



**TEXAS**  
Department of Family  
and Protective Services

## **Prevention and Early Intervention Outcomes**

### **Rider 21 Outcomes Report**

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December 1, 2020

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The 86th Legislature directed the Texas Department of Family and Protective Services (DFPS) to report on the effectiveness of its prevention programs. As required by the 2020-2021 General Appropriations Act, House Bill 1, 86th Legislature, Regular Session, 2019 (Article II, Health and Human Services – Department of Family and Protective Services, Rider 21) DFPS Prevention and Early Intervention (PEI) division must report specific information about children, youth, and families served.

This report includes data required by Rider 21 and serves as the required reports for Texas Home Visiting (Senate Bill 426, 83rd Legislative Session, Texas Government Code §531.9871), parent education programs (House Bill 2630, 84th Legislative Session, Texas Family Code §265.154), Rider 39 Improved Outcomes Pilot, and Veterans and Military Families Preventive Services Program (Texas Human Resources Code §53.002). A report on the Texas Nurse-Family Partnership program (House Bill 19, 84th Legislative Session, Texas Family Code §265.109). These and other program evaluations are available on the [PEI website](#).

Due to contractually established data reporting cycles, Fiscal Year 2020 data is based on preliminary data and subject to change. Final data will be published in the annual DFPS Data Book.

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# Texas Department of Family and Protective Services

Dear Texans,

On behalf of the Texas Department of Family and Protective Services, I am delighted to present our latest *Prevention and Early Intervention Outcomes Report*, as required under Article II, Rider 21 of the 2020-2021 General Appropriations Act. This report details the progress we are making in strengthening families, keeping children safe, and building crucial relationships within communities.

Since being appointed DFPS commissioner in December 2019, I have had the opportunity to meet with many of you to articulate my vision for Texas as a place that respects a family's desire to stay safely together. I am comforted in knowing that you share the same value, and I have appreciated your words of encouragement as I work to instill a family preservation mindset throughout this agency.

To strengthen the parent-child bond, DFPS places a high priority on services offered through our Division of Prevention and Early Intervention (PEI). These voluntary, upstream services are the means toward achieving better outcomes on child safety, resulting in fewer children needing foster care.

Prevention is the touchstone of everything we do at DFPS. When children are harmed, our agency certainly will continue to act with resolve to keep them safe. But our true measure of success is being able to reduce the number of children who experience abuse or neglect in the first place, meaning fewer families have to come into the system. One of the most important things DFPS can do for Texas families is to proactively reach out to those that are struggling or stressed and offer them accessible lifelines that effectively address the challenges they face.

And we are doing exactly that. Over the years, PEI has built a network of between 200 and 300 community-based and faith-based organizations that are answering the call. These providers, which contract or otherwise partner with PEI, are trusted among the families they serve. Their evidence-based and data-driven programs hold families in high esteem for their unique strengths, cultures, and values. Instead of telling families what to do, these providers listen to what families say they need and then present options for support.



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*"Children thrive in safe, stable, nurturing families and communities, and I will work to ensure that DFPS does everything possible to preserve the parent-child bond by keeping families together."*

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Through this impressive network, DFPS was able to connect more than **56,000** Texas children, youth, and families to voluntary prevention and early intervention services in FY2020. The data presented within the PEI Outcomes Report demonstrate the impacts of these services and programs:

- More than 99% of children remained safe from abuse or neglect while engaged in PEI services.
- More than 95% of youth engaged in PEI services did not become involved with the juvenile justice system.
- Families served through PEI-supported home visiting programs had better overall health outcomes than the general Texas population, as well as individuals served through comparable programs.
- More than half of all families served through PEI-supported home visiting programs increased their economic self-sufficiency through educational programs and/or employment.

Parents and other caregivers often tell us they are surprised that DFPS offers family strengthening services that are free of judgment, full of empathy, and entirely separate from any CPS or court intervention. Their expressions of appreciation to us have multiplied during the COVID-19 pandemic.

If the past 10 months have taught us anything, it's that families are resilient under even the most trying of circumstances. That said, for families already living on shaky ground, this pandemic has made the earth beneath them feel even more unstable. We at DFPS recognize that parents have been asked to take on extraordinary obligations during the pandemic. Having to stay at home with kids around the clock, without the normal supports of school and extended family to offer respite, is really hard. Compound the worries about losing a job, making rent, and putting food on the table, and it's no wonder that our online portal offering tips and resources to help parents weather the COVID-19 crisis has had more than 1.2 million visitors between March and August.

As we move forward into 2021 and beyond, DFPS will continue building relationships in communities to support Texas families through a robust continuum of prevention and early intervention services. I envision a day – not that far into the future – when families will stop thinking of Texas DFPS as a threatening agency that intrudes into their lives, but instead one that supports them, strengthens them, and respects their desire to stay safely together.

Best regards,

Commissioner Jaime Masters  
Texas Department of Family and Protective Services

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## **Executive Summary**

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The Prevention and Early Intervention (PEI) division of the Department of Family and Protective Services (DFPS) assists communities in identifying, developing, and delivering high quality prevention and early intervention programs. These programs promote opportunities for partnerships that capitalize on the combined strengths of parents and children to build healthy families and resilient communities. When families are supported by their communities and offered a robust continuum of preventative, data-driven, evidence-based services, it increases the safety and well-being of children and helps preserve the parent-child bond by keeping families together.

Fiscal Year 2020 (FY2020) brought significant challenges to children and families, and the providers that serve them. When COVID-19 reached pandemic proportion in March 2020, PEI and community providers continued the essential work of offering prevention services, while pivoting to meet the most emergent needs of families. PEI worked closely with its community-based grantees to ensure families do not experience a disruption in supports available to them locally. By keeping these connections with families strong, grantees have been able to assist families to cope with the impacts and stresses brought on by COVID-19, provide basic needs support, and serve as a link to other support services in the community.

COVID continues to impact Texas communities. Throughout the pandemic, PEI grantees have seen an increase in demand for services in some programs and have learned important lessons about the benefits of using telehealth to reach families that have transportation or other logistical barriers to obtaining services. Grantees also report that they have seen a heightened level of engagement and appreciation for services among families. However, there have been challenges in serving families actively participating in services and those families in need of services. Challenges include converting evidence-based home visiting models into virtual sessions while maintaining fidelity; working with families that either have limited options for virtual connection or simply have no phone or computer that could allow for virtual visits; and with the transition to school either online and/or no summer school program, many referral sources and locations for providing services were closed for significant periods of time between March 2020 and August 2020. In response to the coronavirus pandemic, PEI adapted its Help and Hope public awareness campaign, and its parenting support website, to focus on the creation and dissemination of resources that support parents during quarantine and the subsequent reopening of the state.

To advance a broader approach to prevention efforts in Texas, PEI launched the Texas Prevention Framework Workgroup, an interagency collaborative focused on expanding the level and scope of multi-sectoried community participation in the prevention of child abuse and neglect, built on a public health approach to child welfare. This includes employing intensive data-mapping as well as ensuring that parents, youth, and others with lived experience in the child welfare system are included in all aspects of prevention work in Texas. This inclusive approach already is revealing itself through the work of grantees, which are using parent navigators, appointing parents to boards and community coalitions, and calling on the expertise of parents and youth to help develop service arrays and community needs assessments.

PEI staff and leadership also are laying the foundation for an increased focus on racial disparities and disproportionality to ensure that prevention programs are equally accessible and effective for

all Texans. This effort involves encouraging a diverse workforce of prevention practitioners and recognizing the inherent strength that diverse voices and experiences can bring to PEI initiatives and programs.

All of these efforts strengthen PEI's central goal of helping children, youth and families live safe, healthy, and productive lives.

### *Prevention and Early Intervention Outcomes in FY2020*

Prevention and early intervention services under the direction of DFPS are designed to reduce behaviors that lead to child abuse, delinquency, running away, truancy, and dropping out of school. PEI plans, develops, and offers programs 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 those most vulnerable and at highest risk of child welfare involvement, PEI has built a network of evidence-based and promising practice programs that have resulted in positive outcomes for children and families across Texas.

## **POSITIVE OUTCOMES FOR PEI FAMILIES AND YOUTH ACROSS TEXAS, 2020**

### **59,455 SERVED**

In FY2020, 59,455 unique youth, children, and families received PEI services.



### **>99% SAFE FROM ABUSE AND NEGLECT**

More than 99% of children and youth remained safe from maltreatment while receiving services.



### **>95% DEFERRED FROM JUVENILE JUSTICE**

More than 95% of youth engaged in services did not become involved with the juvenile justice system in 2020.



### **MORE EVIDENCE-BASED PROGRAMS**

All early childhood programs and 85% of youth and family programs use an evidence-based curriculum as a core service for home visiting or parent education.



### **BETTER HEALTH OUTCOMES**

Families involved with evidence-based home visiting services had better overall health outcomes than the general Texas population and individual served by comparable programs. This includes fewer preterm births in 2020 and higher rates of breastfeeding.



### **INCREASED SELF-SUFFICIENCY**

More than half of all families engaged with home visiting services increased self-sufficiency through educational programs and/or employment.

### **1.5 MILLION VISITS**

PEI's online parenting and prevention resource, HelpandHope.org drew more than 1.5 million visits in 2020.

With the total estimated lifetime impact associated with child maltreatment at \$454 billion in Texas,<sup>1</sup> PEI is committed to building a continuum of flexible services that are effective, evidence-based, responsive, and rooted within the communities where families live. 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, 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.

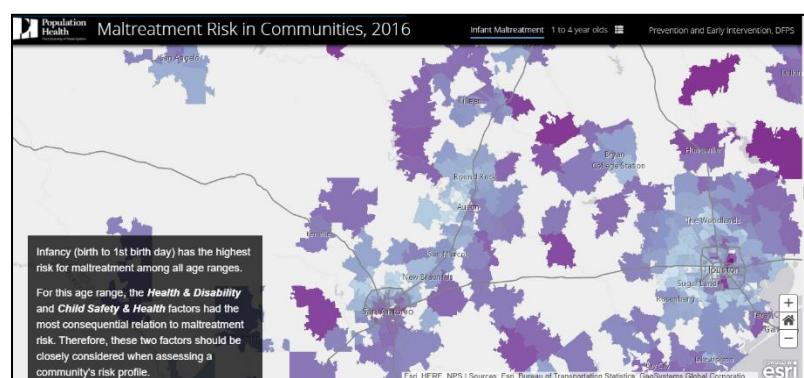
## Overview of Prevention and Early Intervention

Utilizing a public health approach, PEI's high-quality programs address risk and build protective factors within families in order to prevent or reduce child maltreatment and juvenile delinquency. Prevention and early intervention services are provided through contracts with community-based nonprofits and local governments throughout Texas.

PEI was established in 1999 by the passage of Senate Bill 1574. In 2015, the 84th Legislature increased funding and aligned programs across Texas' health and human services system in an effort to achieve improved outcomes for families from a prevention perspective. PEI was directly impacted by Senate Bill 200, which transferred the Texas Home Visiting Program from the Health and Human Services Commission to PEI. By the end of FY2016, PEI was serving children, youth and families through more than 120 contracts and interagency agreements across Texas. In FY2017, the first full year for the restructured division, PEI formalized its public health approach to preventing child abuse and neglect with the publication of a five-year strategic plan. Through more than 10 programs, two initiatives, third-party program evaluations, and grantees serving all counties in Texas, PEI programs almost 60,000 children, youth, and families in FY2020.

## *Growth Strategy*

PEI contracted with the University of Texas Health Science Center at Tyler to develop community maltreatment risk maps as a tool help the division meet its statutory requirement for increasing the number of families receiving prevention and early intervention services each year. These maps help PEI identify communities that may benefit from additional resources to support families before they are in crisis, and then make those FY2019, PEI has worked with provider



<sup>1</sup> Suffer the Little Children: An Assessment of the Economic Cost of Child Maltreatment, The Perryman Group, November 2014.

outcomes in their communities and has used the maps to help inform request for application (RFA) development and other growth and investment strategies to maximize potential impact. The risk maps allow a user to look at specific ZIP codes in a county and see community-level risk factors such as poverty, health and disability, child safety and child health, low education, and infant mortality. There are separate maps for different age groups: infants; 1 to 4 years old; 5 to 9 years old; 10 to 14 years old; and 15 to 17 years old.

There are two versions of the risk maps located online:

- The [general map site](#) includes methodology and basic mapping information. This version is helpful for community members to look at the factors influencing outcomes for children, youth, and families in a specific ZIP code. These maps can be used to inform strategic planning, needs assessments, and resource alignment.
- The [researcher's site](#) takes a deeper dive into the data and breaks down the risk factors using z-scores.

## **Prevention Framework**

To help delineate the state's and communities' role in supporting prevention efforts to strengthen families, the Prevention Framework Workgroup developed the prevention framework foundations to exemplify how the supports of strong communities intertwine to wrap around a family and promote their success.

