%
CBCAP	836	9	1.1%	1	0.1%
CBFS	329	70	21.3%	14	4.3%
CYD	28	0	0.0%	0	0.0%
STAR	19,230	577	3.0%	66	0.3%
TFTS	2,096	64	3.1%	12	0.6%

Fiscal Year 2015					
Program	Total Families	Families With An Open Case*		Families With An Open Investigation Where The PEI Primary Caregiver Was an Alleged Perpetrator**	
		#	%	#	%
CBCAP	1,467	49	3.3%	8	0.5%
CBFS	423	138	32.6%	40	9.5%
CYD	26	1	3.8%	0	0.0%
HIP	58	9	15.5%	2	3.4%
HOPES	1,370	65	4.7%	10	0.7%
STAR	19,478	712	3.7%	50	0.3%
TFTS	2,207	71	3.2%	10	0.5%

Fiscal Year 2016 YTD***					
Program	Total Families	Families With An Open Case*		Families With An Open Investigation Where The PEI Primary Caregiver Was an Alleged Perpetrator**	
		#	%	#	%
CBCAP	1,023	27	2.6%	3	0.3%
CBFS	391	147	37.6%	23	5.9%
CYD	49	0	0.0%	0	0.0%
HIP	27	5	18.5%	0	0.0%
HOPES	2,023	113	5.6%	13	0.6%
HOPES II	394	25	6.3%	1	0.3%
MFVPP	57	3	5.3%	0	0.0%
STAR	18,150	765	4.2%	35	0.2%
TFTS	2,505	64	2.6%	7	0.3%

FY 2016 data subject to change pending end-of-year data refresh.

Outcomes V: CPS Involvement after PEI Services

PEI currently compares data for families served by PEI to determine if children remain safe both during PEI services and after. Data is matched at six months, one year, two years, and three years after discharge or completion of services. Because some services extend for more than one year, only families served in FY2013 have data at the three year mark. Two additional factors exist in the data: the Community-Based Family Services (CBFS) program serves families that have previous involvement with CPS and in FY2016, PEI providers may start serving families with active or prior involvement with CPS.

FY2013 PEI Families Served In Prevention Programs with Percentage Safe In Care											
Contract Subject	Families Served	Primary Caregivers Identified As Perpetrators									
		During Services	Percent Safe In Care	Within 6 Months of Service Completion ¹	Percent Safe In Care	Within 1 Year Of Service Completion	Percent Safe In Care	Within 2 Years Of Service Completion	Percent Safe In Care	Within 3 Years Of Service Completion	Percent Safe In Care
Community-Based Child Abuse Prevention (CBCAP)	990	3	99.7%	31	96.9%	45	95.5%	73	92.6%	79	92.0%
Services to At-Risk Youth (STAR)	19,159	69	99.9%	505	97.4%	689	96.4%	1,012	94.7%	1,178	93.9%
Texas Families: Together and Safe (TFTS)	1,734	20	98.8%	65	96.3%	78	95.5%	86	95.0%	91	94.8%
Community-Based Family Services (CBFS)	287	7	97.6%	25	91.3%	31	89.2%	36	87.5%	42	85.4%
Total	22,170	99	99.6%	626	97.2%	843	96.2%	1,207	94.6%	1,390	93.7%

FY2014 PEI Families Served In Prevention Programs with Percentage Safe In Care											
Contract Subject	Families Served	Primary Caregivers Identified As Perpetrators									
		During Services	Percent Safe In Care	Within 6 Months of Service Completion ¹	Percent Safe In Care	Within 1 Year Of Service Completion	Percent Safe In Care	Within 2 Years Of Service Completion	Percent Safe In Care	Within 3 Years Of Service Completion	Percent Safe In Care
Community-Based Child Abuse Prevention (CBCAP)	779	1	99.9%	35	95.5%	52	93.3%	62	92.0%	NA	NA
Services to At-Risk Youth (STAR)	17,768	69	99.6%	676	96.2%	844	95.2%	1,023	94.2%	NA	NA
Texas Families: Together and Safe (TFTS)	2,093	22	98.9%	84	95.9%	91	95.7%	96	95.4%	NA	NA
Community-Based Family Services (CBFS)	329	11	96.7%	54	83.6%	76	76.9%	82	75.1%	NA	NA
Healthy Outcomes through Prevention and Early Support (HOPES)*	0	0	0	0	0	0	0	0	0	NA	NA
Helping through Intervention and Prevention (HIP)*	2	1	50.0%*	0	100%	1	50.0%	1	50.0%	NA	NA
Total	20,971	104	99.5%	849	96%	1,064	95%	1,264	94%	NA	NA

*Contracts for HOPES and HIP were signed in FY2014 but the majority of services started in FY2015.

FY2015 PEI Families Served In Prevention Programs with Percentage Safe In Care

Contract Subject	Families Served	Primary Caregivers Identified As Perpetrators									
		During Services	Percent Safe In Care	Within 6 Months of Service Completion ¹	Percent Safe In Care	Within 1 Year Of Service Completion	Percent Safe In Care	Within 2 Years Of Service Completion	Percent Safe In Care	Within 3 Years Of Service Completion	Percent Safe In Care
Community-Based Child Abuse Prevention (CBCAP)	1,336	8	99.4%	44	96.7%	50	96.3%	NA	NA	NA	NA
Services to At-Risk Youth (STAR)	17,918	54	99.7%	684	96.2%	693	96.1%	NA	NA	NA	NA
Texas Families: Together and Safe (TFTS)	1,841	12	99.4%	74	96.0%	74	96.0%	NA	NA	NA	NA
Community-Based Family Services (CBFS)	345	8	97.7%	66	80.9%	66	80.9%	NA	NA	NA	NA
Healthy Outcomes through Prevention and Early Support (HOPES)	1,369	24	98.3%	37	97.3%	37	97.3%	NA	NA	NA	NA
Helping through Intervention and Prevention (HIP)	56	1	98.2%	4	92.9%	4	92.8%	NA	NA	NA	NA
Total	22,865	107	99.5%	909	96.0%	924	95.9%	NA	NA	NA	NA

FY2016 PEI Families Served In Prevention Programs with Percentage Safe In Care

Contract Subject	Families Served	Primary Caregivers Identified As Perpetrators									
		During Services	Percent Safe In Care	Within 6 Months of Service Completion ¹	Percent Safe In Care	Within 1 Year Of Service Completion	Percent Safe In Care	Within 2 Years Of Service Completion	Percent Safe In Care	Within 3 Years Of Service Completion	Percent Safe In Care
Community-Based Child Abuse Prevention (CBCAP)	852	2	99.8%	12	98.6%	NA	NA	NA	NA	NA	NA
Services to At-Risk Youth (STAR)	16,597	32	99.8%	354	97.9%	NA	NA	NA	NA	NA	NA
Texas Families: Together and Safe (TFTS)	1,991	5	99.8%	46	97.7%	NA	NA	NA	NA	NA	NA
Community-Based Family Services (CBFS)	312	3	99.0%	32	89.7%	NA	NA	NA	NA	NA	NA
Healthy Outcomes through Prevention and Early Support (HOPES)	1,654	15	99.1%	23	98.6%	NA	NA	NA	NA	NA	NA
Helping through Intervention and Prevention (HIP)	24	0	100%	1	95.8%	NA	NA	NA	NA	NA	NA
Total	21,430	57	99.7%	468	97.8%	NA	NA	NA	NA	NA	NA

Home Visiting Programs

Children younger than five years are widely recognized as the most vulnerable. Not yet in school, and often interacting only with caregivers, the risk of abuse and neglect can be magnified for these children. Protective and preventive supports are needed to ensure healthy development. While prevention often describes efforts to stop a potential action or behavior, the field of child abuse and neglect prevention has grown to recognize the act of strengthening families and promoting positive behaviors as essential and successful strategies, serving “as buffers, helping parents who might otherwise be at risk of abusing their children to find resources, supports, or coping strategies that allow them to parent effectively, even under stress.”⁸ Home visiting prevention services help bridge the gap between child maltreatment prevention and the promotion of positive outcomes in health, education, development, and family resiliency.

Home visiting programs play a critical role in prevention and early intervention services. By providing services in the home or in a space that meets the family's needs, families are often able to participate longer in programs and providers are able to directly address specific issues as they arise in the home. While not all evidence-based home visiting programs address the full list of outcomes below, they often impact multiple factors that lead to stronger outcomes in multiple areas. Home visiting programs funded by PEI must have positive outcomes in at least two of the following areas:

- improved maternal or child health outcomes;
- improved cognitive development of children;
- increased school readiness of children;
- reduced child abuse, neglect, and injury;
- improved child safety;
- improved social-emotional development of children;
- improved parenting skills, including nurturing and bonding;
- improved family economic self-sufficiency;
- reduced parental involvement with the criminal justice system; and
- increased father involvement and support.

Home visiting is a component of multiple programs funded by PEI, and each has associated evidence-based curricula. All home visiting programs include:

- An initial home visit to assess families' needs and create a service plan
- Case management to facilitate and ensure the provision of family support services
- An evidence-based parent education program to enhance the parents' ability to provide a safe and stable home environment for the child

Providers also work with families to connect them to other services and resources as needed. Other features of the programs include support services, basic needs support, and community outreach.

