



**TEXAS**  
Department of Family  
and Protective Services

# **Prevention and Early Intervention Outcomes**

**Rider 28 Outcomes Report**

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December 1, 2018

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*The 85th Legislature directed the Texas Department of Family and Protective Services (DFPS) to report on the effectiveness of its prevention programs. As required by the 2018-2019 General Appropriations Act, Senate Bill 1, 85th Legislature, Regular Session, 2017 (Article II, Health and Human Services Commission, Rider 28) DFPS Prevention and Early Intervention division must report specific information about children, youth, and families served. This report includes data required by Rider 28 and also serves as the required reports for Texas Home Visiting (Senate Bill 426, 83rd Legislative Session, Texas Government Code §531.9871) and for parent education programs (House Bill 2630, 84th Legislative Session, Texas Family Code §265.154). A report on the Texas Nurse-Family Partnership program (Texas Family Code §265.109) will be published separately. These and other program evaluations are available on the PEI website.*

*Due to contractually established data reporting cycles, FY2018 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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## Executive Summary

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

Through an array of services designed to serve the most vulnerable and highest risk children, PEI has built a network of evidence-based and promising practice programs that have led to positive outcomes for families across Texas. In Fiscal Year 2018:

- **67,030 unique children, youth, and families received services** — an increase of 11 percent over the past fiscal year.
- **More than 99 percent of children and youth remained safe from maltreatment while receiving services.**
- **More than 95 percent of youth engaged in services did not become involved with the juvenile justice system.**
- **95 percent of all early childhood programs and 85 percent of all youth and family programs use an evidence-based curriculum.** As PEI continues to work with providers and communities to build capacity, the use and expansion of evidence-based and evidence-informed practices will increase.
- **Families involved with evidence-based home visiting services had better overall health outcomes than the general Texas population and individuals served by comparable programs.** This includes lower preterm births in Fiscal Year 2018, higher breastfeeding rates, and more than half of all clients served increased self-sufficiency through educational programs and/or employment.
- **PEI's online parenting and prevention resource page [HelpandHope.org](http://HelpandHope.org) drew more than 2.4 million visits.**

The RAND Corporation found that high-fidelity home visiting programs for at-risk families have a return on investment of \$1.26 to \$5.70 for every tax dollar spent depending on the population served. PEI continues to invest in these models and support community investments in these evidence-based programs.

With the total estimated lifetime impact associated with child maltreatment at \$454 billion in Texas as of 2014, PEI is committed to building a continuum of services through a public health approach that are effective, evidence-based, and collaborative with community partners.<sup>1</sup> Through flexible

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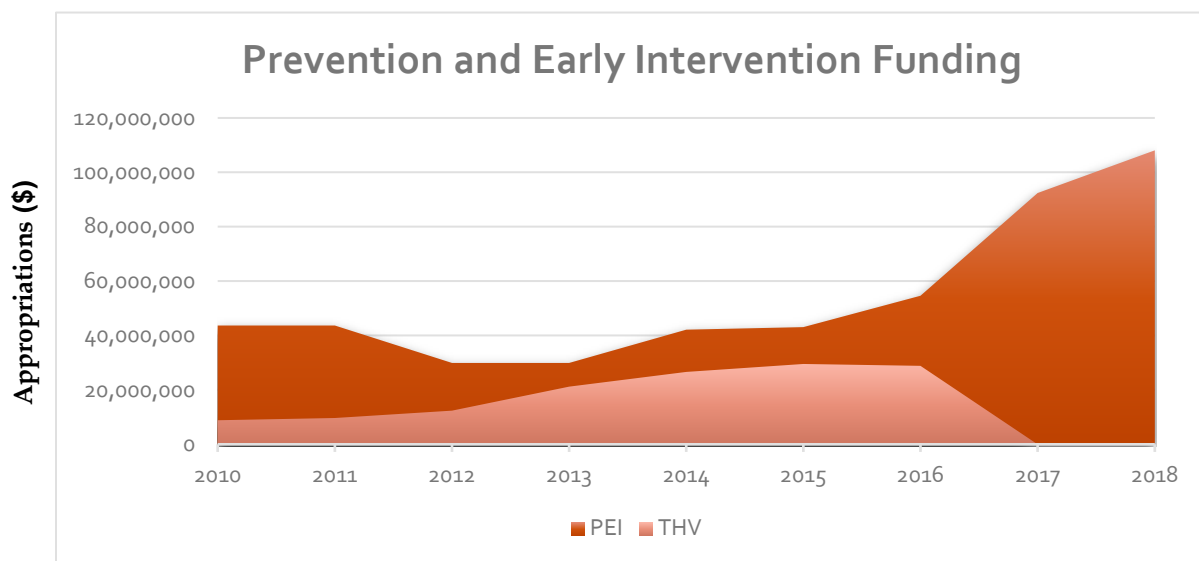
<sup>1</sup> Suffer the Little Children: An Assessment of the Economic Cost of Child Maltreatment, The Perryman Group, November 2014.