## Prevention Framework Foundations

The state supports communities by ensuring they have right resources

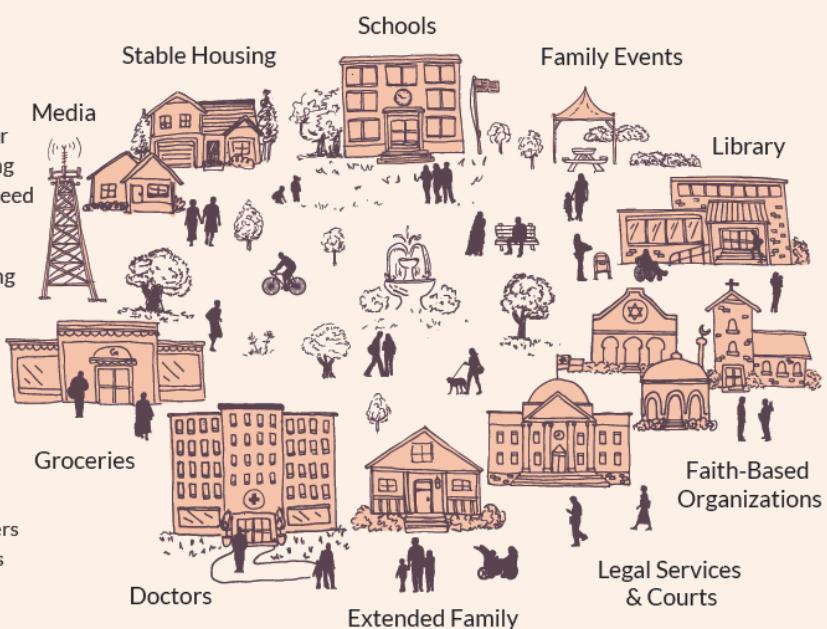
Communities support families with resources that respond to their needs

Support activities that all families can access and that contribute to the social well-being of the entire community

We all benefit from community support. Behind many families that succeeded on their own is a strong community that provided a way for the family to meet their needs. A community functioning in a strong and healthy way is all that many families need to succeed

Strong communities support the well-being of all families by having access to:

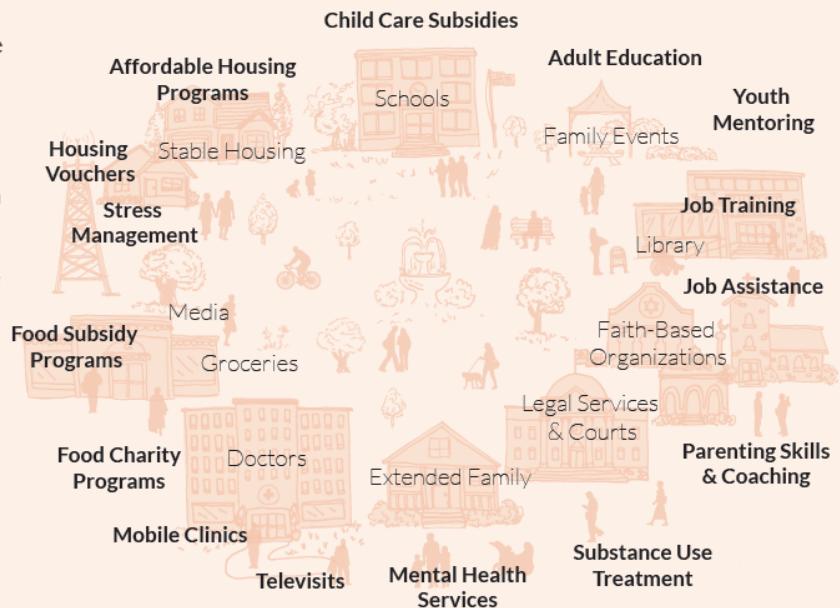
- Quality stable jobs
- Affordable and nutritious food
- Stable and affordable housing
- Well and sick care for the entire family
- Social and emotional support
- High quality education and childcare
- Activities that connect the family to others
- Media that supports and informs families
- Quality legal services and judiciary



## ► Support solutions in the community that help families overcome tough obstacles

Strong communities work to address the hard obstacles families can face by **helping families find solutions** or by working together as a community to remove the obstacle. These solutions and resources **help families get back on track** to succeeding "on their own."

- These solutions are not for everyone in the community but should be easily accessible for families
- These solutions should strengthen and support the activities that contribute to the well-being of the entire community.

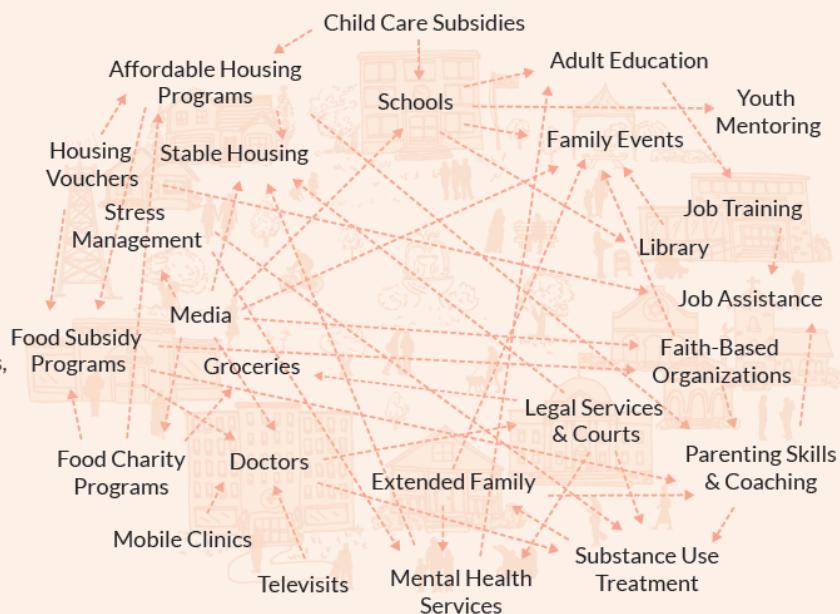


## ► Support activities that connect community resources to each other

Resources are not in the community **they are part of the community**. When a family walks in a door, they should find the solution they need, even if they walked in the wrong door.

Strong communities do not just have solutions for families, **they have connected resources and solutions** that are responsive to changing needs of families.

- Connection between these activities, solutions, and efforts maximizes the impact of all community-based efforts
- These **connections strengthen the community for all families**



## *Utilizing a Two Generation, Public Health Framework*

Two-generation (2Gen) approaches build family well-being by intentionally and simultaneously working with children and the adults in their lives. This approach, in conjunction with a public health framework, allows prevention services to be positioned as a resource and support in the community for all families. With overall outcomes based on the prevention of child maltreatment and strengthening of family resiliency, services are designed to address the needs of parents while also ensuring the growth and support needed for each child in the family.

### **The Two-Generation Approach<sup>2</sup>**



Applying a comprehensive public-health approach is based on recognizing the importance of strong, integrated, and collective responsibility, and coordination across agencies and within communities. PEI's strategies are rooted in the understanding that families have primary responsibility for creating a safe and nurturing environment for their children, and that almost all families want to do what is best for their children but often need some form of support to make it happen. PEI also takes the approach that strengthening families and communities and preventing child maltreatment and juvenile delinquency require a diverse set of public- and private-sector leaders at the state and local levels working together in strategic and purposeful partnerships. PEI's role within this multi-layered partnership is to create the infrastructure to apply research, data, and expertise to a system of programs and initiatives designed to promote positive outcomes for children, youth, families, and communities.

This approach also includes meeting families where they are, with a range of supports unique to their needs. One way to think about how this approach looks is to use a river analogy: Prevention and early intervention services start upstream, before anyone even approaches the river. There are opportunities to provide services at many points in a family's journey. One might be after an intake to the child welfare system, or downstream, where prevention services may be more productive than an intrusive intervention. Or prevention services may be the very thing that a family needs to avoid involvement or re-involvement with the system altogether. What is constant about this approach is that families view providers in their communities as positive sources of services and support, no matter where they find themselves on their journey.

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<sup>2</sup>From Ascend – The Aspen Institute <https://ascend.aspeninstitute.org/two-generation/what-is-2gen/>



## **Current Programs**

Current PEI-contracted programs include services for children, youth, and families. Full details about each program are located in the appendices to this report.

### **PEI by the Numbers for FY2020**

19,571  
Number of Families served  
(Fatherhood, HOPES, HIP, Military, THV, TNFP)

39,884  
Number of Youth Served  
(FAYS Youth/Families, CYD, SYSN)

99%  
Children Remained Safe During Services

Over 1.5 Million Visits to PEI Websites

238  
Grantees and Subgrantees Serving Families

10  
Number of Programs

165  
Number of Service and Support Contracts

### ***Programs Providing Support to Families with Young Children (primarily serving children ages 0 to 5)***

#### **Healthy Outcomes through Prevention and Early Support (HOPES)**

Project HOPES is a flexible community grant that funds a wide variety of innovative initiatives and supports for families with children 5 years old and younger. Supports typically include home-visiting services as well as other supports that build protective factors such as parent support groups, maternal depression screening, early literacy promotion, case management, and other parent education. HOPES grants also include local collaborations with health care, faith-based organizations, child welfare, early childhood education, and other child and family services in the community.

**Helping through Intervention and Prevention (HIP)** provides voluntary, in-home parent education using evidence-based or promising practice programs, and other support services, including basic needs support, to families who are experiencing adversity and have a newborn. The programs are effective in increasing protective factors for families and are designed to support healthy, nurturing, and safe homes for children and ultimately promote positive outcomes for children and families. HIP currently serves former and current youth in foster care who are expecting a child and/or are new parents, including fathers.

**Texas Home Visiting (THV)** is a free, voluntary program through which early childhood and health professionals regularly visit the homes of pregnant women and families with children under 6 years old. Through the use of evidence-based models, the program supports positive child health and development outcomes, increases family self-sufficiency, and creates communities where children and families can thrive. These funds also support the coordination of local and state early childhood coalitions to build comprehensive early childhood systems. The unique Texas model utilizes both service and system-level strategies to improve broad child and family outcomes.

**Texas Nurse-Family Partnership (TNFP)** is a free, voluntary program through which trained nurses partner with first-time mothers to improve prenatal care and provide one-on-one child development education and counseling. Families start the partnership with TNFP by their 28th week of pregnancy and can continue to receive support until the child reaches 2 years old.

**Safe Babies Campaign** is an initiative required by Budget Rider 39 from the 84th Legislature. This project funds the provision and evaluation of hospital or clinic-based interventions that are designed to promote protective factors that prevent maltreatment in the first year after birth as well as develop a strong evidence base that leads to wide-scale implementation of education that supports positive parenting and provides tools to help parents cope with the difficult aspects of caring for an infant. There are evidence-based curriculums for educating parents of new babies about how to manage their infants crying in healthy ways. Through an interagency agreement with a state university to provide DFPS with: (1) direction for expanding these projects, (2) a strong evidence base that supports wide-scale implementation of newer materials, and (3) support the goals and strategic vision of the Division for Prevention and Early Intervention (PEI).

**Rider 39 Improved Outcomes Pilot** is designed to improve outcomes for children at highest risk of re-entering the child protective services system. PEI implemented this program in Travis County throughout the fiscal year, in conjunction with Lifeworks and Friends of the Children Austin, to mentor 16 children who are in foster care but approaching the point of reunification. Utilizing evidence-based and promising practices, Friends of the Children aims to reduce the child's interaction with the juvenile justice system, reduce teen pregnancy, and increase graduation rates over the span of the child's youth. (Details on [page 42](#))

### *Programs Providing Support to Families and Youth*

**Family and Youth Success Program (FAYS; formerly STAR / Services to At-Risk Youth)** addresses family conflict and everyday struggles while promoting strong families and youth resilience. Every FAYS provider offers one-on-one coaching or counseling with a trained professional and group-based learning for youth and parents. Additional services include crisis intervention, short-term emergency shelter, and universal child abuse and neglect prevention activities. The FAYS programs also operate a 24-hour hotline for families with urgent needs. This program is available in all counties in Texas. In some areas of the state, however, FAYS provides services only to families with children 6 to 17 years old.

**Community Youth Development (CYD)** affords community-based organizations the opportunity to foster positive youth development and build healthy families and resilient communities. CYD is a zip code-based program and provides services in zip codes with high incidence of juvenile crime. Communities prioritize and fund specific prevention services to address their community level needs.

**Statewide Youth Services Network (SYSN)** creates a statewide network of youth programs aimed at positive youth development for youth ages 6 to 17. PEI funds allow state-level grantees to identify areas that may benefit from additional resources and target support to local communities. The level and extent of services in each county vary.