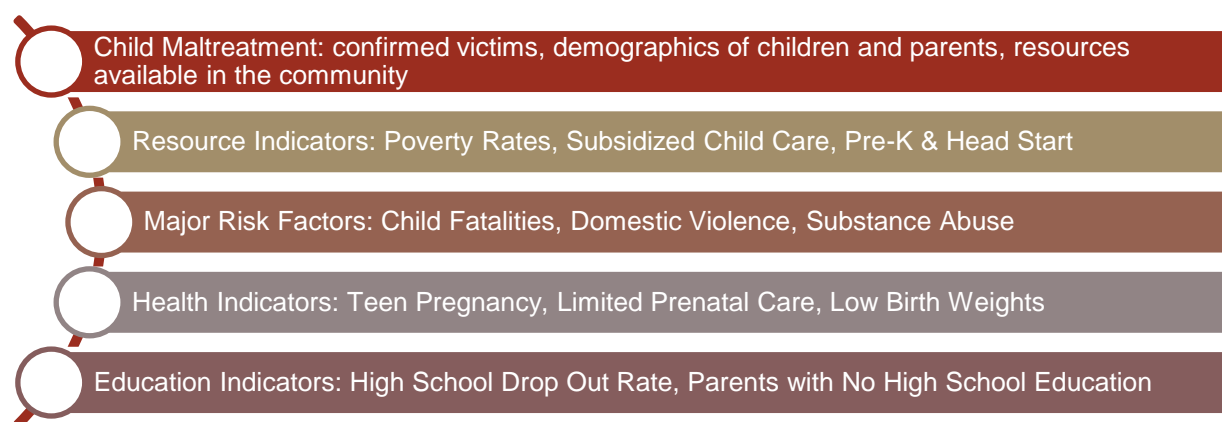
⁸ Cited from <https://www.childwelfare.gov/preventing/promoting/protectfactors/>

Programs that include Home Visiting Services	Evidence-Based and Promising Practice Programs Used by PEI Providers
Healthy Outcomes through Prevention and Early Support (HOPES)	24/7 Dad AVANCE Centering Pregnancy Family Connections Home Instruction for Parents of Preschool Youngsters Incredible Years Nurse Family Partnership Nurturing Parenting Parents as Teachers SafeCare Triple P
Texas Home Visiting (THV)	Home Instruction for Parents of Preschool Youngsters Nurse Family Partnership Parents as Teachers
Community-Based Child Abuse Prevention (CBCAP)	24/7 Dad Family Connections Nurturing Fathers SafeCare Triple P Parenting
Community Based Family Services (CBFS)	Building Strong Families Nurturing Parenting Parenting Wisely
Helping through Intervention and Prevention (HIP)	Effective Black Parenting Program Nurturing Parenting Systematic Training for Effective Parenting Triple P Parenting
Military & Veterans Family Program (Military Families)	Common Sense Parenting Parents as Teachers Stewards of Children Systematic Training for Effective Parenting

Strategic Investments Based on Risk Factors

Home visiting programs in Texas are at various stages of development. CBCAP and CBFS were part of the original set of service when PEI was created in 1999. The Texas Home Visiting program has been serving families since FY2008. HOPES and HIP both launched in FY2015 and the Military Families program began serving families in FY2016. These programs use various forms of risk modeling to determine optimal locations for investment.

Examples of Risk Factors to Determine Community Selection



Through the use of these risk factors, PEI has made strategic investments in communities across Texas. Part of PEI's ongoing work with providers includes ensuring that families at high-risk are enrolled in the program.

Healthy Outcomes through Prevention and Early Support (HOPES)

Launched in FY2015, Project HOPES established flexible, community-based child abuse and neglect prevention programs in select communities targeting families of children ages zero to five who are at-risk for abuse and neglect. While other programs, such as Texas Home Visiting, also serve young children, this program was the first program at PEI designed to target the most vulnerable children based on specific risk factors. PEI identified 33 counties at greatest risk for child maltreatment, focusing on the risks most strongly tied to child abuse and neglect: domestic violence, substance abuse, teen pregnancy, child poverty, and child abuse fatalities.

In addition to identifying risk factors, PEI and stakeholders identified home-visitation programs as a complementary partner in reducing the risk of child-abuse and neglect. HOPES goal is to:

- Expand the DFPS prevention service continuum to include referrals for services to families touched by the child welfare system who do not receive services;
- Engage CPS staff and stakeholders not typically involved in prevention services;
- Target the most at risk populations and communities through the strategic use of data;
- Increase the service capacity within communities to support alternative response for those families with young children;
- Better engage local communities in identifying local needs to support the scope of work for procurements; and
- Better solicit and coordinating support and funding from the private sector.

HOPES is now active in 24 counties. The original procurement for HOPES included eight counties (HOPES I). The program expanded in FY2016 to include another eight counties (HOPES II), and now it is set to start services in the next eight counties in FY2017 (HOPES III). Providers for HOPES identified their own strategy and continuum of services. Providers were selected based on:

- The strength of the programming they propose for their community (programs must be evidenced-based or a promising practice)
- The availability of data to support their program strategies
- Their ability to coordinate with local services and initiatives
- Their experience providing child-abuse and neglect prevention programs
- The amount of additional funding they can bring to their efforts

Targeted Communities

Counties selected for HOPES were based on a risk model that identified 33 high-risk counties. Factors used in the identification of counties included incidence of risk-factors for child maltreatment, the availability of community resources and infrastructure, and a desire to serve a mix of urban and rural communities with geographic diversity. Examples of specific counties selected include:

- Hidalgo County, which had the highest risk of family violence, has the largest growing child population in the state, and provides geographic diversity
- Travis County, which has the highest risk of substance abuse and provides a larger urban area to pilot
- El Paso County, which is ranked in the top half of the high-risk counties, provides a second urban area to target, and provides geographic diversity

Evaluation of HOPES

The University of Texas Institute for Child and Family Wellbeing is currently working with PEI to evaluate HOPES I. Starting with the first eight counties selected, the Institute is working with providers and families to track outcomes over three years. A companion evaluation report on FY2015 outcomes for HOPES I is also available.



"A lot of our referrals are coming from existing clients or clients who have completed the program. They are now referring their neighbors, their friends, their relatives, and I just think that speaks to how successful the program has been."

"One of the things we thought was a huge indicator [of success] was that the young men were bringing their friends in. Young men that the school didn't realize had become dads."

HOPES I County Risk Model

Details about each county, their ranked risk of child abuse and neglect, the possible coordination opportunities, and the child populations are listed in the following table:

County	Ranked Risk of Family Violence (Range 9-254)	Ranked Risk of Substance Abuse (Range 1-254)	Ranked Risk of Teen Pregnancy (Range 1-254)	Ranked Risk of Child Abuse Fatality Across Past 5 Years (Range 55-254)	Ranked Risk of Child Poverty (Range 0-253)	Average Risk Ranking (Range 18-216)	Final Ranking of Prevention Need Within Selected 33 Counties (Range 1-33)	Existing DFPS PEI Programs; HHSC Home Visiting Programs; Tentative Alternative Response site*	FY 12 Child Population
Potter	237	237	208.5	217	180.5	216	33	STAR, CYD, SYSN. HHSC Home Visiting; <i>Tentative AR</i>	34,211
Webb	231	196	182	148	227	196.8	32	STAR, SYSN.	90,260
Gregg	226	128	208.5	206.5	149	183.6	31	STAR, SYSN.	31,504
Ector	239	150.5	211	230.5	84	183	30	STAR, SYSN. HHSC Home Visiting	40,880
Cameron	242	73.5	207	143	239	180.9	29	STAR, CYD, SYSN.	137,876
Hidalgo	249	4.5	159	135	231.5	155.8	22	STAR, CYD, SYSN. HHSC Home Visiting; <i>Tentative AR</i>	276,110
Travis	251	241	43	124	92	150.2	20	STAR, CYD, SYSN. HHSC Home Visiting; <i>Tentative AR</i>	259,016
El Paso	248	3	175	130	191.5	149.5	19	STAR, CYD, SYSN. <i>Tentative AR</i>	244,164

HOPES provider information, program descriptions and evidence-based parenting program information are included in the appendix.