programs, PEI contracts with providers across Texas to target high-risk areas and issues that impact children, youth, and families. By facilitating coordination and collaboration in communities to support the responsiveness of services for at-risk children and their families, PEI has established specific outputs and outcome measures that all programs must meet or exceed. This allows PEI to provide greater accountability for prevention and early intervention services and maximize federal, state, and local resources.

## Introduction

The Prevention and Early Intervention (PEI) division assists communities in identifying, developing, and delivering high quality prevention and early intervention programs designed to address risk factors and build protective factors within families in order to prevent or reduce juvenile delinquency and child maltreatment. Prevention services are provided through contracts with non-profit organizations and local governments located throughout Texas. With more than 10 programs, two initiatives, multiple third-party program evaluations, and contractors serving all counties in Texas, PEI programs served almost 61,000 children, youth, and families in fiscal year 2017 and more than 67,000 children, youth, and families in fiscal year 2018.

PEI was established in 1999 by the passage of Senate Bill 1574. In 2015, the 84th Legislature both increased funding and aligned programs across the Texas Health and Human Services system that target improving outcomes for families from a prevention perspective. 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 fiscal year 2016, PEI had expanded to more than 120 contracts and interagency agreements to serve children, youth and families across Texas. In fiscal year 2017, the first full fiscal 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. During this fiscal year, PEI's network of providers served almost 61,000 unique children, youth, and families, an almost three percent increase from Fiscal Year 2016, and re-procured one third of its eleven programs. While the re-procurement expanded its program service area, it also expanded some of the programmatic requirements around the use of evidence-based programs. This led to a decrease in the number of unique families programs could serve during fiscal year 2018 due to the amount of ramp-up time required for programs to implement the new services they proposed in the RFA.



## Current Programs

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

### *Childhood Programs (Primarily Serving Children 0-5)*

**Healthy Outcomes through Prevention and Early Support (HOPES)** promotes community collaboration through parent education, home visiting services, and other support services for families with children 5 years old and younger who are considered at risk for abuse and neglect. Counties were selected after identifying those at greatest risk for child maltreatment, focusing on risks most strongly tied to child abuse and neglect, such as domestic violence, substance abuse, teen pregnancy, child poverty, and child abuse fatalities.

**Texas Home Visiting (THV)** supports the development and implementation of home visiting programs in at-risk communities across Texas and contributes to the development of a comprehensive early childhood system promoting maternal, infant, and early childhood health, safety, and development, as well as strong parent-child relationships in these communities.

**Safe Babies Evaluation** is an initiative and evaluation required by Budget Rider 39 from the 84th Legislature. The purpose of the project is to provide and evaluate hospital or clinic-based interventions that are designed to prevent maltreatment, especially abusive head trauma, in the first year after birth. Over 2,000 families will be provided prevention services and the evaluation will estimate the impact of abusive head trauma prevention efforts across the state.