**Fatherhood EFFECT** is a program that provides parent education and resources to fathers. Beginning in FY20, Fatherhood EFFECT's scope expanded to include collaboration with community coalitions, encouraging organizational adjustments to increase the quality of supports targeted specifically at fathers and pivoting to explicitly include and support fathers across multiple programs in an organization or community.

**Family Self Sufficiency (FSS)** is a program that aligns services to families in conjunction with their local housing authority. Supports typically include parent education as well as other opportunities that build protective factors such as parent support groups, case management, and coordinated assessment and referrals within the community.

**Service Members, Veterans, and Families (SMVF)** is a program to develop and implement a preventive services initiative targeted to serve military families and veterans. Established through House Bill 19 of the 84th Legislature, SMVF currently operates in El Paso, San Antonio, and the Killeen/Temple/Belton metropolitan area. In FY2021, the program expanded into Montgomery, Nueces, and Kleberg counties. The SMVF program provides support for families of children ages 0-17 in which one or both parents are serving, or have served, in the armed forces, reserves, or National Guard. Through supports such as parenting, education, counseling, and youth development programming this program:

- Builds on the strengths of both caregivers and children to promote strong families;
- Partners with military and veteran caregivers to support positive parental involvement in their children's lives;
- Partners with military and veteran caregivers to maximize their ability to give their children emotional, physical and financial support; and
- Builds community coalitions focused on promoting positive outcomes for children, youth and families.

(Details on [page 44](#))

**Texas Youth Helpline** is a 24-hour toll-free telephone helpline offering crisis intervention, counseling, and referrals to youth and families in need. The helpline also offers its services via text messaging and online chat.

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Ian, a 22-year-old father-to-be, was referred to the Fatherhood EFFECT program, a parenting education course that teaches the characteristics of being a good father. Ian reported that his girlfriend was pregnant and living with her parents, and that he was unemployed and experiencing homelessness. He expressed his desire to be a good father for his future child, but stated he did not have the confidence to do so because his own father had abandoned him during childhood and he had experienced several other traumas in his young life.

After attending several Fatherhood EFFECT classes, Ian reported that he had gained a lot of insight into how his family and his absent father affected his life. He said that speaking and sharing experiences and thoughts with other fathers helped him understand that he was not alone, and that other fathers struggled with problems similar to his own. During the program, Ian found a job and assumed a more positive outlook on life. He is saving money to prepare for the birth of his child and planning to enroll in college to pursue a degree in computer engineering. He credits the Fatherhood EFFECT program with assisting him to gain the confidence to achieve his goals and become a good father to his child.

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## **Special Initiatives**

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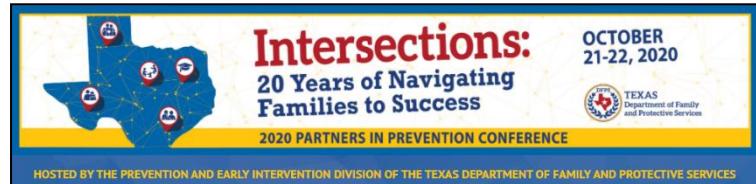
### *Parenting Tips Calendar*

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 address common stressors of parenting such as soothing a fussy baby, potty training, water safety, bullying, and chores. The calendar imparts messages that are consistent with the most effective prevention strategies and connects families to user-friendly materials that give them tools to strengthen parenting skills. The Texas Pediatric Society has endorsed the calendar. PEI distributes nearly 500,000 calendars in English and Spanish to about 1,000 agencies, grantees, and partners across Texas, including:

- More than 250 social-service providers.
- Licensed childcare 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 health care 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 behavior in adolescence. In October 2020, over 1,000 people from across Texas gathered virtually for the 20th annual conference. The conference's theme — Intersections: 20 Years of Navigating Families to Success — embodies both the goal and the spirit of the many individuals and organizations working together to reduce child abuse, enhance school readiness, improve social-emotional and physical health, and strengthen communities.



### *Public Awareness Campaigns*

PEI also is 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](https://HelpandHope.org). In FY2020, the Help and Hope campaign had more than 1.5 million page views.

Information provided through [HelpandHope.org](https://HelpandHope.org) helps normalize the challenges of parenting and encourages seeking help through parenting tips, articles, information, and resources including:

- Help and Hope: Real advice for the tough parenting problems
- Child Safety: Parenting and safety tips pertaining to children of all ages, plus quick video tips.



- Watch Kids Around Water: Water safety for children at home and outdoors, aimed at preventing accidental child drowning.
- Room to Breathe: Advice for parents on safe sleep practices for infants.

#### *Bright By Text*

PEI continues to partner with United Ways of Texas, Texas Public Broadcasting Service and Texas Education Agency to support the use of Bright by Text to provide resources to families with children prenatal to eight years of age. In FY2020, more than 400,000 text messages were sent to families across Texas. Bright by Text provides research-based information and trusted resources to parents and caregivers through a texting application that parents opt in to. The texts include both developmentally-appropriate information and local resources, tailored to the age and location of the child. PEI funds eight grantees to utilize Bright by Text to support parent engagement in their communities. While the pandemic has impacted some PEI grantee's ability to maintain prior levels of providing localized resources, at the onset of the pandemic several PEI funded sites did local



news interviews which increased family enrollment in each of those locations.

Additionally, PEI worked with Bright by Text throughout the pandemic to deliver Texas-specific messages, information and resources designed to support parents during the pandemic, provide information on child safety and directed parents to PEI's Help and Hope website and local programs.

#### *Learning Hub*

PEI is in its second year of utilizing a web-based, interactive learning management system to continue providing educational opportunities for staff, community grantees and other partner agencies serving children, youth or families through PEI contracts. The PEI Learning Hub provides centralized access to self-paced, engaging webinars, video courses and handouts on a variety of topics for professional development. This fiscal year PEI staff reviewed the learning hub content to ensure all current courses met accessibility standards and created a plan for updating any existing courses that do not. To expand its training offerings, PEI's training team, in conjunction with leadership and staff, launched Training Tuesdays providing a consistent training opportunity showcasing special topics of interest for grantees.

#### *Preschool Development Grant (PDG)*

During FY2020, PEI continued its collaborative interagency agreement with Texas Education Agency for the Preschool Development Grant: Birth to 5 (PDG). Due to the impact of COVID-19 this project received a no-cost extension to continue work until December 2020. This project supports results-based accountability (RBA) work in five new communities across Texas: Hood, Maverick, Navarro, Tom Green and Webb. PEI contracted with Clear Impact to train, support and help create a sustainability infrastructure for the early childhood coalitions in these counties. PEI continues to support these communities with RBA training and technical assistance and will do so even after the conclusion of this grant. PDG also supports our media campaign ([GetParentingTips.com](http://GetParentingTips.com)) to bring parenting tips and education to Texas parents.

## Utilizing Evidence-Based Programs

PEI utilizes evidence-based programming across all services, including home visiting, youth counseling, parenting classes, maternal and child health, juvenile delinquency prevention, military services, fatherhood services, and more. An evidence-based curriculum is used in 95% of all early childhood programs and 85% of all youth and family programs. PEI has worked with research partners to develop a tool to help rate program models that have been evaluated in the community, but may not have a randomized control trial. This has allowed PEI to expand the utilization of programs and employ evidence-informed modules tailored to the specific needs of children, youth, and families in a community, while still maintaining the high standards of an evidence-based program.

[Accessible text-only version](#)

### Promising Practice

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

### Evidence-informed

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

### Evidence-based

- Research-based and grounded in relevant, empirically based knowledge and program-determined outcomes
- Associated with a national organization, institution of higher education, or national or state public health institute
- Comprehensive standards that ensure high-quality service delivery and continuously improving quality
- Demonstrated significant positive short-term and long-term outcomes
- 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
- Follows with fidelity a program manual or design that specifies the purpose, outcomes, duration, and frequency of the services that constitute the program
- Employs well-trained and competent staff and provides continual relevant professional development opportunities

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:

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

Though many providers with the FAYS program already were utilizing evidence-based curricula, PEI explicitly required evidence-based programming during FAYS re-procurement in FY2017. With the start of new contracts in FY2018, 75% of FAYS services were evidence-based and now almost all contracts include at least one core service that is evidence-based.

<b>Current PEI Evidence-Based and Promising Practice Programs</b>
24/7 Dad
Abriendo Puertas
AVANCE PCEP (Parent Child Education Program)
Big Brothers Big Sisters
Boys & Girls Clubs
Child Parent Psychotherapy
Common Sense Parenting
Effective Black Parenting Program (EBPP)
Family Connections
Family Connects
Healthy Families America (HFA)
Home Instruction for Parents for Preschool Youngsters (HIPPY)
Incredible Years
Nurse-Family Partnership (NFP)
Nurturing Parenting Program
Parent - Aide Model
Parent Child Interaction Therapy
Parenting Wisely
Parents as Teachers (PAT)
SafeCare
Strong Families, Strong Forces
Systematic Training for Effective Parenting (STEP)
Teaching Family Model
Triple P Level 2 - 5
Trust-Based Relational Intervention

Evidence-based and promising practices for home visiting are defined in Texas Government Code Sec. 531.983 and are detailed in Appendix B of this report.

## **Resources and Support**

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

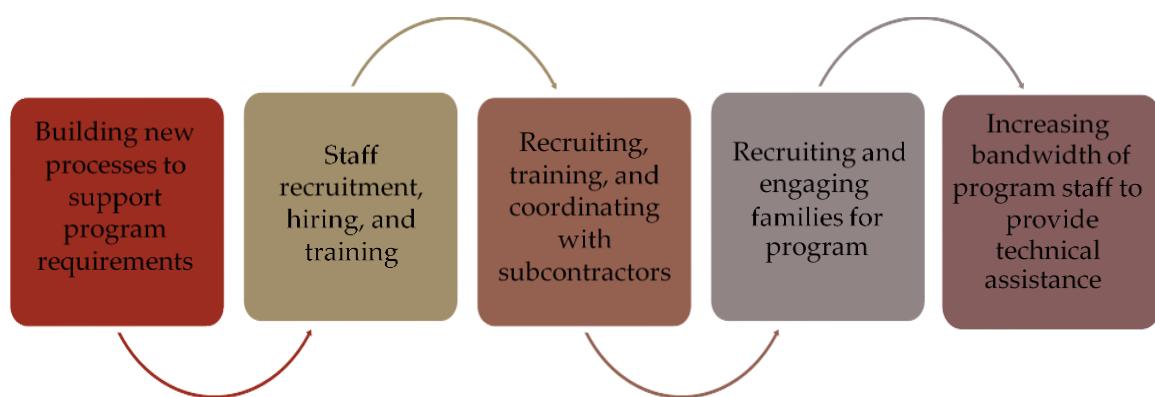
### *Requests for Applications (RFAs) Support*

By utilizing RFAs, PEI is able to identify the specific population or location for investment, while giving providers flexibility to propose a specific service plan that meets the unique needs of their youth and families in their community. When RFAs — or Requests for Proposals (RFPs) — are published, PEI provides information on the various clearinghouses and databases that rate and describe evidence-based programs. PEI also has developed a program-ranking tool to assist providers in determining the evidence-base of the program they are proposing to deliver. This tool guides the provider in analyzing programs in areas such as effectiveness, conceptual framework or logic model, training and materials, long-term effects, replication, purpose, publication of evaluations, timeliness of evaluations, implementation methodology, and analysis of research.

### *New Program Planning and Implementation*

New providers and providers implementing new programs require substantial time and support to take root in a community. While established providers often are able to quickly launch new programs, new providers must hire and train staff, recruit participants, and develop processes to meet the need of families, while also meeting PEI's contracting requirements. A 2013 University of Texas Child and Family Research Partnership study of the first year of the Texas Home Visiting Program 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**

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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 their respective successes and challenges.
- Identifying strategies for recruiting and retaining families.
- Supporting technical requirements such as billing, data entry, and quality data checks.
- Monitoring of contracts, including administrative data and onsite reviews.
- Assisting with program improvement plans targeting provider-specific needs.

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. Additionally, Family Connects provides technical assistance and support to a screening and referral program for all new parents in a community.

PEI also is working with providers to enhance their practice with families. By utilizing National Family Support Network's Standard of Quality for Family Strengthening and Support, FAYS providers are adopting a practice framework based on a family-centered, strengths-based approach. This includes community building and implementing continuous quality improvement processes.