Outcomes VI: Early Outcomes from HOPES I

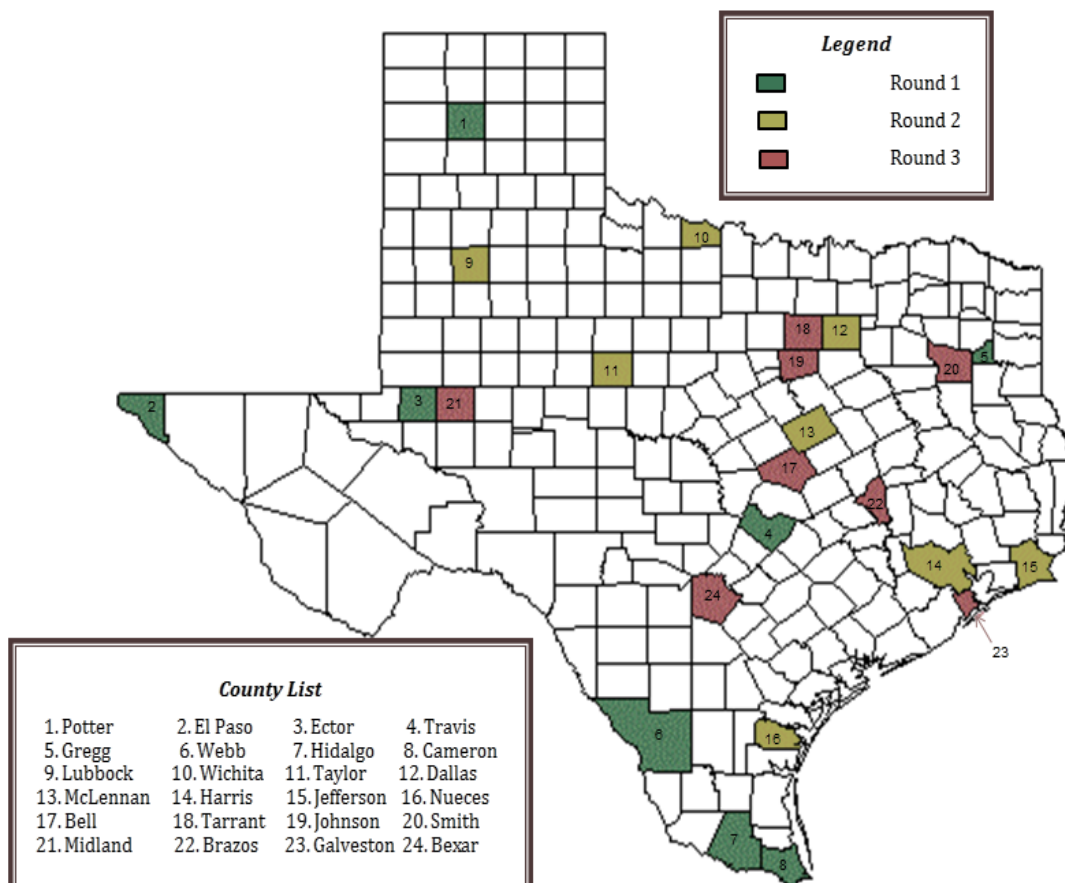
In FY2015, HOPES I served 2,803 individuals from 1,370 families, with direct services, including evidence-based parent education programs, and support services such as counseling and case management. In FY2016, HOPES I and HOPES II served more than 2,090 families.

Ninety-eight percent of families served by HOPES I and HOPES II have not become involved with Child Protective Services (CPS) within six months of completing services. Data will continue to be matched over the next three years to see if there are future contacts with CPS, but the results so far are promising particularly in light of the FY2016 policy change allowing HOPES providers to serve families with either a prior CPS investigation or an open stage of service with CPS.

Early data from HOPES I shows that families that participated, even if they did not fully complete all sessions of the evidence-based parent education programs, showed marked improvement on the Protective Factors Survey that measures change in protective and risk factors in parents. Early indications suggest that by completing at least the minimum dosage from the evidence-based programs in conjunction with support services, families are gaining knowledge and resiliency while building helpful connections in the community.

Providers are also required to participate in community coalitions to help strengthen the safety net for children in their community. HOPES I sites reached an estimated 36,000 individuals in FY2015 through community programs and outreach. Providers attend community fairs, events at parks, libraries and children's museums, conferences, and professional trainings as part of this work.

HOPES Provider Locations



Texas Home Visiting

Senate Bill 426, passed in the 83rd Legislature, authorized the establishment of the Texas Home Visiting (THV) Program, building on existing home visiting work overseen by the Texas Health and Human Services Commission (HHSC). This program joined PEI in FY2016 under the transformation work outlined in Senate Bill 200, the comprehensive effort to transform the Texas Health and Human Services system. THV serves at-risk pregnant women or families with children under the age of six through home visiting programs that improve outcomes for parents and families.

Funding Home Visiting

S.B. 426 provided state General Revenue funds to support home visiting programs. Additionally, it requires the program to also seek other means of funding. In addition to General Revenue, additional home visiting through PEI is supported through Temporary Assistance for Needy Families (TANF) dollars to specifically support Nurse Family Partnership sites and federal funds from the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) program grant through Health Resources and Services Administration (HRSA).

Selecting Communities for Home Visiting

Communities for investment are selected for the THV program based on a detailed risk model ranking that built upon prior Texas Home Visiting needs assessments and previous Title V needs assessments by conducting additional analysis on risk and current investment. The purpose of this analysis was to apply a specific, time-oriented, measurable methodology that responds to the needs of our Texas communities. The Texas Home Visiting Program utilized existing data to determine the gap and intensity of several key county-level factors that ultimately impact outcomes for children and families, specifically:

- **School-Readiness.** This indicator represented the projected number of children under age five living in poverty in each county without an available “early childhood slot” as defined as a spot in a Head Start program, Pre-Kindergarten, or subsidized day care. This allowed each county to be ranked by the number of resources that promote school-readiness.
- **Health Outcomes.** The overall health indicator score allowed counties to be ranked based on teen pregnancy, little to no prenatal care, and low birth weight.
- **Education Outcomes.** The overall education indicator ranked counties based on the number of school dropouts between the 7th and 12th grade that were identified as economically disadvantage students and the number of new mothers that had no high school education.
- **Child Maltreatment.** Data on confirmed child maltreatment victims were ranked by county to provide an overall ranking of child maltreatment.

Each score (resources, health, education and child maltreatment) was ranked individually and then an overall combined ranking by county based on the four scores was created. Additional community needs assessments, child population, and current investment areas were also assessed to further specify counties for investment.

As requests for proposals (RFPs) were published, responding communities could propose to serve the entire county or specific zip codes/areas within the target community. THV also places

a strong emphasis on community ownership as part of the program to ensure sustainability and diversification of funding. Providers through THV must work with or establish a local early childhood coalition, develop sustainability plans and work to leverage support in addition to state and federal investments. For providers implementing the Nurse-Family Partnership model, a 10 percent cash or in-kind match is required at the local level. For providers receiving federal funds, a 5 to 10 percent overall cash match is included as a contract performance measure. These funding requirements have increased community ownership of the model and provided a solid foundation for growth for the home visiting programs.

Selected Evidence-based Models

Providers with THV currently use evidence-based programs to serve children and families. Initially, THV approved use of four evidence-based models. As of FY2017, three models are currently allowed. These models were identified based upon extensive research and analysis to identify programs demonstrating positive outcomes in maternal and child health, child development, and/or school readiness. These models also have a strong state infrastructure to provide technical assistance on model fidelity. The home visiting evidence-based models used by THV are:

- Parents as Teachers (PAT)
- Home Instruction for Parents of Preschool Youngsters (HIPPY)
- Nurse Family Partnership (NFP)
- Early Head Start-Home Based (utilized by some sites in FY2015 and FY2016)

Detailed program descriptions are located in the appendix.

Having been successfully awarded a contract to provide home visiting, we were able to leverage it to gain other funding opportunities. This additional funding will allow us to expand mental health and substance abuse recovery support services in addition to the supports and education already embedded in our core home visitation, parent education, and therapeutic services.



Texas Home Visiting Program

MIECHV Grant Sites

- Corpus Christi-Nueces County Public Health (Nueces)
- Doctors Hospital Renaissance (Hidalgo, Willacy)
- Good Shepherd Hospital, Inc. (Gregg)
- Texas Tech Health Science Center - Amarillo (Potter, Randall)
- UT Health Northeast (Anderson, Cherokee, Smith)
- United Way of Metro Dallas (Dallas)
- University of Texas Permian Basin (Ector, Midland)
- Wellness Pointe (Gregg)
- Coalition of Health Services (Potter, Randall)
- Easter Seals Rio Grande Valley (Willacy, Hidalgo, Cameron)
- United Way of Coastal Bend (Nueces, San Patricio)
- North Texas Area United Way (Wichita)
- United Way of San Antonio (Bexar)
- Easter Seals Rio Grande Valley (Starr)
- Community Action, Inc. (Hays)
- United Way of Metro Dallas (Collin)

S.B. 426 Funded Sites

- Ft. Worth ISD (Tarrant)
- Houston ISD (Harris)
- Collaborative for Children (Harris)
- MET, Inc. (Montgomery)

GR Nurse Family Partnership (NFP) Funded Sites

- Any Baby Can (Travis)
- Baylor College of Medicine (Fort Bend, Harris)
- City of Laredo (Webb)
- City of Port Arthur (Chambers, Hardin, Jefferson, Orange)
- Hillcrest Baptist Medical Center (McLennan)
- The Children's Shelter (Bexar)
- University Medical Center (El Paso)

TANF Funded Sites

- City of Houston (Fort Bend, Harris)
- Parkland Hospital (Dallas, Tarrant)
- Tarrant County (Dallas, Tarrant)
- Texas Children's Health Plan (Harris)
- Texas Tech Health Science Center - Lubbock (Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Terry)
- University Health System (Bexar)
- WiNGS (Dallas, Tarrant)

Outcomes VII: Outputs and Outcomes from Texas Home Visiting - S.B. 426 Sites

As a required component of the Texas Home Visiting program (Senate Bill 426, 83rd Legislative Session, Texas Government Code §531.9871), this section covers programs specifically funded under S.B. 426 and highly comparable data from other home visiting services provided through other funding streams. Descriptions of home visiting programs being implemented and the associated models are located in the appendix.