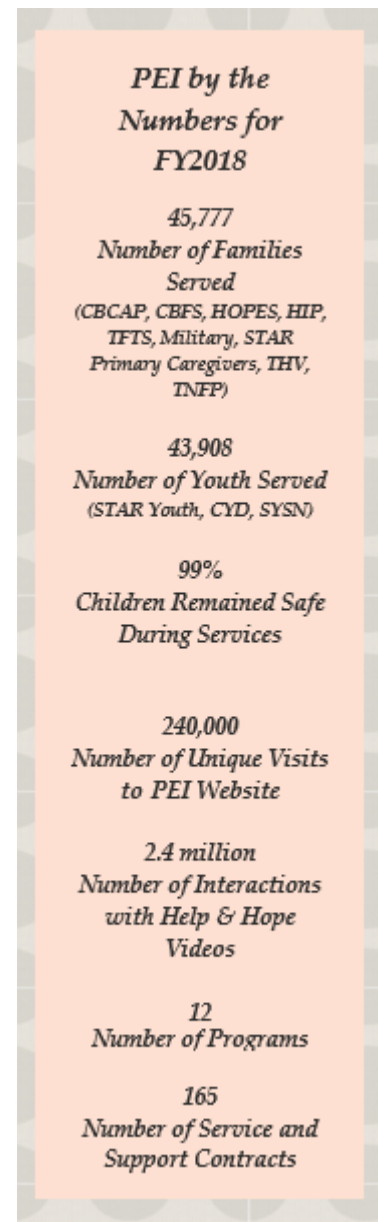
### *Youth Programs*

**Services to At-Risk Youth (STAR)** provides crisis intervention, short-term emergency shelter, individual and family counseling, youth and parent skills groups, and universal child abuse and neglect prevention activities. This program is available in all counties in Texas.

**Community Youth Development (CYD)** uses various approaches to prevent juvenile delinquency, including mentoring, youth leadership, youth skills classes, and recreational activities.

**Statewide Youth Services Network (SYSN)** provides evidence-based programming through a statewide network of youth programs aimed at juvenile delinquency prevention and positive youth development. PEI funds allow state-level grantees to identify areas of high need and vulnerability, and target specific support to local communities. The level and extent of services by county varies.

**Texas Families Together and Safe (TFTS)** provides evidence-based, community-based programs





designed to alleviate stress and promote parental competencies and behaviors that increase the ability of families to become self-sufficient and successfully nurture their children. Contracts under this program naturally concluded at the end of fiscal year 2018 and funding has been allocated to the STAR strategy by the Legislature.

### *Family Programs*

**Community-Based Child Abuse Prevention (CBCAP).** CBCAP programs seek to increase community awareness of existing prevention services, strengthen community and parental involvement in child abuse prevention efforts, and encourage families to engage in services that are already available. CBCAP programs in fiscal year 2017 and fiscal year 2018 include:

- Fatherhood Effects;
- Basic parent education;
- Respite care;
- Home visiting, Education, and Leadership (HEAL); and
- Public awareness campaigns such as Safe Sleep and other special initiatives.

**Community Based Family Services (CBFS)** serves families, who have been investigated by CPS but whose allegations are low priority or unsubstantiated, through community and evidence-based services. Contracts for this program naturally concluded at the end of FY2018.

**Helping through Intervention and Prevention (HIP)** provides eligible families with an extensive family assessment, home visiting that includes parent education, and basic needs support. Families with a new child and a prior history of a confirmed child maltreatment fatality or termination of parental rights are eligible. Former foster youth and current foster youth who are expecting and/or are new parents may also access HIP services.

**Military & Veterans Family Program (Military Families)** was established by HB 19 from the 84th Legislature to develop and implement a preventive services initiative targeted to serve military families and veterans. This program is currently in El Paso, San Antonio, and the Killeen/Belton area. The Military Families program is intended to address child abuse and neglect by providing prevention services based on the needs identified in a Community Needs Assessment and through collaboration with the local Family Advocacy Program office located on the targeted military installation. The program seeks to increase protective factors of families served, thereby reducing the likelihood of a caregiver abusing a child and strengthening the resiliency of the family and community to prevent future maltreatment.

**Texas Youth and Runaway Hotlines (TY&R)** is a 24-hour toll-free hotline offering crisis intervention, telephone counseling, and referrals to troubled youth and families. The hotline also includes text messaging and online chat to help support youth and families in need.

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*“Alice”, a former foster youth, received HIP services throughout her pregnancy. Since enrolling in the HIP program at the Parenting Cottage, Alice has given birth and graduated from high school. With the programs support, she will attend college in the fall. When Alice came to the program she was scared to have a baby and wasn’t sure how she would handle being a mom. The HIP program was able to positively impact these two young lives and report that it has been remarkable watching Alice blossom in to a wonderful mother.*