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## **Embracing Healthy Accountability**

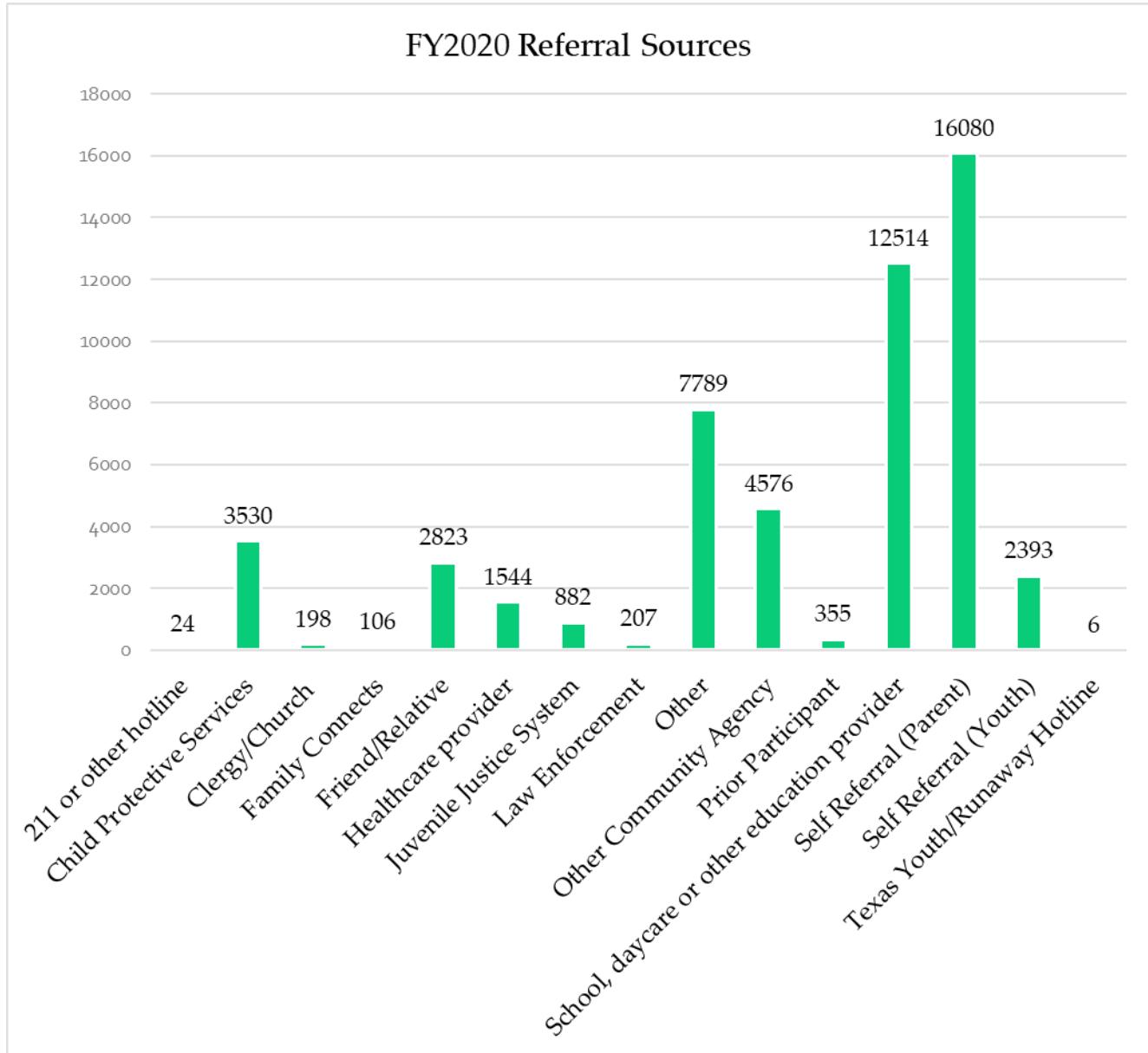
**PEI grantees are offered multiple avenues for feedback with PEI. Among those that completed a grantee satisfaction survey, 85% responded 'agree' or 'strongly agree' to questions regarding accessibility of PEI program support, while noting overall satisfaction in the quality and availability of training and technical assistance support.**

**Grantees attending the Partners in Prevention Conference in 2019 reported high satisfaction with the overall content of the conference, rating the conference a 4.41 out of 5 for meeting their needs in areas including professional growth and development, interesting and relevant topics, contract requirements, networking opportunities, and continuing education units. A communications survey offered in May 2020 received positive feedback on the amount and quality of information shared via PEI e-newsletters, which includes articles and resources about training and how to navigate around the coronavirus.**

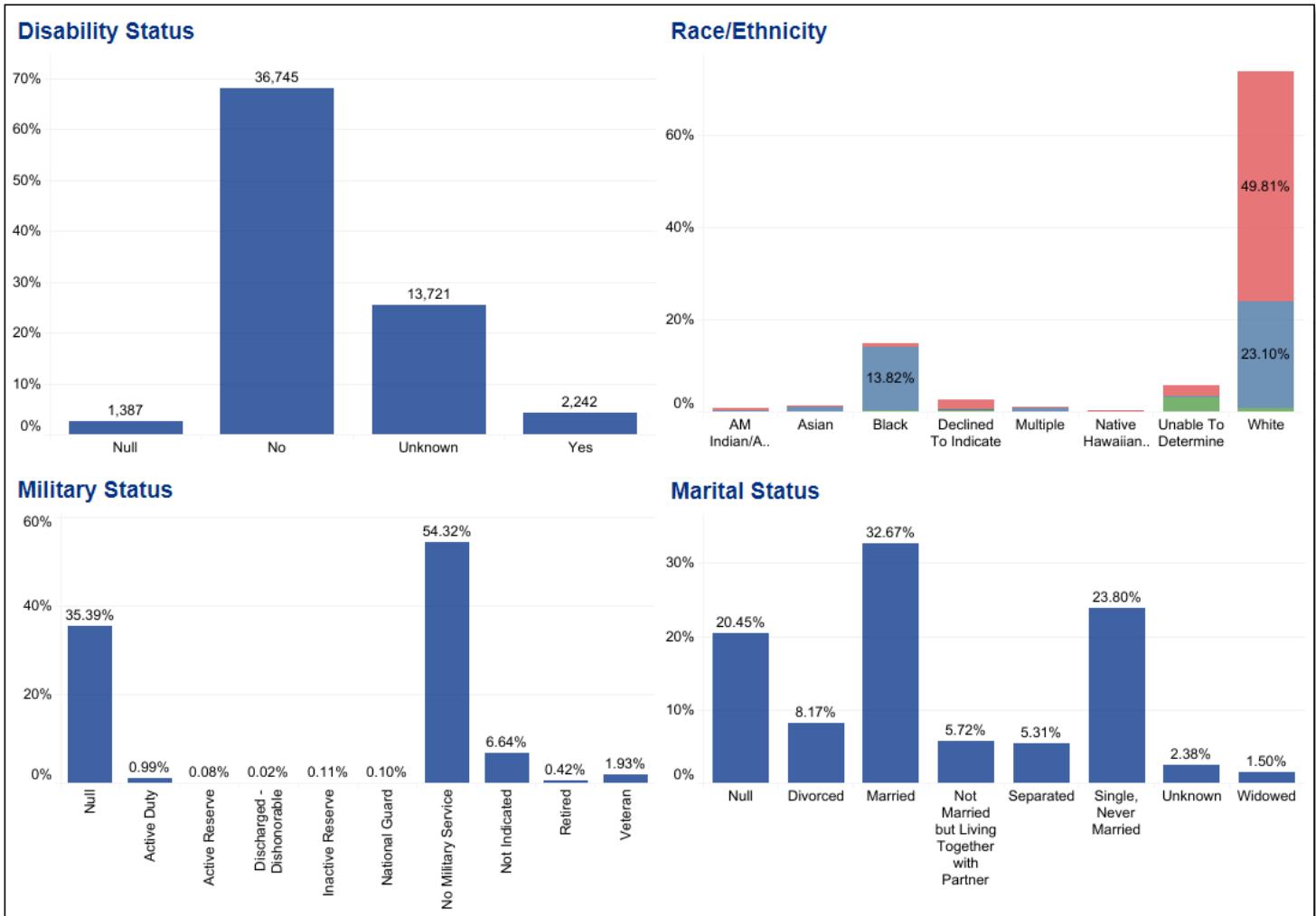
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## Demographics and Referral Sources

PEI services are designed to be community-centered as part of a larger network of supports for children and families. As such, PEI gathers certain information about referral sources by program and evidence-based workflow to better understand how to best position and connect families to services. Analyzing referral source information along with primary caregiver demographic data allows PEI and its grantees to better understand the populations they serve: where they live, how they are connected to services, and the specific needs of children and families within communities.



## FY2020 Primary Caregiver Demographics



■ Denotes a primary caregiver who is of Hispanic ethnicity.

## **Program Performance Measures and Outcomes**

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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 child fatalities, and support positive child, family and community outcomes. One strategy to accomplish the prevention goals 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 or provides	Average monthly 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 that increased Protective Factor Survey scores
Efficiency	A quantifiable indicator of productivity expressed in unit costs, units of time, or other ratio-based units	Average cost per child/family receiving services

## **Current Measures**

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PEI programs utilize two strategies for measuring outcomes:

- A validated pre- and post-services survey of protective factors. (Providers conduct these assessments.)
- Data on entry into the child welfare and juvenile justice systems, 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.
- Increased father involvement and support.

PEI also collects and analyzes additional measures through program instruments that are either unique to programs or cross a variety of programs. Examples include:

Mental health, substance use, 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 they see as a result of receiving services.

PEI has established a data-matching agreement with the Department of State Health Services and continues to work with other systems, including Texas Health and Human Services, Texas Education Agency, and the Office of the Attorney General, to identify areas for cross-system collaboration and improvement. While these data matches allow PEI to identify areas for investment, they also protect individual privacy and are not used to target specific individuals or predict behavior of a specific person.

## Program Outputs

PEI works with grantees to establish specific output measures by program type. Evaluations of PEI's HOPES and Military Families Program highlighted the need for new programs to have time to gradually increase 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 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 ultimately would lead to a Child Protective Services referral.

### Annual Program Target Output and Outcomes by Fiscal Year

PROGRAM	FY2018	FY2019	FY2020	FY2021	Children Remain Safe as a measure?	Not Referred to Juvenile Probation as a measure?
<b>Family and Youth Success Program (FAYS)</b>	22,369	21,271	21,419	21,419	✓	✓
<b>Community-Youth Development (CYD)</b>	17,040	16,240	16,140	16,140		✓
<b>Community-Based Child Abuse Prevention (CBCAP) – Fatherhood EFFECT and Family Self-Sufficiency (FSS)</b>	711	786	944	944	✓	
<b>Statewide Youth Services Network (SYSN)</b>	2,147	2,147	2,526	2,526	Not checked	✓
<b>Healthy Outcomes through Prevention and Early Support (HOPES)</b>	5,333	5,479	7,376	8,768	✓	
<b>Helping through Intervention and Prevention (HIP)*</b>	149	149	390	390	✓	
<b>Rider 39 Improved Outcomes Pilot</b>	--	--	16	16	✓	
<b>Service Members, Veterans, and Families (SMVF)</b>	929	1,131	971	1,954	✓	
<b>Safe Babies*</b>					--	--
<b>Texas Home Visiting (THV)</b>	3,858	4,172	4,372	4,392	✓	
<b>Texas Nurse-Family Partnership Programs (TNFP)</b>	2,400	2,759	2,800	3,075	✓	
<b>Total</b>	54,936	54,134	56,938	59,608		

\* 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.

**Number of Families and Youth Served by PEI in FY2020**

PROGRAM	Unduplicated Families / Primary Caregivers	Unduplicated Youth	Total Served*
<b>Family and Youth Success Program (FAYS)</b>	18,863	20,309	20,309
<b>Community-Youth Development (CYD)</b>		16,007	16,007
<b>Community-Based Child Abuse Prevention (CBCAP)– Fatherhood EFFECT and Family Self- Sufficiency (FSS)</b>	653		653
<b>Statewide Youth Services Network (SYSN)</b>		3,550	3,550
<b>Healthy Outcomes through Prevention and Early Support (HOPES)</b>	7,743		7,743
<b>Helping through Intervention and Prevention (HIP)**</b>	436		436
<b>Rider 39 Improved Outcomes Pilot</b>	18		18
<b>Service Members, Veterans, and Families (SMVF)</b>	1,234		1,234
<b>Texas Home Visiting (THV)</b>	5,720		5,720
<b>Texas Nurse-Family Partnership Programs (TNFP)</b>	3,785		3,785
<b>Total</b>	38,452	39,866	59,455

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

\*\* Numbers are not set in contract. For HIP, clients are determined by number of DFPS referrals to HIP providers.

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**After years of suspecting her daughter behaved differently than her peers, Tina – supported by her Healthy Outcomes through Prevention and Early Support (HOPES) home educator – had her child psychologically evaluated. After spending months on an evaluation waitlist, the child was diagnosed with autism. Tina has actively sought therapies, services, and resources to help her child, and she and her home educator have worked together to adapt techniques of positive discipline based on the child's cognitive, social, and emotional development. With the help of HOMES, Tina is discovering new ways to teach and connect with her child.**

**- Healthy Outcomes through Prevention and Early Support (HOPES)**

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## **Program Outcomes**

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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, long-term physical ailments, behavioral health issues, substance use, 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."<sup>3</sup>*

PEI programs take a public health approach to the prevention of child maltreatment and juvenile delinquency. To measure effectiveness toward reaching 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 5 years old 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.