Demographics

The Texas Home Visiting program serves a diverse population across Texas. Based on program requirements, the families served are often first-time parents who are at or below the federal poverty line. Home visiting is designed to engage parents whose children are in the highest risk group for future child maltreatment: children age zero to five. For families served by Nurse Family Partnership (NFP), families enroll prior to the birth of their first child--ideally prior to the end of the second trimester; 98 percent are enrolled by 28 weeks gestation. For families served by providers of Parents as Teachers (PAT), they can enroll prenatally or prior to the child reaching age two. Home Instruction for Parents of Preschool Youngsters (HIPPY) serves families with children who are age three to five years. Prenatal enrollment in the program allows home visitors to intervene in maternal health during the course of pregnancy and help mothers access support services that meet her needs. As infants progress into toddlerhood and then preschool, home visitors support healthy outcomes for the child and family through medical, educational, developmental, and environmental assessments, interventions, and support services.

Texas Home Visiting Program Service Numbers for FY2016

Type	Federally Funded Sites	S.B. 426 Sites	GR NFP & TANF Sites
Children Served*	4,269	1,196	2,304
Families Served	3,817	995	2,954

*The number of children served is lower than the families served number because NFP serves many pregnant women.

Texas Home Visiting Program - Primary Caregiver Demographics by Gender for FY2016

	Federally Funded Sites	S.B. 426 Sites	GR NFP & TANF Sites
Male	118	33	0
Female	3,699	962	2,954

Texas Home Visiting Program - Primary Caregiver Demographics by Ethnicity and Age for FY2016

	Federally Funded Sites	S.B. 426 Sites	GR NFP & TANF Sites
Race/Ethnicity of Caregiver			
Hispanic	267	580	755
Not Hispanic	1,067	2	461
Anglo or White	317	588	733
African American or Black	318	176	324
Asian, Pacific Islander	67	8	1
Native American	20	4	20
Other	74	255	29
Parent Age			
Under 15	16	1	23
15 to 17	231	31	262
18 to 19	323	49	289
20 to 24	844	151	421
25 to 29	848	234	171
Over 30	1,555	519	114

The educational attainment of clients served by programs funded by S.B. 426 is comparable to those served by the other THV programs. One significant issue for the S.B. 426 sites was in distinguishing between those parents who have some other form of continuing education as compared to other sites. A high percentage are "other, bachelors, or unknown." Additional work will be done with sites to improve data collection and distinguish the various categories.

Texas Home Visiting Program - Primary Caregiver Education Level for FY2016

	Federally Funded Sites	Percentage	S.B. 426 Sites	Percentage
High school diploma	921	24.1%	195	19.6%
General Education Diploma (GED)	119	3.1%	31	3.1%
Vocational	1,011	26.4%	153	15.4%
No diploma or GED	815	21.3%	149	15.0%
Currently enrolled	234	6.1%	49	4.9%
Other, Bachelors, or Unknown	726	19.0%	418	42.0%

Similar to the federally funded sites, the Texas Home Visiting sites funded through S.B. 426 serve families that are at or significantly below the federal poverty level. Additional work is being completed with sites on data entry and validation to ensure that families meet program requirements for income level.

Texas Home Visiting Program - Primary Caregiver Income for FY2016

	Federally Funded Sites	Percentage	S.B. 426 Sites	Percentage
Income Level				
≤133% of federal poverty level	2,532	77.6%	561	56.4%
= 134% - 250% of federal poverty level	556	17.1%	133	13.4%
>250% of federal poverty level	171	5.2%	81	8.1%
Unknown/Did not report	558	17.1%	220	22.1%

Outcomes from Texas Home Visiting—S.B. 426 Sites

Texas Home Visiting requires providers and the evidence-based model selected to positively impact at least two outcomes across a set of specific domains. Independent research, as well as work completed by DFPS with help from the Texas Department of State Health Services, found that influencing these specific domains not only is a protective factor against future maltreatment but also has long term, positive outcomes on overall child wellbeing.

Maternal and Child Health Outcomes

Outcome 1: Women will breastfeed for at least six months postpartum⁹

36.1 percent of women enrolled in the program breastfeed for at least six months postpartum.

- State average for exclusive breastfeeding at six months : 21.0 percent
- National average for exclusive breastfeeding at six months: 22.3 percent

Outcome 2: Children will attend recommended well-child visits

12.9 percent of recommended well-child visits attended by children during their first six months in the program.

Outcome 3: Babies will be born at full term¹⁰

No babies in the program were born premature.

- State average for preterm births: 10.2 percent
- National average for preterm births: 9.6 percent

School Readiness Outcomes

Outcome 4a: Parents will increase the number of days per week that they read to or with their children; measured at enrollment and within the first year of services

3.2 days -- average number of days per week a child is read to with, or by, their primary caregiver(s)

⁹ CDC 2016 Breastfeeding Report Card. Available at <https://www.cdc.gov/breastfeeding/pdf/2016breastfeedingreportcard.pdf>

¹⁰ Texas Department of State Health Services, 2015. Healthy Texas Babies Data Book. Available at https://www.dshs.texas.gov/healthytexasbabies/Documents/HTBDatabook_2016.pdf

Outcome 5: Parent-child relationships will improve

Difference between parent child relationship subscale score on the Protective Factors Survey (PFS) upon enrollment and score after 12-months of program participation.

Average parent child relationship subscale score upon enrollment: 0

Average parent child relationship subscale score upon assessment: 5

Outcome 6a: Primary caregiver(s) will increase their ability to cope with parental stress due to program participation.

66.7 percent reported an increase in their ability to cope with parental stress.

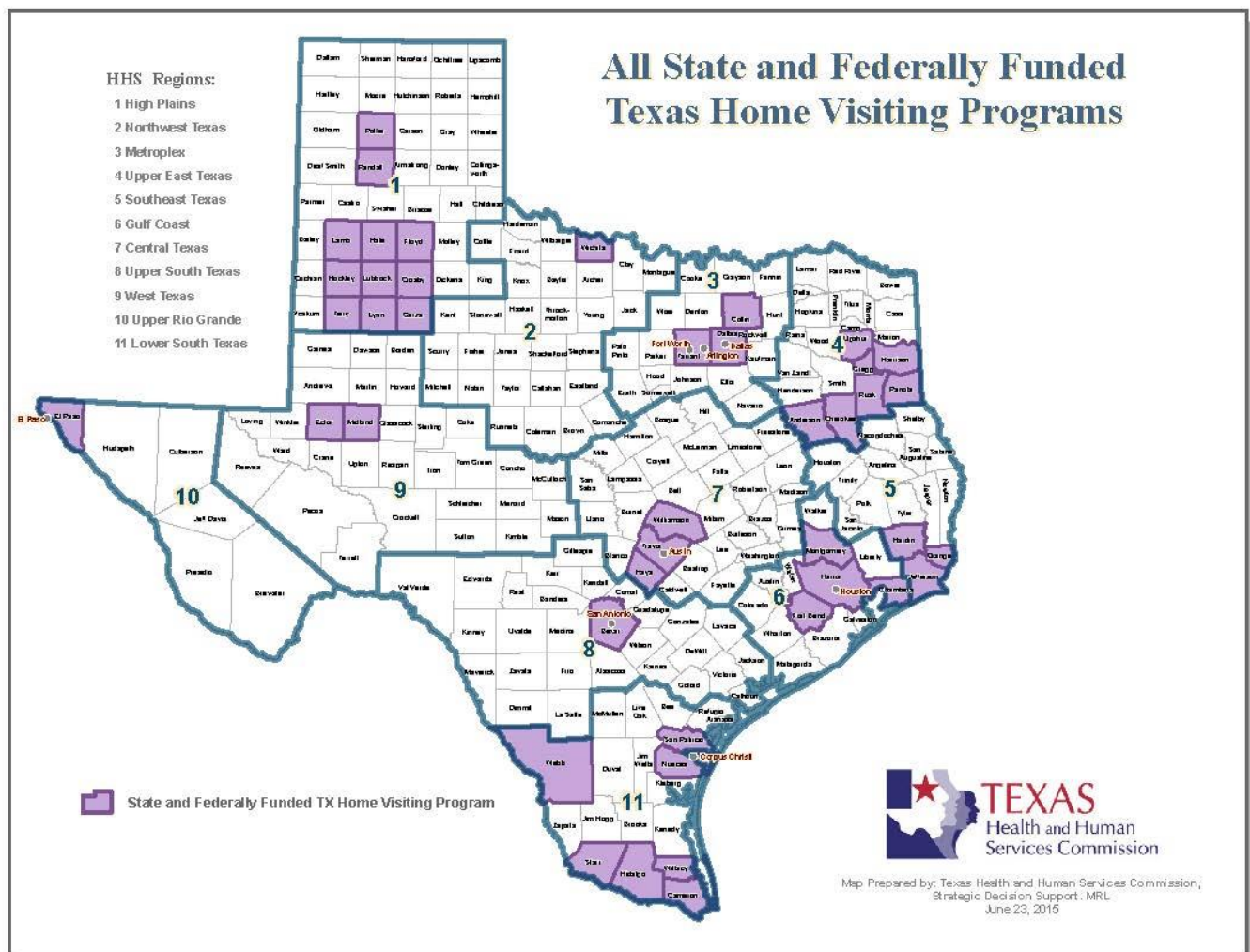
Outcome 6b: Parent emotional well-being or parenting stress

60 percent of primary caregivers reported an increase in their perceived supports to cope with parental stress during their first year in the program.

Family Self-Sufficiency Outcome

Outcome 7: Primary caregiver(s) will increase in working or education

55.6 percent of primary caregivers increased their number of hours attending educational programs and/or working during their first year in the program.