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**Dee, 20, is the mother of 8-month-old Jay. She and Jay moved from New Orleans to Texas when Jay was 2 months old, and Dee connected with a Texas Nurse-Family Partnership (TNFP) program in her new community. After learning that her ethnic group has some of the lowest breastfeeding rates, Dee began asking peers what they knew about breastfeeding and realized the statistics were right. During each visit by her TNFP home visitor, Dee initiated conversation about breastfeeding and asked what she could do to encourage other young mothers to breastfeed.**

**The TNFP home visitor also was working with another mother, Jane, who had begun experiencing some problems breastfeeding and had stopped talking to anyone outside of her immediate circle. After securing consent, the home visitor introduced Dee to Jane to provide peer support. Dee lost her job in April due to the coronavirus pandemic, but she is still actively participating in regular telehealth visits with her TNFP home visitor, and taking this time to enjoy being a mom to Jay and supporting other mothers like Jane. Recognizing Dee's passion and initiative, the TNFP home visitor has provided Dee with additional information about breastfeeding. Dee is now preparing to return to school and exploring the possibility of becoming a lactation consultant.**

**- Texas Nurse-Family Partnership (TNFP)**

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<sup>3</sup> Strategic Direction for Child Maltreatment Prevention, Preventing Child Maltreatment Through the Promotion of Safe, Stable, and Nurturing Relationships between children and Caregivers. Retrieved from: [www.cdc.gov/violenceprevention/pdf/cm\\_strategic\\_direction--long-a.pdf](http://www.cdc.gov/violenceprevention/pdf/cm_strategic_direction--long-a.pdf)

### Prevention and Early Intervention –Child Safety and Juvenile Justice Outcomes

PEI Outcome Measures	FY2016	FY2017	FY2018	FY2019	FY2020
Percent of Community Youth Development (CYD) youth not referred to juvenile probation	98.30%	98.40%	98.14%	98.10%	98.57%
Percent of Statewide Youth Services Network (SYSN) youth not referred to juvenile probation	98.80%	98.80%	98.59%	98.90%	99.09%
Percent of Family and Youth Success Program (FAYS) youth not referred to juvenile probation	98.30%	95%	93.75%	93.58%	94.08%
Percent of Family and Youth Success Program (FAYS) youth with better outcomes 90 days after termination	84.10%	83.10%	92.20%	94.30%	97.30%
Percent of Family and Youth Success Program (FAYS) youth who remain safe*	99.70%	99.80%	99.86%	99.86%	99.34%
Percent of Federal Community Based Child Abuse Prevention (CBCAP) - Fatherhood EFFECT children who remain safe*	100%	99.40%	99.78%	99.72%	99.44%
Percent of Healthy Outcomes through Prevention and Early Support (HOPES) children who remain safe*	98.80%	99%	99.48%	99.23%	98.80%
Percent of Help through Intervention and Prevention (HIP) children who remain safe*	100%	99.20%	98.81%	99.54%	98.74%
Percent of Service Members, Veterans, and Families (SMVF) children who remain safe*	--	99.10%	99.62%	98.54%	99.30%

Source: Data from DFPS Databook and DFPS data requests

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

Starting in FY2020, the Texas Home Visiting and Texas Nurse-Family Partnership programs started using the PEI reporting system (PEIRS) for data collection and reporting. This allows PEI to report home visiting outcomes at the state level, as well as performance measures for Texas Home Visiting grantees that receive federal funding through the Maternal, Infant, and Early Childhood Home Visiting (MIECHV) program.

### Texas Home Visiting State Outcomes

PEI Outcome Measures	FY2020
<b>Maternal and Newborn Health:</b> Percent of women who breastfeed for at least six months postpartum. (State rate for general population: 55.1%) <sup>4</sup>	57.9%
<b>Maternal and Newborn Health:</b> Percent of children enrolled in home visiting who received the last recommended well-child visit based on the American Academy of Pediatrics schedule.	44.7%
<b>Maternal and Newborn Health:</b> Percent of infants (among mothers enrolled in home visiting prenatally before 37 weeks) who are born full-term following program enrollment.	86.8%
<b>School Readiness and Achievement:</b> Number of primary caregivers and/or family members reading, telling stories, or singing to or with their children daily at six months post-enrollment or post-birth divided by the total number of primary caregivers enrolled at least six months post-birth.	63.6%
<b>School Readiness and Achievement:</b> Percent of primary caregivers who show an increased parent-child interaction score on PICCOLO or DANCE from enrollment to 12 months post-enrollment, or at 10 months post-enrollment for HIPPY.	47.6%
<b>Family Economic Self-Sufficiency:</b> Percent of primary caregivers who exit the program employed and/or participating in an educational program.	52.5%

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<sup>4</sup> [https://www.cdc.gov/breastfeeding/data/nis\\_data/rates-any-exclusive-bf-by-state-2017.htm](https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-by-state-2017.htm)

**Texas Home Visiting – MIECHV Performance Measures**

<b>Maternal and Newborn Health Outcome Measures</b>	<b>FY2020</b>	<b>National Benchmark</b>
Preterm Birth – Percent of infants (among mothers enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment.	10.2%	11.24%
Breastfeeding – Percent of infants (among mothers enrolled in home visiting prenatally) who were breastfed any amount at 6 months old.	47.6%	64.85%
Depression Screening – Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within three months of enrollment (for those not enrolled prenatally) or within three months of delivery for those enrolled prenatally.	60%	49.01%
Well Child Visit – Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics schedule.	54.9%	42.30%
Postpartum Care – Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within eight weeks (56 days) of delivery.	69.2%	59.49%
Tobacco Cessation Referrals – Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within three months of enrollment.	46%	14.46%

<b>Child Safety Outcome Measures</b>	<b>FY2020</b>	<b>National Benchmark</b>
Safe Sleep – Percent of infants enrolled in home visiting who are always placed to sleep on their backs, without bedsharing or soft bedding.	37.1%	23.94%
Child Injury – Percent of injury-related visits to a hospital emergency department since enrollment among children enrolled in home visiting.	0.01%	0.01%
Child Maltreatment – Percent of children enrolled in home visiting with at least one investigated case of maltreatment following enrollment within the reporting period.	4.4%	1.61%

School Readiness and Achievement Outcome Measures	FY2020	National Benchmark
Parent Child Interaction – Percent of primary caregivers enrolled in home visiting who received an observation of caregiver-child interactions by the home visitor using a validated tool.	64.4%	65.08%
Early Language and Literacy Activities – Percent of children enrolled in home visiting with a family member who reported that during a typical week she/he read, told stories, and/or sang songs with their child daily, every day	74.6%	62.01%
Developmental Screening – Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool.	56.9%	49.93%
Behavioral Concerns – Percent of home visits where primary caregivers were asked if they have any concerns regarding their child's development, behavior, or learning.	88.9%	71.20%
Intimate Partner Violence Screening – Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence using a validated tool.	74.6%	75.51%

Family Economic Self-Sufficiency Outcome Measures	FY2020	National Benchmark
Primary Caregiver Education – Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent, and subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting.	22.6%	6.32%
Continuity of Insurance Coverage – Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least six consecutive months.	54.3%	80.39%

Coordination and Referrals for Other Community Resources and Supports Outcome Measures	FY2020	National Benchmark
Completed Depression Referrals – Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts.	79.3%	63.69%
Completed Developmental Referrals – Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner.	85.5%	51.60%
Intimate Partner Violence Referrals – Percent of primary caregivers enrolled in home visiting with positive screens for intimate partner violence (measured using a validated tool) who receive referral information to related resources.	17.7%	22.06%

## 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 impacts 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, looked at increased expenses related to health care, education, social services, and crime, plus lost productivity and earnings. The analysis determined that the total estimated lifetime impact on individuals experiencing an initial occurrence of child maltreatment in 2014 was \$454 billion in Texas.<sup>5</sup>

Prevention programs also can 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.<sup>6</sup> 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.<sup>7</sup> Another study of a home visiting program in Durham, N.C., reported saving \$3 for every \$1 spent during a child's first six months due to reduced emergency care visits.<sup>8</sup> 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.<sup>9</sup>

### 6 Key Components to Two-Generation Approach



From Ascend – The Aspen Institute  
<https://ascend.aspeninstitute.org/two-generation/what-is-2gen/>

<sup>5</sup> Suffer the Little Children: An Assessment of the Economic Cost of Child Maltreatment, The Perryman Group, November 2014.

<sup>6</sup> The Top 5 Benefits of Home Visiting Programs, Child and Family Research Partnership, The University of Texas at Austin, June 2015.

<sup>7</sup> Early Childhood Interventions: Proven Results, Future Promise, RAND Labor and Population, 2005.

<sup>8</sup> Dodge, K. A., Goodman, W. B., Murphy, R. A., O'Donnell, K., Sato, J., & Guptill, S. (2014). Implementation and randomized controlled trial evaluation of universal postnatal nurse home visiting. *American Journal of Public Health*, 104 (S1), S136-S143.

<sup>9</sup> Return on Investment: Evidence-Based Options to Improve Statewide Outcomes, Washington State

## Protective Factors & Family Resiliency

While measuring family involvement with the child welfare and juvenile justice systems help illustrate the impacts of a specific program, it also is important to measure the progress a family is able to achieve through services. To assess the progress, PEI measures the increase in parental protective factors based on the Protective Factors Survey, a validated pre- and post-survey. Parents complete the survey at the start of services and again at discharge. 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.<sup>10</sup>

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

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Institute for Public Policy, April 2012.

<sup>10</sup> The Protective Factors Survey User's Manual Revised, October, 2011. Retrieved from: [http://friendsnrc.org/jdownloads/attachments/pfs\\_user\\_manual\\_revised\\_2012.pdf](http://friendsnrc.org/jdownloads/attachments/pfs_user_manual_revised_2012.pdf).

# Protective Factors

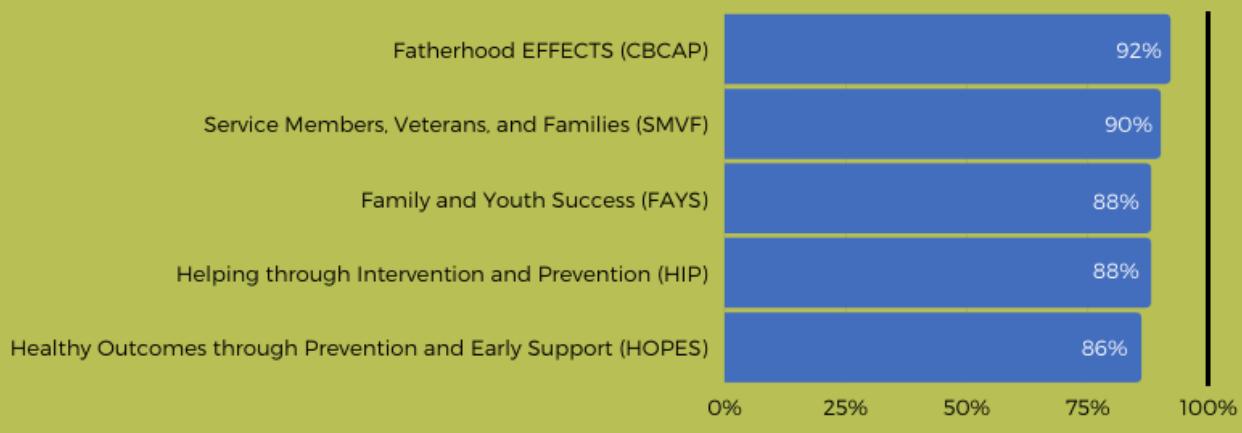
Across all programs, **Family Functioning/Resiliency** had the most gains between the pre- and post-survey.

More than 65% of all families had an increase in this domain.

More than half of all families had an increase in **Nurturing and Attachment** after completing services.



## Caregivers who had an increase in protective factors, from pre- to post-survey, FY2020



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Amy and her mother initially sought counseling due to the sudden loss of Amy's older brother, Caleb. During their intake appointment with the Family and Youth Success (FAYS) program, Amy's mother said that her daughter was experiencing frequent symptoms of depression and they were both unable to go into Caleb's room, keeping the door always locked. Amy told her FAYS counselor that she was very upset every time she would remember the hospital room her brother was in, and could recall all the sounds and smells as if she were reliving it.