Future Evaluation & Measures of Effectiveness

Preventing child maltreatment, supporting resilient families, and navigating children towards positive outcomes ultimately benefits Texas as a whole. Identifying, investing in, and serving individuals and communities who are most at risk is critical to ultimately have a meaningful impact on the state of Texas. While PEI can only directly serve a small segment of the population, PEI funds evidence-based, evidence-informed, and promising practice programs that work within the community to build sustainable and collaborative relationships to have a larger impact. It takes time for programs to become established. Short-term outcomes are easily reportable but do not tell the whole story of the potential and realized effect a program can have on an individual or on a community. PEI is investing in program evaluations that can help track participants overtime and help inform PEI's investment in programs, assessments, and continuous quality improvement. These evaluations focus on the impacts and return on investment as measured by in-depth, long-term, research conducted by universities and other research organizations. PEI is focused on providing not only short-term benefits, but looking at how services today will have lasting influence for children, youth, and families across Texas.

PEI is currently designing and building a new IT system that will be used by staff and contractors, and will have the ability to support data matching with other systems. The new database will support current programs and allow for new programs and services to be incorporated in the future. The new system will allow PEI to better demonstrate program effectiveness, track outputs and outcomes, and carry out reporting functions in real time. It will also give PEI the ability to collect and analyze data that is necessary to report detailed outcomes, support strategic investments, and efficiently monitor program performance and contracts. The new system will streamline data entry, reduce opportunities for human error, and enable real-time invoicing and monitoring of program performance and outcomes.

Per its five-year strategic plan¹¹, PEI will continue to track and report outputs, outcomes, and measures of effectiveness, including:

- Developing maps to visualize target populations, desired outcomes and investment levels for each PEI program.
- Targeting limited resources to highest-risk communities by leveraging geographic risk assessment and risk-terrain modeling techniques
- Addressing identified geographic-, race- and ethnicity-based inequities in resource allocation and service delivery
- Developing a process to identify areas for investment based on risk factors and environmental conditions that threaten child well-being.

PEI will also continue to work with researchers, providers, stakeholders and other experts across the prevention continuum to inform future measures and evaluations of PEI's programs and use that data to build and fund innovative, effective, and collaborative services that address the needs of Texas.

¹¹ Available at http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/default.asp

Appendix. Program Descriptions and Funding

PEI Programs in FY 2017	FY2017 Contract Totals	Number of Contracts	Number of Counties Covered	Number of Children/Families to be Served
Services to At-Risk Youth	\$21,001,889	28	254	28,101
Community Youth Development	\$4,285,732	13	15	9,400
Texas Families: Together and Safe	\$2,582,344	4	19	3,319
Community-Based Child Abuse Prevention				
<i>Parent Education and Respite Care</i>	\$913,313	3	4	719
<i>Fatherhood Education and Support</i>	\$1,717,205	2	3	440
<i>HEAL (Home Visiting, Education and Leadership)</i>	\$790,302	3	5	274
Community-Based Family Services	\$635,465	2	6	461
Statewide Youth Services Network	\$3,050,000	2	254	2,336
Healthy Outcomes through Prevention and Early Support (HOPES I)	\$9,257,511	8	8	1,951
Healthy Outcomes through Prevention and Early Support (HOPES II)	\$7,078,428	8	8	1,920
Helping through Intervention and Prevention (HIP)	\$700,249		Based on Targeted Families	
Texas Home Visiting	\$28,149,374	32	33	6,127
Military Families Initiative	\$1,678,261	3	3	February 2016: Contracts in Place
Safe Babies Initiative	\$1,300,000 \$7,000,000	1	TBD	September 2016: Contracts in Place
Healthy Outcomes through Prevention and Early Support (HOPES III)	Appropriated / Contract is over 5 year period	16	16	January 2017: Round III Contracts in place
TOTAL Funds in FY2017	\$148,192,821	119 contracts	All counties	105,600 Children/Families

Evidence-Based Curriculum Descriptions

Evidence-based parenting programs are designed to address and prevent a wide range of concern--from child maltreatment, juvenile delinquency, substance abuse, violence and more. There are eight main clearinghouses for evidence-based practices and each has set specific criteria for what programs are listed on their registry. Information on each clearinghouse is listed below.

Clearinghouse	Supporting Agency and Online Location
Blueprints for Violence Prevention	Center for the Study and Prevention of Violence, University of Colorado at Boulder http://www.colorado.edu/cspv/blueprints/index.html
California Evidence-Based Clearinghouse for Child Welfare	The California Department of Social Services (CDSS); Chadwick Center for Children and Families - Rady Children's Hospital-San Diego; Child and Adolescent Services Research Center (CASRC), http://www.cebc4cw.org/
Evidence-Based Practice Registries	Larry King Center for Building Children's Futures, Council for Children's Rights http://cfcrights.org/wp-content/uploads/2011/10/EBP-Registry-Doc-FINAL.pdf
Guide to Community Preventive Services	Task Force on Community Preventive Services; U.S. Department of Health and Human Services https://www.thecommunityguide.org/
National Registry of Evidence-Based Programs and Practices	Substance Abuse and Mental Health Services Administration; U.S. Department of Health and Human Services http://nrepp.samhsa.gov/01_landing.aspx
OJJDP Model Programs Guide and Database	Office of Juvenile Justice and Delinquency Prevention https://www.ojjdp.gov/mpg/
Promising Practices Network	RAND Corporation, The Colorado Foundation for Families and Children, The Family and Community Trust (Missouri), Georgia Family Connection Partnership, and The Foundation Consortium for California's Children & Youth; **Promising Practices Network was archived in 2014 and is no longer being updated. http://www.promisingpractices.net/
Strengthening America's Families: Effective Family Programs for Prevention of Delinquency	Office of Juvenile Justice and Delinquency Prevention & Substance Abuse and Mental Health Service's Center for Substance Abuse Prevention http://www.strengtheningfamilies.org/

Description of Evidence-Based and Promising Programs Used by PEI Providers

Descriptions are from California Evidence-Based Clearinghouse for Child Welfare

Name of Program	AVANCE Parent-Child Education Program (PCEP)
Description	AVANCE's philosophy is based on the premise that education must begin in the home and that the parent is the child's first and most important teacher. The PCEP fosters parenting knowledge and skills through a nine-month, intensive bilingual parenting curriculum that aims to have a direct impact on a young child's physical, emotional, social, and cognitive development. Parents/primary caregivers are taught how to make toys out of common household materials and how to use them as tools to teach their children school readiness skills and concepts. Monthly home visits are also conducted to observe parent-child interactions and provide guidance in the home on learning through play. Along with the parenting education component, parents/primary caregivers are supported in meeting their personal growth, developmental and educational goals to foster economic stability. While parents/primary caregivers attend classes, their children under the age of three are provided with early childhood enrichment in a developmentally appropriate classroom setting which aims to build the academic, social, and physical foundation necessary for school readiness.
Target Population	Parents/primary caregivers with children from birth to age three, pregnant women and/or partners of pregnant women, especially those with challenges such as poverty; illiteracy; teen parenthood; geographic and social marginalization; and toxic stress
Age Range	0-3
Recommended Dosage	Weekly three-hour classes comprised of 27 bilingual parenting lessons, toy making classes and a community education speaker
Setting	Home, Community Agency, School

Name of Program	Effective Black Parenting (EBPP)
Description	EBPP is a parenting skill-building program created specifically for parents of African-American children. It was originally designed as a 15-session program to be used with small groups of parents. A one-day seminar version of the program for large numbers of parents has been created. EBPP is disseminated via instructor training workshops conducted nationwide.
Target Population	African-American families at risk for child maltreatment
Age Range	0-17
Recommended Dosage	Weekly three-hour sessions or one-day 6.5 hours abbreviated seminar version. 15 weeks total including a session for graduation and testifying; just one-day for the abbreviated seminar version
Setting	Home, Community Agency, Foster/ Kinship Care, Outpatient Care

Name of Program	Family Connections
Description	Family Connections is a multifaceted, community-based service program that works with families in their homes and in the context of their neighborhoods to help them meet the basic needs of their children and prevent child maltreatment. Nine practice principles guide FC interventions: ecological developmental framework; community outreach; individualized family assessment and tailored interventions; helping alliance; empowerment principles; strengths-based practice; cultural competence; outcome-driven service plans with SMART goals; and a focus on the competence of the practitioner. Individualized family intervention is geared to increase protective factors, decrease risk factors, and target child safety, well-being, and permanency outcomes.
Target Population	Families at risk for child maltreatment
Age Range	0-17
Recommended Dosage	A minimum of one hour of face-to-face contact between the social worker and clients weekly; 3-4 months with an optional 90-day extension if needed
Setting	Birth Family Home, Community Agency

Name of Program	Home Instruction for Parents of Preschool Youngsters (HIPPY)
Description	HIPPY is a home-based and parent-involved school readiness program that helps parents prepare their children ages three to five years old for success in school and beyond. The parent is provided with a set of carefully developed curriculum, books, and materials designed to strengthen their child's cognitive and early literacy skills, as well as their social, emotional, and physical development. The HIPPY Curriculum contains 30 weekly activity packets, a set of storybooks, and a set of 20 manipulative shapes for each year. In addition to these basic materials, supplies such as scissors and crayons are provided for each participating family. The program uses trained coordinators and community-based home visitors who go into the home. These coordinators and home visitors role-play the activities with the parents and support each family throughout its participation in the program.
Target Population	Parents who have young children and have limited formal education and resources
Age Range	3-5
Recommended Dosage	Home visitors engage their assigned parents on a weekly basis. A home visit consists of a one-hour, one-on-one interaction. Parents then engage their children in educational activities for five days per week for 30 weeks. At least six times per year, one or more cohorts of parents meet in a group setting with the coordinator and their assigned home visitor(s). Last approximately two hours. A minimum of 30 weeks of interaction with the home visitor; curriculum available for up to three years of home visiting services
Setting	Home; Kinship/ Foster Care

Name of Program	Incredible Years
Description	The Incredible Years is a series of three separate, multifaceted, and developmentally based curricula for parents, teachers, and children. This series is designed to promote emotional and social competence; and to prevent, reduce, and treat behavior and emotional problems in young children. The parent, teacher, and child programs can be used separately or in combination. There are treatment versions of the parent and child programs as well as prevention versions for high-risk populations. For treatment version, the Advance Parent Program is recommended as a supplemental program. Basic plus Advance takes 26-30 weeks.
Target Population	Parents, teachers, and children
Age Range	4-8
Recommended Dosage	One two-hour session per week (parent and child component); classroom program: 2-3 times weekly for 60 lessons; teacher sessions can be completed in 5-6 full-day workshops or 18-21 two-hour sessions. The Basic Parent Training Program: 14 weeks for prevention populations, 18 - 20 weeks for treatment. The Child Training Program: 18-22 weeks. The Child Prevention Program is 20 to 30 weeks and may be spaced over two years. The Teachers Program is 5 to 6 full-day workshops spaced over 6 to 8 months.
Setting	Birth Family Home, Community Agency, Community Daily Living Settings, Foster/Kinship Care, Hospital, Outpatient Clinic, Religious Organization, School, Workplace, Primary Care Settings Serving Children

Name of Program	Nurse Family Partnership (NFP)
Description	The Nurse-Family Partnership (NFP) program provides home visits by registered nurses to first-time, low-income mothers, beginning during pregnancy and continuing through the child's second birthday. Clients are able to participate in the program for two-and-a-half years and the program is voluntary.
Target Population	First-time, low-income mothers (no previous live births)
Age Range	0-5
Recommended Dosage	Ideally, nurses begin 60-90 minute visits with pregnant mothers early in their pregnancy (about 16 weeks gestation). Registered nurses visit weekly for the first month after enrollment and then every other week until the baby is born. Visits are weekly for the first six weeks after the baby is born, and then every other week through the child's first birthday. Visits continue on an every-other-week basis until the baby is 20 months. The last four visits are monthly until the child is two years old. Nurses use their professional nursing judgment and increase or decrease the frequency and length of visits based on the client's needs.
Setting	Home, Community Agency

Name of Program	Nurturing Parenting
Description	The Nurturing Parenting Program for Parents and their School Age Children 5 to 12 Years is a 15-session program that is group-based, and family-centered. Parents and their children attend separate groups that meet concurrently. Each session is scheduled for 2.5 hours with a 20-minute break in which parents and children get together and have fun.
Target Population	Families who have been reported to the child welfare system for child maltreatment including physical and emotional maltreatment in addition to child neglect; may be used as a court-ordered parenting program
Age Range	5-12
Recommended Dosage	2.5 hour long weekly session for 15 weeks.
Setting	Community Agency

Name of Program	Parenting Wisely
Description	Parenting Wisely is a self-administered, highly interactive computer-based program that teaches parents and children, ages 9-18, skills to improve their relationships and decrease conflict through support and behavior management. The program utilizes a DVD for group administration or an interactive online program for individual administration with ten video scenarios depicting common challenges with adolescents. Parents are provided the choice of three solutions to these challenges and are able to view the scenarios enacted, while receiving feedback about each choice. Parents are quizzed periodically throughout the program and receive feedback. The program operates as a supportive tutor pointing out typical errors parents make and highlighting new skills that will help them resolve problems. Computer experience or literacy is not required. Parents and children can use the program together as a family intervention. The Parenting Wisely program uses a risk-focused approach to reduce family conflict and child behavior problems and improve the quality of parent-child relationships.
Target Population	Families with children at risk for or with: behavior problems, substance abuse problems, or delinquency
Age Range	9-18
Recommended Dosage	3-5 hours to complete (in two-week period) and should be viewed twice in a six-month period. For group administration, the program can be completed in 5-10 group sessions.
Setting	Home, Community Agency, Foster/ Kinship Care, Hospital, Outpatient Clinic, Residential Care Facility, School

Name of Program	Parenting with Love and Limits
Description	PLL combines group therapy and family therapy to treat children and adolescents aged 10-18 who have severe emotional and behavioral problems (e.g., conduct disorder, oppositional defiant disorder, attention deficit/hyperactivity disorder) and frequently co-occurring problems such as depression, alcohol or drug use, chronic truancy, destruction of property, domestic violence, or suicidal ideation. The program also has been used with teenagers with less extreme behaviors. PLL is also used to serve as an alternative to a residential placement for youth as well as with youth returning back from residential placement such as commitment programs, halfway houses, group homes, or foster homes. PLL teaches families how to reestablish adult authority through consistent limits while reclaiming a loving relationship.
Target Population	Children and adolescents aged 10-18 who have severe emotional and behavioral problems (e.g., conduct disorder, oppositional defiant disorder, and attention deficit/hyperactivity disorder) and frequently co-occurring problems such as depression, alcohol or drug use, chronic truancy, destruction of property, domestic violence, or suicidal ideation
Age Range	10-18
Recommended Dosage	2-hour weekly group sessions with 1 hour of parents and teens meeting together and 1 hour separately; 1-2 hour weekly family sessions, as needed; 6 weeks for group sessions, and 4 to 20 sessions for family sessions
Setting	Adoptive Home, Birth Family Home, Community Agency, Foster/Kinship Care, Outpatient Clinic, Residential Care Facility

Name of Program	Parents as Teachers (PAT)
Description	Parents as Teachers is an early childhood parent education, family support, and school readiness home visiting model based on the premise that "all children will learn, grow, and develop to realize their full potential." Based on theories of human ecology, empowerment, self-efficacy, attribution, and developmental parenting. Parents as Teachers involves the training and certification of parent educators who work with families using a comprehensive curriculum. Parent educators work with parents to strengthen protective factors and ensure that young children are healthy, safe, and ready to learn.
Target Population	Families with an expectant mother or parents of children up to kindergarten entry (usually 5 years)
Age Range	0-5
Recommended Dosage	2 years per family
Setting	Adoptive Home; Birth Family Home; Child Care Center; Community Agency; Foster/Kinship Care; Outpatient Clinic; School

Name of Program	Period of Purple Crying
Description	The Period of PURPLE Crying program is the name given to the Shaken Baby Syndrome (SBS) prevention program developed by National Center on Shaken Baby Syndrome. The program educates parents and caretakers on normal infant crying, the most common trigger for shaking an infant. It was designed to be used primarily in universal, primary prevention settings, but is applicable to secondary prevention as well.
Target Population	All mothers and fathers of infants up to 5 months of age and society in general in their understanding of early increased infant crying and shaken baby syndrome
Age Range	0-0
Recommended Dosage	Three 3-10 minute contacts; over 3 months
Setting	Home; hospital; primary care provider

Name of Program	SafeCare
Description	SafeCare® is an in-home parent training program that targets risk factors for child neglect and physical abuse in which parents are taught skills in three module areas: (1) how to interact in a positive manner with their children, to plan activities, and respond appropriately to challenging child behaviors, (2) to recognize hazards in the home in order to improve the home environment, and (3) to recognize and respond to symptoms of illness and injury, in addition to keeping good health records. All three modules should be used in the implementation of SafeCare®; any modifications to or elimination of modules need to be discussed with the program developers.
Target Population	Parents at-risk for child neglect and/or abuse and parents with a history of child neglect and/or abuse
Age Range	0-5
Recommended Dosage	Weekly sessions 1-1.5 hours; 18-20 weeks
Setting	Adoptive Home, Birth Family Home, Foster/ Kinship Care

Name of Program	Safe Environment for Every Kid (SEEK) Model
Description	SEEK is designed to support medical professionals in the identification and management of targeted risk factors for child maltreatment for families with children aged 0-5. The program trains health professionals (pediatricians and social workers) to assess and provide referrals to community resources.
Target Population	Families with children aged 0-5 years who have risk factors for child maltreatment such as parental depression or substance abuse
Age Range	0-5
Recommended Dosage	Assessed at each checkup starting at 2 months - 5 years.
Setting	Pediatric Physician's Office

Name of Program	Stewards of Children
Description	The Stewards of Children program is a 2-hour training that teaches adults how to prevent, recognize, and react responsibly to child sexual abuse. It integrates commentary from sexual abuse survivors, experts in the field, and other concerned adults, all providing practical guidance for preventing and responding to child sexual abuse. It is available in both a facilitator-led and online model.
Target Population	Staff and volunteers of schools and other youth-serving organizations, parents/caregivers, and concerned adults
Age Range	18+
Recommended Dosage	2 hour training; One-time
Setting	Home, Community Agency, Foster/ Kinship Care, Hospital, Outpatient Clinic, Residential Care Facility, School