With her counselor's help, Amy was able to learn grounding skills and mindfulness practices to help during times of panic when she would experience flashbacks, and develop healthy coping skills to manage her grief. Amy and her mother are very close and were a great support to each other through the time they were in counseling. They gardened and knitted together as ways to increase their bond and refocus their energy. By the end of their time in FAYS counseling, Amy and her mother were able to start leaving Caleb's door open and even would go into his room occasionally. When her counselor followed up a few months after case closure, her mother reported that Amy had good grades by the end of the semester and they were both doing well. She expressed gratitude for the FAYS services they received.

- Family and Youth Success (FAYS)

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## **Child Maltreatment: Prior History, Short- and Long-Term Prevention**

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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 5 years old are more likely to be victims of child maltreatment, including child fatalities, 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 5 years old.
- Families referred to CPS but not opened for services.
- Foster children who are parents.

### ***Addressing Child Fatalities through Prevention***

PEI, in conjunction with community 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, and domestic violence interventions, and increase positive health outcomes through smoking cessation programs and breastfeeding initiatives. PEI continues to review child fatalities and near fatalities to identify trends and possible intervention points. This allows the agency to move upstream to engage communities in strengthening the safety net and supports in place for all families.

PEI is committed to helping families, providers, and communities address risk factors that can often lead to fatal child maltreatment. The PEI growth strategy maps help identify risk factors and key collaboration points in a community to proactively address child maltreatment. 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. For HOPES, data is available to track child maltreatment fatalities by county, as part of both the original risk model and ongoing data collection.

To reach a larger audience, PEI's Help and Hope online portal ([HelpandHope.org](http://HelpandHope.org)) offers instructional videos to help support positive parenting. Topics addressed include dealing with child behaviors that often are precursors to child maltreatment: fussy babies, temper tantrums, toilet training, water safety, teen conflict, and more. Additional parenting resources also are available to connect families to service providers that can address major drivers of child maltreatment, such as domestic violence, substance use, mental health issues, and housing instability.

## Prior and Current CPS Involvement

PEI services are situated in the community as an upstream support and are resources to all families. Services are voluntary. Historically, the only PEI program that could serve families with a prior CPS investigation was the evidence-based Community Based Family Services (CBFS) program, which serves families with allegations that are either unsubstantiated or considered low priority. CPS investigators often refer families to PEI-funded programs when 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 seeks support. This change was made to recognize that families do not make distinctions on whom a provider can serve, and when that families are seeking help, it is everyone's interest to provide the necessary services. However, considering that the services are prevention-oriented, providers must continue to target and serve families prior to child welfare investigations and interventions.

Serving Families Involved with Child Protective Services:

FY2020 Primary Caregivers Who Received PEI Services that Matched to an Open CPS Case

PEI Program	Total Open PEI Enrollments <sup>1</sup>	PEI Enrollments With An Open CPS Case <sup>2</sup>	Open PEI Enrollments With a CPS Stage That Started Prior to the PEI Enrollment	Open PEI Enrollments With a CPS Stage That Started During the PEI Enrollment
<i>Example</i>	<i>Total Families with PEI Services</i>	<i>Families involved in PEI Services that also are involved with CPS</i>	<i>Families involved in PEI Services that were involved with CPS prior to starting PEI services</i>	<i>Families involved in PEI Services that became involved with CPS after starting PEI services</i>
CYD	15,578	8.8%	3.4%	6.6%
Fatherhood EFFECT	823	13.4%	8.1%	6.3%
FAYS	18,810	21.9%	15.8%	7.0%
HIP	407	57.0%	52.8%	13.5%
HOPES	7,441	24.7%	19.8%	9.3%
MFP	1,231	11.4%	6.5%	6.7%
SYSN	3,550	12.5%	3.8%	9.9%
THV MIECHV	4,585	6.2%	2.9%	3.7%
THV STATE	911	10.2%	6.7%	5.8%
TNFP	3,049	6.9%	1.7%	5.6%

1. Includes PEI registrations open at any time during fiscal year 2020 where there was also a service date in fiscal year 2020. A child can be involved in multiple registrations.

2. Open Case counted for CPS cases in which the index child/youth was listed as a

principal in an Investigation, Alternative Response, Adoption, Family Preservation, Family Reunification, Family Substitute Care, Substitute Care, or Preparation for Adult Living stage. The stage had to start on or before August 31, 2020 and could not have a stage closure date more than 30 days before the PEI registration date. PEI Registrations that started later in the fiscal year have not had as much time for the index child/youth to become involved in a CPS stage.

PEI compares data for families served by PEI to determine if children remain safe both during PEI services and after. Data is matched during services, as well as one year and three years after discharge or completion of services. When measuring “safe in care” for families while they are receiving services, 99% of primary caregivers do not become a confirmed perpetrator in a CPS investigation, and 94% do not three years after receiving services. PEI will continue to measure “safe in care” as a Legislative Budget Board outcome, as well.

## **Program Spotlights**

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The programs highlighted in this section provide additional details that are required under Texas Home Visiting (Senate Bill 426, 83rd Legislative Session, Texas Government Code §531.9871), parent education programs (House Bill 2630, 84th Legislative Session, Texas Family Code §265.154), and Veterans and Military Families Preventive Services Program (Texas Human Resources Code §53.002). Some required elements, such as number of families served, demographic information, and overall program outcomes are contained in their respective sections of the overall report.

### ***Home Visiting Programs***

Children younger than 5 years old are widely recognized as the most vulnerable for child maltreatment. Not yet in school, and often interacting only with caregivers, the child has a magnified risk for abuse or neglect. Prevention and early intervention services are needed to ensure healthy development. While prevention often describes efforts to stop a potential action or behavior, the prevention field has grown to recognize that strengthening families and promoting positive behaviors are essential and successful strategies to protecting children from maltreatment. Prevention services serve 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.

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. By providing services in the home or in a space that meets the family's needs, families often are able to participate longer in programs and providers are able to directly address specific issues as they arise. 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. PEI home visiting programs 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.
- 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.

#### **PEI Programs and the Evidence-Based/Promising Practices Used**

<b>Programs that Include Home Visiting Services</b>	<b>Evidence-Based and Promising Practice Programs Used by PEI Providers</b>
<b>Healthy Outcomes through Prevention and Early Support (HOPES)</b>	Abriendo Puertas Barkley's Defiant Child AVANCE Home Instruction for Parents of Preschool Youngsters (HIPPY), Incredible Years Nurse Family Partnership (NFP) Parents as Teachers (PAT) SafeCare Systematic Training for Effective Parenting (STEP) Trust-Based Relational Intervention (TBRI) Positive Parenting Program (Triple P) Nurturing Parenting 24/7 Dad
<b>Texas Home Visiting (THV)</b>	Family Connects Healthy Families America HIPPY PAT NFP
<b>Fatherhood EFFECTS / Community-Based Child Abuse Prevention - Fatherhood (CBCAP)</b>	24/7 Dad Parents as Teachers (PAT)
<b>Helping through Intervention and Prevention (HIP)</b>	Effective Black Parenting Program (EBPP) Healthy Families America Nurturing Parenting Program Parents as Teachers (PAT) SafeCare Positive Parenting Program (Triple P)
<b>Military &amp; Veterans Family Program (Military Families)</b>	Systematic Training for Effective Parenting (STEP) STRONG START Parents as Teachers (PAT) Nurturing Parenting SMART program
<b>Texas Nurse-Family Partnership (TNFP)</b>	Nurse-Family Partnership (NFP)

## **Rider 39 Improved Outcomes Pilot**

**Rider 39 Improved Outcomes Pilot** allocated \$100,000 in General Revenue funds from Strategy C.1.4, Other At-Risk Prevention Programs to implement a pilot program aimed at improving outcomes for children at highest risk of re-entering the child protective services system. The pilot shall:

- be evidence-based or incorporate promising practices;
- be implemented in a county with a population over 800,000; and
- aim to reduce the child's interaction with the juvenile justice system, reduce teen pregnancy
- and increase graduation rates over the span of the child's youth.

PEI implemented this program in Travis County throughout the fiscal year, in conjunction with Lifeworks, CASA, and Friends of the Children Austin, to mentor 16 children who are in foster care but approaching the point of reunification. By paring a youth from as early as age four through high school graduation with a professional mentor, Friends of the Children aims to reduce the child's interaction with the juvenile justice system, reduce teen pregnancy, and increase graduation rates.

During FY2020, Friends of the Children was able to provide professional mentoring services to 18 children. This includes more than 515 mentoring sessions and 1000 service planning and service coordination connections. While COVID-19 certainly impacted the start-up of this pilot, Friends of the Children was innovative in how to engage the youth and families both in person and virtually. This included securing Chromebook computers and hotspots for the youth, allowing for face time, access to apps, and a bilingual bespoke curriculum. Mentors provided all youth individualized academic packets and school supply boxes (scissors, glue, pencils, crayons). To help keep the youth and any siblings engaged over the summer, multiple rounds of books, art kits, activity books, and enrichment activities for all youth were provided to families.

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**"The communication between the youth's caregiver, teacher, special education coach, CASA advocate, and mentor has really been important. We have a weekly Zoom meeting where we all get together and fill each other in on different aspects of the youth's life. In other situations, as a mentor, we are able to help the youth and family navigate the technology needed for school, help advocate when there is an issue, and reinforce what they are learning at school."**

- Friends of the Children Mentor

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In addition to educational and mentoring supports, Friends of the Children also worked with each family to ensure that basic needs were assessed and supports put in place. This included connection in the community for bill-payment support and delivery of fresh groceries to households experiencing food insecurity. Two volunteer therapists also provided free counseling sessions throughout the summer to provide additional support to families.

Based on the responses from families and mentors, Friends of the Children is in the preliminary planning phase to incorporate more two-generation approaches in its service array. While still maintaining a focus on one-to-one mentoring as a way to support positive outcomes for youth, the need to provide some level of support and services to the youth's caregiver is apparent. During this next fiscal year, Friends of the Children will work to collect data and refine its approach to guide how to implement a two-generation approach and partner with other providers in the community.

#### Friends of the Children Austin: Notable Community Collaborations and Partnerships

**Footsteps 2 Brilliance:** Friends launched Footsteps 2 Brilliance (F2B) to work with youth on literacy. F2B is interactive, aligned with Texas Essential Knowledge and Skills (TEKS), and focuses on phonemic awareness. Reviews of F2B among users are overwhelmingly positive.

**Ruff Ruffman Sensational Science Camp:** Second graders and some siblings were able to participate in the camp, which featured curriculum in English and Spanish and focused on STEM themes.

**BOOM!**: BOOM cards are digital, self-checking, interactive activities that give students instant feedback. A team of Friends has collaboratively created bilingual, developmentally appropriate Boom Cards for SEL, math, literacy, and physical activities consistently for the past six months. Youth are encouraged to use their Friends Austin Chromebooks to access the cards on their own time, in addition to during virtual mentoring sessions.

**Tumble Books:** This website gave Friends and youth access to talking picture books designed to teach children the joy of reading. Tumble Books are created by taking existing picture books, adding animation, sounds, music, and narration to produce an electronic book which children can read or have read to them.

**Raz-Plus:** This subscription gave Friends unlimited access to bilingual leveled books and literacy resources. Raz-Plus is a comprehensive blended learning platform that includes the curricular support teachers need and the personalized resources necessary to improve students' reading skills.

## ***Service Members, Veterans, and Families (SMVF) Program***

In 2015, the 84th Texas Legislature required the creation of a pilot program for child abuse prevention for military families and veterans (House Bill 19). This legislation directed DFPS to develop and implement a prevention program to serve military and veteran families that have committed, experienced, or who are at a high risk of: family violence and/or child abuse and neglect.

With 15 active military installations, Texas has the second highest active duty military population in the United States, and about 10% of all active duty forces in the U.S. reside in Texas. In addition, nearly 1.6 million veterans live in Texas (second highest number of veterans of any state in the U.S.). Veterans, on average, are younger than in previous years and less likely to be employed, with an unemployment rate three times higher than their civilian counterparts.

DFPS focused this pilot prevention initiative in the three largest military communities in Texas and targeted it to military and veteran families with children 0 to 17 years old who are at risk of family violence or abuse and neglect.

**Military and Veteran Families in Targeted Counties**

County	Active Duty Members*	Dependents*	Veterans**
Bell	46,114	74,831	36,965
Bexar	34,912	41,881	158,710
El Paso	28,465	46,437	47,936

\* Source: DoD Strategic Plan, 2013

\*\* Source: Texas Veterans Commission Report, "Veterans In Texas, A Demographic Report" Dec 2013

Texas National Guard members, Ready Reservist, discharged service members, and the local military retiree population are not listed in the above table, as these citizen soldiers and retirees are embedded into the general population within each targeted military community. They are still eligible for prevention services provided under the pilot program, however. Additional counties of Montgomery, Nueces, and Kleberg were added into the program for FY2021 due to the growing military and military-connected communities in those areas.

PEI grantees have flexibility to concentrate their resources to best fit the specific needs in their area. Each grantee utilizes a comprehensive plan to build and support military families' protective factors, resulting in stronger, safer families and improved military communities. Required services include:

- Evidence-based or promising practice programs to support military families.
- Performance measures that gauge program effectiveness.
- Programs with a focus on children ages 0 to 17.
- An approach focused on the needs of military and veteran families, and the military culture and environment they live in.

### Service Providers by County

County	Primary Contractor	Subcontractor (if applicable)
Bell	The Boys and Girls Clubs of Central Texas	<ul style="list-style-type: none"> <li>- Restorative Hope Sanctuary</li> <li>- Texas A&amp;M</li> <li>- AWARE Central Texas</li> <li>- Poet for Hire</li> </ul>
Bexar	STRONG STAR - University of Texas Health Science Center San Antonio; United Way of San Antonio and Bexar County (UWSA)	<ul style="list-style-type: none"> <li>- Family Endeavors</li> <li>- Family Service Association of San Antonio</li> <li>- Big Brothers Big Sisters of South Texas</li> </ul>
El Paso	Child Crisis Center of El Paso	<ul style="list-style-type: none"> <li>- Big Brothers Big Sisters</li> </ul>
Harris, Montgomery, Waller	Motivation, Education & Training (MET)	
Nueces and Kleberg	The Council on Alcohol & Drug Abuse Coastal Bend	

**Jim was scheduled for deployment in less than a month when he learned about the Service Members, Veterans, and Families (SMVF) program. When he and his wife Pam arrived at their initial appointment, Pam was tearful. Due to her bipolar disorder, she feared she would be unable to parent her three children while Jim was deployed and they would be removed from her care. They reported high levels of couple distress and stated that they were discussing divorce. SMVF connected Pam to important supports for parents and on-post child care so she could attend her psychiatry and psychology appointments. SMVF worked to: bolster the strengths that Pam and Jim already had; fostered communications to improve their couple and co-parenting relationship; develop a plan to support their children during the separation; and assisted in the development of a communication and a co-parenting plan. During the pre-deployment work, their therapist identified posttraumatic stress symptoms exhibited by Pam and their oldest child. The family engaged in trauma-focused cognitive behavioral therapy in addition to the support services they were receiving to best support their family. At the end of the pre-deployment phase, the couple reported that the SMVF program "saved our marriage" and said they both felt ready for Jim to deploy. They continue to utilize the plan and skills they have learned and remain fully engaged in the program.**

**- Service Members, Veterans, and Families (SMVF) Program**

## **Research and Evaluation Projects**

The table on the following pages summarizes PEI-commissioned research started or completed since 2014. Reports are available either on [PEI's website](#), hyperlinked below in the chart, or can be made available on request.

### *Research and Evaluation Projects Completed or Underway*

<b>PEI Program/Initiative</b>	<b>Research &amp; Evaluation Partner</b>	<b>Currently Available Reports</b>	<b>Upcoming Reports</b>
Texas Home Visiting	The University of Texas at Austin, LBJ School of Public Affairs, Child and Family Research Partnership	<a href="#"><u>Father Participation Evaluation, May 2014</u></a>  Process Implementation Evaluation, Final Report, Fall 2016  <a href="#"><u>Father Participation and Retention Evaluation Report May 2017</u></a>  Systems-Level Change Evaluation, Final Report, December 2017  DHVVE Preliminary Findings, Summer 2018  DHVVE-II Evaluation Plan, Winter 2018  DHVVE Final Report, Fall 2019  DHVVE-III Evaluation Plan, Winter 2020	CQI Project Report, Summer 2020  COVID-19 Lessons Learned Report, Fall 2020  Policy Brief on Prenatal- 3 Research, Summer 2020  Policy Brief on Home Visiting for Pregnant and Parenting Foster Youth, Summer 2020  Policy Brief on Serving Dads in DFPS Conservatorship, Summer 2020
Helping through Intervention and Prevention (HIP)	SUMA	Focus Group Report	

PEI Program/Initiative	Research & Evaluation Partner	Currently Available Reports	Upcoming Reports
Healthy Outcomes through Prevention and Early Support (HOPES)	The University of Texas at Austin, Steve Hicks School of Social Work, Texas Institute for Child & Family Wellbeing	<p><a href="#">Fiscal Year 2015 HOPES Evaluation Report - Brief</a></p> <p><a href="#">HOPES Evaluation Report, December 2016</a></p> <p><a href="#">Child Maltreatment Prevention in Texas - Infographic</a></p> <p><a href="#">Literature Review: Evaluation of Child Maltreatment Prevention Developing Strategies for Child Maltreatment Prevention: A Guide for Community Needs Assessments, June 2015</a></p> <p><a href="#">Analysis of Ten Years of Prevention Outcomes, Fall 2016</a></p> <p><a href="#">Preliminary Effectiveness Report on HOPES I, Fall 2016</a></p> <p><a href="#">HOPES Fiscal Year 2016 Final Report, Fall 2018</a></p> <p>HOPES Final Evaluation Report, Summer 2019</p>	
Military Families and Veterans Pilot Prevention Program	SUMA	<p>Literature Review</p> <p><a href="#">Focus Group Report</a></p>	

PEI Program/Initiative	Research & Evaluation Partner	Currently Available Reports	Upcoming Reports
Military Families and Veterans Pilot Prevention Program	The University of Texas at Austin, LBJ School of Public Affairs, Child and Family Research Partnership	<a href="#">Preliminary Report, Fall 2016</a> <a href="#">Final Report, Fall 2017</a>	
Fatherhood Programs	SUMA	Literature Review <a href="#">Focus Group Report</a>	
Fatherhood Programs	The University of Texas at Austin, LBJ School of Public Affairs, Child and Family Research Partnership	<a href="#">Literature Review, Winter 2016</a> <a href="#">Fatherhood Evaluation Report, Summer 2017</a> Fatherhood Evaluation, 2018	
Safe Sleep Public Awareness	SUMA	Literature Review <a href="#">Focus Group Report</a>	
Youth Programs - Recruitment and Branding	SUMA	Focus Group Report, Fall 2017	
Family and Youth Success Program (FAYS) - Formerly named Services to At-Risk Youth (STAR)	Texas A&M University, Department of Recreation and Tourism	Review of programs for STAR population, Fall 2016 Review of assessments related to measuring outcomes, Fall 2016 STAR Report, December 2017	
Community Youth Development (CYD) Program	Texas A&M University, Department of Recreation and Tourism	Literature Review for CYD, Fall 2016 CYD Evaluation Plan, Summer 2017	

PEI Program/Initiative	Research & Evaluation Partner	Currently Available Reports	Upcoming Reports
		CYD Evaluation Preliminary Report, Fall 2018  CYD Evaluation Final Report, Summer 2019	
Safe Babies Project	The University of Texas Health Science Center at Tyler	Legislative report, Fall 2017  PURPLE Plus Study, Spring 2018  Paternal PURPLE Study, Fall 2018  Implementation Review of Postnatal Depression Prevention Programs, Fall 2019  Trauma Informed Care and Pediatric Capacity Survey Report, Fall 2019	Final Report, Summer 2020
Growth Strategy Project	UT Tyler	Maltreatment Modeling and Mapping, Summer 2018  <u><a href="#">Growth Modeling and Projections, Winter 2019</a></u>	Client Perception of PEI Services, Summer 2020

## **Future Evaluation & Measures of Effectiveness**

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Preventing child maltreatment, supporting resilient families, and navigating children toward positive outcomes ultimately benefits Texas as a whole. Identifying, investing in, and serving individuals and communities most at risk are critical to ultimately have a meaningful impact on the state. While PEI can directly serve only a small segment of the population, PEI funds evidence-based, evidence-informed, and promising practice programs that work within communities 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 effects a program can have on an individual or a community. PEI is investing in program evaluations that can help track participants over time 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 has utilized its new IT system for a full year across all PEI programs and has seen an improvement in the quality of data PEI can access from providers in real-time. This allows PEI to better demonstrate program effectiveness, track outputs and outcomes, and carry out reporting functions in real time. It also provides PEI the ability to collect and analyze the data that is necessary to report detailed outcomes, support strategic investments, and efficiently monitor program performance and contracts. The new system streamlines data entry, reduces opportunities for human error, and enables real-time invoicing and monitoring of program performance and outcomes.

Per its five-year strategic plan,<sup>11</sup> 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 also will 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.

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<sup>11</sup> Available at [http://www.dfps.state.tx.us/About\\_DFPS/Reports\\_and\\_Presentations/PEI/default.asp](http://www.dfps.state.tx.us/About_DFPS/Reports_and_Presentations/PEI/default.asp)

## APPENDIX A. Fiscal Year 2020 Program Obligations

PEI Programs in FY 2020	FY2020 Contract Obligations and Administrative Support	Number of PEI Program Contracts	Number of Counties Covered	Target Number of Children/ Families to be Served	Actual Number of Children/ Families Served
<b>Family and Youth Success Program (FAYS)</b>	\$24,608,771	28	254	21,419	20,317 Youth in 18,863 Families
<b>Community Youth Development (CYD)</b>	\$7,915,820	21	15	16,140	15,481
<b>Fatherhood EFFECT / Community-Based Child Abuse Prevention</b>	\$3,780,554	14	8	944	863
<b>Statewide Youth Services Network (SYSN)</b>	\$1,687,000	2	254	2,526	3,550
<b>Healthy Outcomes through Prevention and Early Support (HOPES)</b>	\$23,467,257	27	24	7,376	7,743
<b>Helping through Intervention and Prevention (HIP)</b>	\$1,129,791	13	69	390	436
<b>Service Members, Veterans, and Families (SMVF)</b>	\$1,569,062	4	3	971	1,234
<b>Safe Babies Campaigns</b>	\$1,300,000	1	Statewide	800+ Per Evaluation Design	Evaluation is ongoing
<b>Rider 39 – Improved Outcomes Pilot</b>	\$100,000	1	1	18	18
<b>Texas Home Visiting (THV)</b>	\$22,995,226	28	24	4,472	5,720
<b>Texas Nurse Family Partnership (TNFP)</b>	\$15,823,086	17	24	2,800	3,785
<b>PEI Administrative</b>	\$ 3,821,628	--	-	-	-
<b>Total Funds in FY2020</b>	<b>\$108,198,195</b>	<b>156</b>	<b>All counties</b>	<b>56,938 Children/ Families</b>	<b>57,675 Children/ Families</b>

## APPENDIX B: 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 <a href="http://www.colorado.edu/cspv/blueprints/index.html">http://www.colorado.edu/cspv/blueprints/index.html</a>
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), <a href="http://www.cebc4cw.org/">http://www.cebc4cw.org/</a>
Evidence-Based Practice Registries	Larry King Center for Building Children's Futures, Council for Children's Rights <a href="http://cfrights.org/wp-content/uploads/2011/10/EBP-Registry-Doc-FINAL.pdf">http://cfrights.org/wp-content/uploads/2011/10/EBP-Registry-Doc-FINAL.pdf</a>
Guide to Community Preventive Services	Task Force on Community Preventive Services; U.S. Department of Health and Human Services <a href="https://www.thecommunityguide.org/">https://www.thecommunityguide.org/</a>
National Registry of Evidence-Based Programs and Practices	Substance Abuse and Mental Health Services Administration; U.S. Department of Health and Human Services <a href="http://nrepp.samhsa.gov/01_landing.aspx">http://nrepp.samhsa.gov/01_landing.aspx</a>
OJJDP Model Programs Guide and Database	Office of Juvenile Justice and Delinquency Prevention <a href="https://www.ojjdp.gov/mpg/">https://www.ojjdp.gov/mpg/</a>
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. <a href="http://www.promisingpractices.net/">http://www.promisingpractices.net/</a>
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 <a href="http://www.strengtheningfamilies.org/">http://www.strengtheningfamilies.org/</a>

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

Descriptions are from California Evidence-Based Clearinghouse for Child Welfare

<b>Name of Program</b>	<b>Abriendo Puertas/Opening Doors (AP/OD)</b>
<b>Description</b>	Abriendo Puertas/Opening Doors builds parent leadership skills and knowledge through in-person trainings to promote family wellbeing and positive outcomes for children. The culturally-relevant program for parents with children ages 0-5, based in popular education, is proven to lead to school success. AP/OD uses a two-generation approach and was co-created by parents to build parent leadership, skills, and knowledge to promote family well-being. It is most often taught in English and in Spanish – and is one of the only programs that teaches early math in Spanish. The model focuses on educating and empowering parents to be not only their child's first teacher but also their education advocates as the child progresses through school. Using a train-the-trainer model, parents who have completed the program can become trainers themselves.
<b>Target Population</b>	Latino parents with children ages 0-5
<b>Age Range</b>	0-5
<b>Recommended Dosage</b>	The AP/OD program is 10 interactive weekly sessions, two hours each. Available in both Spanish and English, the 10 sessions promote school readiness, family well-being, and advocacy by addressing best practices in brain development, key aspects of early childhood development (cognitive, language, physical, and social/emotional), early literacy, bilingualism, early math, positive use of technology, attendance, civic engagement, parent leadership, goal setting, and planning for family success.
<b>Setting</b>	Community Agency, School