Name of Program	Systemic Training for Effective Parenting (STEP)
Description	STEP is a multicomponent parenting education curriculum. The three STEP programs help parents learn effective ways to relate to their children from birth through adolescence by using parent education study groups. By identifying the purposes of children's behavior, STEP also helps parents learn how to encourage cooperative behavior in their children and how not to reinforce unacceptable behaviors. STEP also helps parents change dysfunctional and destructive relationships with their children by offering concrete alternatives to abusive and ineffective methods of discipline and control. STEP is offered in three separate programs covering early childhood, children ages seven through twelve, and teenagers. Each program contains a leader's resource guide, promotional tools, videos and parent handbooks.
Target Population	Parents of children - birth through adolescence
Age Range	0-17
Recommended Dosage	Weekly sessions, 60-90 minutes each for 7 weeks
Setting	Adoptive Home, Birth Family Home, Community Agency, Foster/Kinship Care, Hospital, Outpatient Clinic, Residential Care Facility, School

Name of Program	Teaching-Family Model (TFM)
Description	TFM is a unique approach to human services characterized by clearly defined goals, integrated support systems, and a set of essential elements. TFM has been applied in residential group homes, home-based services, foster care and treatment foster care, schools, and psychiatric institutions. The model uses a married couple or other "teaching parents" to offer a family-like environment in the residence. The teaching parents help with learning living skills and positive interpersonal interaction skills. They are also involved with children's parents, teachers, and other support network to help maintain progress.
Target Population	Youth who are at-risk, juvenile delinquents, in foster care, mentally retarded/developmentally disabled, or severely emotionally disturbed; families at risk of having children removed
Age Range	0-17
Recommended Dosage	Residential settings: 24/7. Home-based interventions: 10-15 sessions weekly for 6-10 weeks. 9 months optimal
Setting	Birth Family Home, Community Agency, Foster/Kinship Care, Hospital, Outpatient Clinic, Residential Care Facility, School

Name of Program	Triple P - Positive Parenting Program
Description	Level 4 Triple P is one of the five levels of the Triple P - Positive Parenting Program® System which is also highlighted on the CEBC. Level 4 Triple P helps parents learn strategies that promote social competence and self-regulation in children as well as decrease problem behavior. Parents are encouraged to develop a parenting plan that makes use of a variety of Level 4 Triple P strategies and tools. Parents are then asked to practice their parenting plan with their children. During the course of the program, parents are encouraged to keep track of their children's behavior, as well as their own behavior, and to reflect on what is working with their parenting plan and what is not working so well. They then work with their practitioner to fine tune their plan. Level 4 Triple P practitioners are trained to work with parents' strengths and to provide a supportive, non-judgmental environment where a parent can continually improve their parenting skills. Level 4 Triple P is offered in several different formats (e.g., individual, group, self-directed, and online). The CEBC evaluated the standard version of Level 4 Triple P as described above and not any other variations (including early teen versions or those for children with developmental delays).
Target Population	For parents and caregivers of children and adolescents from birth to 12 years old with moderate to severe behavioral and/or emotional difficulties or for parents that are motivated to gain a more in-depth understanding of positive parenting
Age Range	0-12
Recommended Dosage	Any of the following: 1) Three group versions; 5 two-hour group sessions and 3 twenty-minute individual telephone consultations for each family offered over 8 consecutive weeks; 2) An online version; 8 self-paced online modules; 3) Self-directed workbook; self-paced; or 4) Three individual or standard versions; 10 one-hour sessions that occur weekly. Program interventions typically take place over 2-3 months.
Setting	Adoptive Home, Birth Family Home, Community Agency, Foster/Kinship Care, Hospital, Outpatient Clinic, Residential Care Facility, School

Program Contact Information

Program	Counties Served	Contact Phone Number
CBCAP Providers		
Children's Advocacy Center of Tom Green County	Concho, Runnels, Tom Green	(325) 653.4673
DePelchin Children's Center	Harris	(713) 730.2335
The Parenting Center	Tarrant	(817) 332.6348
Child Crisis Center of El Paso (Fatherhood)	El Paso	(915) 562-7955
Catholic Charities Archdiocese of Galveston and Houston (Fatherhood)	Fort Bend	(281) 202-6200
NewDay Services For Children and Families (Fatherhood)	Tarrant and Denton	(817) 926-9499
BCFS Health and Human Services (Fatherhood)	Cameron, Taylor	(210) 832-5000
CBFS Providers		
Catholic Charities, Archdiocese of San Antonio, Inc	Bexar and Guadalupe	(210) 222-1294
Family Services Center, Inc.	Serves Brown, Callahan, Coleman, Comanche, Eastland, McCulloch, Mills, Runnels, and San Saba	(325) 646-5939
CYD Providers		
United Way of Amarillo	Potter	(806) 376-6359 After Hours: (806) 468-8734
The Good Samaritan Center-Brownsville CYD	Cameron	(956) 541-2623
Communities In Schools of the Heart of Texas	McLennan	(254) 753-6002
Rio Grande Valley Empowerment Zone Corporation - McAllen	Hidalgo	(956) 424-3276 After Hours: (956) 212-9866
The Good Samaritan	Bexar	(210) 434-5531
City Of Austin	Travis	(512) 972-5010
City of Corpus Christi	Nueces	(361) 826-4028 After Hours: (361) 826-4000
Community Council of Greater Dallas (75216 & 75217)	Dallas	(214) 871-5065
El Paso Human Services, Inc.	El Paso	(915) 534-7227
Harris County Protective Services (Gulfton & Pasadena)	Harris	(713) 295-2500 (800) 252-5400
The Children's Center	Galveston	(409) 765-5212 (844) 763-8861
Lubbock Regional MHMR	Lubbock	(806) 740-1421 After Hours: (806) 740-1414
Tarrant County	Tarrant	(817) 740-4370 After Hours: (817) 676-3908
Texas State University / Teen Summit	Statewide	(512) 245-4576

Program	Counties Served	Contact Phone Number
HIP Providers		
Parenting Cottage, Inc.	Lubbock	(806) 795-7552
Community Support Services of Texas, LLC	Dallas, Tarrant, Collin and Denton	(414) 839-4755
Catholic Charities, Archdiocese of San Antonio, Inc.	Bexar	(210) 222-1294
Greater San Marcos Youth Council, Inc.	Hays, Caldwell, Blanco, Comal and Guadalupe	(512) 754-0500 1 (800) 457-0797
Austin Children's Shelter	Travis, Williamson, Burnet, and Caldwell	(512) 258-4579
Adrienne Johnson	Tarrant	(817) 789-0116
Monarch Family Services	Region 6 - all counties	(281) 236-3989
Shelly Brown	Pecos, Reeves, Ward, Crane, Upton, Midland, Ector, Winkler, Andrews, Martin, Gaines, Howard, Dawson, Mitchell and Taylor	(432) 638-3749
Children's Advocacy Center at Tom Green	Runnels and Tom Green	(325) 653-4673
Gateway to Success	Region 3 - All counties	(214) 680-2958
Michelle King	Harris and Fort Bend	(346) 201-8971
Youth In View	Collin, Dallas, Denton, Ellis, Gregg, Harrison, Henderson, Hopkins, Johnson, Kaufman, Navarro, Smith, Tarrant and Van Zandt.	(214) 484-9280
HOPES Providers		
Austin Children's Shelter dba Austin Children's Service	Travis /Williamson	(512) 258-4579
BCFS Health and Human Services	Cameron	(210) 832-5000
Buckner Children and Family Services	Gregg	(903) 757-9383
Easter Seals Rio Grande Valley	Hidalgo	(956) 631-9171
El Paso Center for Children	El Paso	(915) 565-8361 x 107
Family Support Services of Amarillo	Potter / Randall	(806) 374-5433
Serving Children and Adults in Need	Webb	(956) 724-3177
University of Texas of the Permian Basin	Ector /Midland (Fatherhood) Andrews, Winkler, Ward, and Crane (HIP)	(432) 552-4165
United Way of Metropolitan Dallas	Dallas	(214) 978-0000
DePelchin Children's Center	Brazoria, Chambers, Fort Bend, Galveston, Harris, Liberty, Montgomery, and Waller	(713) 730-2335
Buckner Children and Family Services	Jefferson, Orange & Hardin	(409) 866-0976
Parenting Cottage	Lubbock	(806) 795-7552
Educational Service Center, Region 2	Nueces, Kleberg	(361) 561-8400
BCFS Health and Human Services	Taylor, Shackelford, Callaghan, Jones	(210) 832-5000
North Texas Area United Way	Wichita, Clay, Archer and Wilbarger	(940) 322-8638
Family Abuse Center	McLennan	(254) 772-8424