<b>Name of Program</b>	<b>AVANCE Parent-Child Education Program (PCEP)</b>
<b>Description</b>	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 <i>PCEP</i> 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

<b>Name of Program</b>	<b>AVANCE Parent-Child Education Program (PCEP)</b>
	appropriate classroom setting which aims to build the academic, social, and physical foundation necessary for school readiness.
<b>Target Population</b>	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
<b>Age Range</b>	0-3
<b>Recommended Dosage</b>	Weekly three-hour classes comprised of 27 bilingual parenting lessons, toy making classes and a community education speaker
<b>Setting</b>	Home, Community Agency, School

<b>Name of Program</b>	<b>Common Sense Parenting (CSP)</b>
<b>Description</b>	Common Sense Parenting is a group-based class for parents comprised of 6 weekly, 2-hour sessions that focuses on teaching practical skills to increase children's positive behavior, decrease negative behavior, and model appropriate alternative behavior. It equips parents with a logical method for changing their children's behaviors through teaching positive behaviors, social skills, and methods to reduce stress in crisis situations. It provides parents with practical strategies for enhancing parent-child communication and building robust family relationships. Parenting skills and techniques are taught to parents for adaptation in any home environment. Parents learn skills such as the use of clear communication, positive reinforcements and consequences, self-control, and problem solving. The class curriculum is formatted to include a review of the prior session including homework instruction of the new skill, modeled examples, skill practice/feedback, and a summary.
<b>Target Population</b>	Parents and other caregivers of children ages 6-16 years who exhibit significant behavior and emotional problems.
<b>Age Range</b>	6-16
<b>Recommended Dosage</b>	One 2-hour weekly session for 6 weeks. Course components are organized by session. The session topics are (1) "Parents Are Teachers," (2) "Encouraging Good Behavior," (3) "Preventing Problems," (4) "Correcting Problem Behavior," (5) "Teaching Self-Control," and (6) "Putting It All Together." Program participants work from a parent manual that provides information on CSP skills, parenting advice, scenarios, skill cards for quick reference, and a personal parenting plan workbook. Between class sessions, participants are assigned readings from the parent manual and homework activities from the workbook to supplement the training received in class and help parents become more familiar with the newly taught skills.
<b>Setting</b>	Community Agency, Community Daily Living Setting, Day Care, Day Treatment Program, Hospital, School

<b>Name of Program</b>	<b>Effective Black Parenting (EBPP)</b>
<b>Description</b>	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. <i>EBPP</i> is disseminated via instructor training workshops conducted nationwide.
<b>Target Population</b>	African-American families at risk for child maltreatment
<b>Age Range</b>	0-17
<b>Recommended Dosage</b>	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
<b>Setting</b>	Home, Community Agency, Foster/ Kinship Care, Outpatient Care

<b>Name of Program</b>	<b>Family Connects</b>
<b>Description</b>	The Family Connects program is community based with community ownership, and it is seen as part of the continuum of care for newborns and their parents in the community. Family Connects is operated by the Center for Child & Family Health, which was started as a consortium of Duke University, the University of North Carolina at Chapel Hill and North Carolina Central University that is dedicated to research, training and intervention related to child trauma and maltreatment. The program provides one to three nurse home visits to every family with a newborn beginning at three weeks of age, regardless of income or demographic risk. Using a tested screening tool, the nurse measures newborn and maternal health and assesses strengths and needs to link the family to community resources. In communities where the program is available, Family Connects bridges the gap between parents and community resources, and has been shown to improve family well-being, including reducing emergency medical care for infants and improving parent behavior and child care selection.
<b>Target Population</b>	The program is designed for universal community coverage; all families with newborns in a catchment area are eligible, whether region, state, city, or neighborhoods.
<b>Age Range</b>	Newborns ages three to 12 weeks
<b>Recommended Dosage</b>	The model provides between one and three nurse home visits to any family with a newborn beginning at about three weeks of age, regardless of income or demographic risk. Registered nurses visit the homes of the newborns in their communities, providing health checks for both the infant and the birth mother. The initial home visit typically lasts 1.5 to 2 hours.
<b>Setting</b>	Home, Adoptive Home

Name of Program	Family Connections
Description	<p>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.</p> <p>Nine practice principles guide <i>FC</i> 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.</p>
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	Healthy Family America (HFA)
Description	<p>Healthy Families America (HFA) is a family support program that embodies an infant mental health approach, with the belief that early, nurturing relationships are the foundation for life-long, healthy development. Services are initiated either during the prenatal period or shortly after the baby's birth. Programs select which families they will serve. Some programs serve first-time parents; others may serve all parents, adolescent parents, tribal families, etc. This flexibility allows programs to meet the specific needs of the community. Building upon attachment and bio-ecological systems theories and the tenets of trauma-informed care, interactions between direct service providers and families are relationship-based; designed to promote positive parent-child relationships and healthy attachment; strengths-based; family-centered; culturally sensitive; and reflective. HFA aims to (1) reduce child maltreatment; (2) improve parent-child interactions and children's social-emotional well-being; (3) increase school readiness; (4) promote child physical health and development; (5) promote positive parenting; (6) promote family self-sufficiency; (7) increase access to primary care medical services and community services; and (8) decrease child injuries and emergency department use.</p>
Target Population	HFA is designed for parents facing challenges such as single parenthood; low income; childhood history of abuse and other adverse child experiences; and current or previous issues related to substance abuse, mental health issues, and/or domestic violence.
Age Range	Prenatally-5
Recommended Dosage	HFA sites offer at least one home visit per week for the first six months after the child's birth. After the first six months, visits might be less frequent. Visit frequency

<b>Name of Program</b>	<b>Healthy Family America (HFA)</b>
	is based on families' needs and progress over time. Typically, home visits last one hour.
<b>Setting</b>	Home

<b>Name of Program</b>	<b>Home Instruction for Parents of Preschool Youngsters (HIPPY)</b>
<b>Description</b>	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 <i>HIPPY</i> 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.
<b>Target Population</b>	Parents who have young children and have limited formal education and resources
<b>Age Range</b>	3-5
<b>Recommended Dosage</b>	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
<b>Setting</b>	Home; Kinship/ Foster Care

<b>Name of Program</b>	<b>Incredible Years</b>
<b>Description</b>	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.
<b>Target Population</b>	Parents, teachers, and children
<b>Age Range</b>	4-8

<b>Name of Program</b>	<b>Incredible Years</b>
<b>Recommended Dosage</b>	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.
<b>Setting</b>	Birth Family Home, Community Agency, Community Daily Living Settings, Foster/Kinship Care, Hospital, Outpatient Clinic, Religious Organization, School, Workplace, Primary Care Settings Serving Children

<b>Name of Program</b>	<b>Nurse Family Partnership (NFP)</b>
<b>Description</b>	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.
<b>Target Population</b>	First-time, low-income mothers (no previous live births)
<b>Age Range</b>	0-5
<b>Recommended Dosage</b>	Ideally, nurses begin 60-90 minute visits with pregnant mothers early in their pregnancy (about 16 week's 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.
<b>Setting</b>	Home, Community Agency

<b>Name of Program</b>	<b>Nurturing Parenting</b>
<b>Description</b>	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.
<b>Target Population</b>	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
<b>Age Range</b>	5-12

<b>Name of Program</b>	<b>Nurturing Parenting</b>
<b>Recommended Dosage</b>	2.5 hour long weekly session for 15 weeks.
<b>Setting</b>	Community Agency

<b>Name of Program</b>	<b>Trust-Based Relational Intervention (TBRI)</b>
<b>Description</b>	Trust-Based Relational Interventions is an emerging intervention model for a wide range of childhood behavioral problems. TBRI is based on a solid foundation of neuropsychological theory and research, tempered by humanitarian principles. TBRI is a holistic approach that is multidisciplinary, flexible, attachment-centered, and challenging. It is a trauma-informed intervention that is specifically designed for children who come from 'hard places,' such as maltreatment, abuse, neglect, multiple home placements, and violence. TBRI consists of three sets of harmonious principles: Connecting, Empowering, and Correcting. Connecting Principles for attachment needs, Correcting Principles to disarm fear-based behaviors and Empowering Principles help children learn important skills like self-regulation. They are designed for use with children and youth of all ages and risk levels. By helping caregivers understand what should have happened in early development, TBRI principles guide children and youth back to their natural developmental trajectory.
<b>Target Population</b>	Children and adolescents from 1 to 18 years of age who experience attachment disturbances due to maltreatment, abuse, neglect, multiple home placements, and violence and their caregivers.
<b>Age Range</b>	1-18
<b>Recommended Dosage</b>	6-8 hours a day for 2 to 5 weeks (either 4 or 5 days per week). Follow-up sessions continue as needed. TBRI directly provides services that addresses children/adolescent's inability to give and receive nurturing care, hypervigilance and lack of felt safety, inability to regulate own emotions and/or behavior, problem behavior, sensory related deficits, and poor social skills.
<b>Setting</b>	Home, Adoptive Home, Residential Facilities, Group Home, School, Camps Juvenile Justice Facilities, Clinical Practice, Foster/Kinship Care

<b>Name of Program</b>	<b>Parenting Wisely</b>
<b>Description</b>	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.
<b>Target Population</b>	Families with children at risk for or with: behavior problems, substance abuse problems, or delinquency
<b>Age Range</b>	9-18
<b>Recommended Dosage</b>	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.
<b>Setting</b>	Home, Community Agency, Foster/ Kinship Care, Hospital, Outpatient Clinic, Residential Care Facility, School

Name of Program	Parenting with Love and Limits
<b>Description</b>	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, 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. 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.
<b>Target Population</b>	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
<b>Age Range</b>	10-18
<b>Recommended Dosage</b>	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
<b>Setting</b>	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

<b>Name of Program</b>	<b>SafeCare</b>
	modifications to or elimination of modules need to be discussed with the program developers.
<b>Target Population</b>	Parents at-risk for child neglect and/or abuse and parents with a history of child neglect and/or abuse
<b>Age Range</b>	0-5
<b>Recommended Dosage</b>	Weekly sessions 1-1.5 hours; 18-20 weeks
<b>Setting</b>	Adoptive Home, Birth Family Home, Foster/ Kinship Care

<b>Name of Program</b>	<b>Safe Environment for Every Kid (SEEK) Model</b>
<b>Description</b>	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.
<b>Target Population</b>	Families with children aged 0-5 years who have risk factors for child maltreatment such as parental depression or substance abuse
<b>Age Range</b>	0-5
<b>Recommended Dosage</b>	Assessed at each checkup starting at 2 months - 5 years.
<b>Setting</b>	Pediatric Physician's Office

<b>Name of Program</b>	<b>Stewards of Children</b>
<b>Description</b>	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.
<b>Target Population</b>	Staff and volunteers of schools and other youth-serving organizations, parents/caregivers, and concerned adults
<b>Age Range</b>	18+
<b>Recommended Dosage</b>	2 hour training; One-time
<b>Setting</b>	Home, Community Agency, Foster/ Kinship Care, Hospital, Outpatient Clinic, Residential Care Facility, School

<b>Name of Program</b>	<b>Systemic Training for Effective Parenting (STEP)</b>
<b>Description</b>	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.
<b>Target Population</b>	Parents of children - birth through adolescence
<b>Age Range</b>	0-17
<b>Recommended Dosage</b>	Weekly sessions, 60-90 minutes each for 7 weeks
<b>Setting</b>	Adoptive Home, Birth Family Home, Community Agency, Foster/Kinship Care, Hospital, Outpatient Clinic, Residential Care Facility, School

<b>Name of Program</b>	<b>Teaching-Family Model (TFM)</b>
<b>Description</b>	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.
<b>Target Population</b>	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
<b>Age Range</b>	0-17
<b>Recommended Dosage</b>	Residential settings: 24/7. Home-based interventions: 10-15 sessions weekly for 6-10 weeks. 9 months optimal
<b>Setting</b>	Birth Family Home, Community Agency, Foster/Kinship Care, Hospital, Outpatient Clinic, Residential Care Facility, School

<b>Name of Program</b>	<b>Triple P - Positive Parenting Program</b>
<b>Description</b>	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).
<b>Target Population</b>	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
<b>Age Range</b>	0-12
<b>Recommended Dosage</b>	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.
<b>Setting</b>	Adoptive Home, Birth Family Home, Community Agency, Foster/Kinship Care, Hospital, Outpatient Clinic, Residential Care Facility, School