Program	Counties Served	Contact Phone Number
Military Families Providers		
United Way of San Antonio & Bexar County	Bell County	(210) 352-7000
United Way of San Antonio & Bexar County	Bexar County	(210) 352-7000
Child Crisis Center of El Paso	El Paso County	(915) 562-7955
STAR Providers		
ACH Child and Family Services	Hill, Johnson, Palo Pinto, Parker, Tarrant	(817) 335-4673 1 (888) 296.8099
Anderson Cherokee Community Enrichment Services / ACCESS	Anderson, Cherokee, Freestone	(903) 586-3175 After Hrs: 1 (877) 811-1289
Andrews Center (Networks STAR)	Ellis, Henderson, Kaufman, Navarro, Smith, Van Zandt, Wood	(903) 581-2835 After Hrs: 1 (866) 630-3551
Baptist Children's Home Ministries (BCFS)	Bexar, Crockett, Kinney, Schleicher, Sutton, Val Verde	(210) 283-5183
Buckner Children and Family Services, Inc. - Rio Grande Valley	Brooks, Cameron, Hidalgo, Kenedy, Willacy	(956) 630-6285/ 866-480-0772 and (956) 423-7909 888-599-0759
Buckner Children and Family Services, Inc. - Southeast Texas	Hardin, Jefferson, Orange	(409) 861-0582 After Hrs: 1(800) 929-7828
Catholic Charities, Diocese of Lubbock, Inc.	Bailey, Baylor, Briscoe, Castro, Childress, Cochran, Cottle, Crosby, Dickens, Floyd, Foard, Garza, Hale, Hardeman, Haskell, Hockley, Kent, King, Knox, Lamb, Lubbock, Lynn, Motley, Parmer, Stonewall, Swisher, Terry, Throckmorton, Wilbarger, Yoakum	(806) 765-8475 After Hrs: (806) 778-7673
CCD Counseling, P.A.	Denton, Dallas	888-837-0666 After Hrs: 1 (866) 962-1119
Circles of Care	Jim Wells, Kleberg, Nueces	(361) 852-3812 After Hrs: (855) 256-6555
Colorado County Youth and Family Services, Inc. (Youth and Family Services)	Austin, Colorado, Fayette	(979) 732-8355 After Hrs: 1 (866) 301-9498
Connections Individual and Family Services, Inc.	Bastrop, Caldwell, Comal, Gonzales, Guadalupe, Lee, Aransas, Atascosa, Bee, Frio, Goliad, Karnes, Live Oak, McMullen, Refugio, San Patricio, Wilson, Zavala	(830) 629-6571 After Hrs: 1 (800) 532-8192
Deep East Texas Council of Governments (dba DETCOG)	Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler	1 (800) 256-7696 After Hrs: 1 (800) 210-9252
DePelchin Children's Center	Ft. Bend, Harris, Waller	(713) 664-3459 After Hrs. (281) 261-1341

El Paso Center for Children	El Paso	(915) 565-8361 After hrs. (915) 562-4765
Family Service Center of Galveston County, Texas	Chambers, Galveston, Liberty	(409) 938-4814 After Hrs: 1 (888) 267-4994
Greater San Marcos Youth Council	Hays	(512) 754-0500 1 (800) 457-0797
Gulf Bend Center	Calhoun, DeWitt, Jackson, Lavaca, Victoria	(361) 582-2347 1 (877) 723-3422
High Sky Children's Ranch	Andrews, Borden, Brewster, Coke, Concho, Crane, Culberson, Dawson, Ector, Fisher, Gaines, Glasscock, Howard, Hudspeth, Irion, Jeff Davis, Loving, Martin, Midland, Mitchell, Nolan, Pecos, Presidio, Reagan, Reeves, Runnels, Scurry, Sterling, Terrell, Tom Green, Upton, Ward, Winkler	(432) 699-1466 After Hrs: 1 (800) 922-7829
K'STAR	Bandera, Blanco, Burnet, Edwards, Gillespie, Kendall, Kerr, Kimble, Llano, Mason, Medina, Menard, Real, Uvalde	(830) 896-5404 After Hrs: (830) 896-7827
Montgomery County Youth Services	Montgomery, Walker	(936) 756-8682 1 (866) 892-1332
New Horizons Ranch and Center, Inc. (Family First)	Brown, Coleman, Jones, McCulloch, Mills, San Saba, Taylor	(325) 437-1852 1(877) 261-3777
Community Healthcore	Bowie, Camp, Cass, Franklin, Gregg, Harrison, Marion, Morris, Panola, Red River, Rusk, Titus, Upshur	(903) 758-2471 1 (800) 832-1009
Serving Children and Adults in Need, Inc. (SCAN)	Dimmit, Duval, Jim Hogg, La Salle, Maverick, Starr, Webb, Zapata	(956) 725-7211 After Hrs 1 (877) 725-3122
STARRY	Archer, Bell, Bosque, Callahan, Clay, Collin, Comanche, Cooke, Coryell, Delta, Eastland, Erath, Fannin, Grayson, Hamilton, Hood, Hopkins, Hunt, Jack, Lamar, Lampasas, McLennan, Montague, Rains, Rockwall, Shackelford, Somervell, Stephens, Wichita, Williamson, Wise, Young	Round Rock 1 (800) 440-9789 Waco 1 (877) 279-7363 Temple 1 (877) 279-7363 Plano 1 (844) 226-1789 Wichita Falls 1 (844) 229-2034
Texas Panhandle MHMR	Armstrong, Carson, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hansford, Hartley, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Potter, Randall, Roberts, Sherman, Wheeler	(806) 359-2005 After Hrs: (806) 359-6699 1 (800) 692-4039
Twin City Mission	Brazos, Burleson, Falls, Grimes, Leon, Limestone, Madison, Milam, Robertson, Washington	(979) 260-7336 After Hrs: 1 (800) 865-9921
Lifeworks	Travis	(512) 735-2400 After Hrs: (512) 735-2400
Youth and Family Counseling Services	Brazoria, Matagorda, Wharton	(979) 849-7751 After Hrs: (877) 949-3140

Program	Counties Served	Contact Phone Number
SYSN Providers		
Big Brothers Big Sisters of North Texas	Anderson, Angelina, Archer, Armstrong, Atascosa, Austin, Bailey, Bandera, Bastrop, Baylor, Bee, Bell, Bexar, Blanco, Borden, Bosque, Bowie, Brazoria, Briscoe, Brooks, Brown, Burnet, Caldwell, Callahan, Cameron, Camp, Carson, Cass, Castro, Chambers, Cherokee, Childress, Clay, Cochran, Coke, Coleman, Collin, Collingsworth, Colorado, Comal, Comanche, Concho, Cooke, Coryell, Cottle, Crosby, Dallam, Dallas, Dawson, Deaf Smith, Delta, Denton, Dickens, Dimmit, Donley, Duval, Eastland, Edwards, El Paso, Ellis, Erath, Falls, Fannin, Floyd, Fort Bend, Franklin, Freestone, Frio, Gaines, Garza, Gillespie, Gray, Grayson, Gregg, Grimes, Guadalupe, Hale, Hall, Hamilton, Hansford, Hardeman, Hardin, Harris, Harrison, Hartley, Hays, Hemphill, Henderson, Hidalgo, Hill, Hockey, Hood, Hopkins, Hudspeth, Hunt, Hutchinson, Jack, Jackson, Jasper, Jefferson, Jim Wells, Johnson, Jones, Karnes, Kaufman, Kendall, Kenedy, Kent, Kerr, Kimble, King, Kinney, Kleberg, La Salle, Lamar, Lamb, Lampasas, Lavaca, Lee, Leon, Liberty, Limestone, Lipscomb, Live Oak, Llano, Lubbock, Lynn, Marion, Mason, Matagorda, Maverick, McCulloch, McLennan, McMullen, Medina, Milam, Mills, Montague, Montgomery, Moore, Morris, Motley, Nacogdoches, Navarro, Newton, Nolan, Nueces, Ochiltrie, Oldham, Orange, Palo Pinto, Panola, Parker, Parmer, Polk, Potter, Rains, Randall, Real, Red River, Roberts, Robertson, Rockwall, Runnels, Rusk, Sabine, San Augustine, San Jacinto, San Patricio, San Saba, Shelby, Sherman, Smith, Somervell, Starr, Tarrant, Taylor, Terry, Titus, Tom Green, Travis, Trinity, Tyler, Upshur, Uvalde, Val Verde, Van Zandt, Walker, Waller, Washington, Webb, Wharton, Wheeler, Wilbarger, Willacy, Williamson, Wilson, Wise, Wood, Yoakum, Zapata, and Zavala.	(888) 887-2447
Texas Alliance of Boys & Girls Clubs	Angelina, Austin, Bandera, Bastrop, Bell, Bexar, Brown, Burnet, Caldwell, Cameron, Collin, Colorado, Cooke, Coryell, Dallam, Dallas, Dawson, Denton, Ector, El Paso, Ellis, Falls, Fayette, Fort Bend, Grayson, Gregg, Guadalupe, Harris, Harrison, Hays, Hidalgo, Hill, Howard, Hunt, Kleberg, Lampassas, Lubbock, Matagorda, Menard, Midland, Nacogdoches, Navarro, Nueces, Polk, Potter, Randall, Robertson, Rockwall, Rusk, San Augustine, Scurry, Tarrant, Taylor, Tom Green, Travis, Trinity, Val Verde, Victoria, Walker, Waller, Washington, Webb, Wharton, Wichita, Wilbarger, Williamson, Zapata.	(512) 301-7771

Program	Counties Served	Contact Phone Number
TFTS Providers		
BCFS Health and Human Services	Bexar, Cameron, Hidalgo, Kerr, and Nueces.	(210) 733-7932
Catholic Charities Diocese of Ft. Worth	Tarrant	(817) 534-0814
Family Services Center, Inc.	Serves Brown, Callahan, Coleman, Comanche, Eastland, McCulloch, Mills, Runnels, and San Saba	(325) 646-5939
Project Unity	Serves Brazos, Burleson, Grimes, Leon, Madison, and Robertson.	(979) 595-2900