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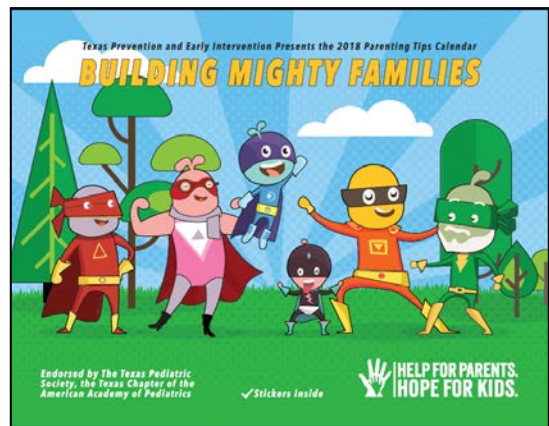
## Special Initiatives

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

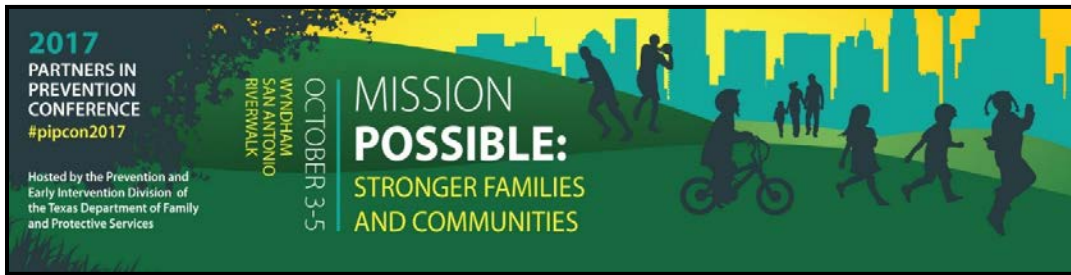
- more than 250 social-service providers;
- licensed child-care facilities, child welfare boards, and child advocacy centers;
- elementary and secondary schools and Head Start programs;
- Women, Infants, and Children (WIC) offices in many locations; and
- local churches and medical facilities.



### *Partners in Prevention Conference*

DFPS hosts the Partners in Prevention Conference—the largest annual gathering of prevention and early intervention specialists and aligned professionals in Texas. Partners in Prevention is an education and networking event for community-based providers, advocates, civic leaders, researchers, and others with a professional interest in child welfare, social, emotional and cognitive development, parenting, juvenile justice, and prosocial adolescent development. In October 2017, nearly 800 people from across Texas gathered for the 17th Annual Partners in Prevention Conference. The theme— Mission Possible: Stronger Families and Communities — 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 is also responsible for public awareness campaigns targeting child safety, addressing common parenting stressors and connecting families to services. Campaign materials and service information can be located at [HelpandHope.org](http://HelpandHope.org). In FY2018, the Help and Hope campaign had more than 1.5 million page views and the new videos were watched over 2.4 million times.

Information provided by [HelpandHope.org](http://HelpandHope.org) includes:

- Help and Hope: real advice for the tough parenting problems;
- Child Safety: parenting and safety tips about children of all ages—babies, toddlers, kids, preteens, and teens, plus quick video tips;
- Look Before You Lock: tips on the prevention of injury and death to children due to being left unattended in automobiles;
- Watch Kids Around Water: water safety for children at home and outdoors aimed at preventing accidental child drowning; and
- Room to Breathe: advice for parents on safe sleep practices for infants.



## Utilizing Evidence-Based Programs

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During fiscal years 2017 – 2018, PEI utilized evidence-based programs in 11 of the 12 program areas that offer services such as home visiting, youth counseling, parenting classes, maternal and child health, juvenile delinquency prevention, military services, fatherhood services, and more. Ninety-five percent of all early childhood programs and 85 percent of all youth and family programs use an evidence-based curriculum. PEI has also 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

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

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
- National Registry of Evidence-based Programs and Practices
- Promising Practices Network

Though many providers with the STAR program were already utilizing evidence-based curricula, PEI explicitly required evidence-based programming during STAR's re-procurement in fiscal year 2017. With the start of new contracts in fiscal year 2018, 75 percent of services were evidence-based and the increase is expected to continue through fiscal year 2019.

## Resources and Support

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

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

By utilizing RFAs, PEI is able to identify the specific population or location for investment, while giving communities flexibility to propose a specific plan for what types of services are uniquely needed to meet the needs of youth and families in their community. When RFAs—or Requests for Proposals (RFPs)—are published, PEI provides information on various clearinghouses and databases which rate and describe evidence-based programs. PEI has also developed an evidence-based program ranking tool to assist contractors in determining the evidence-base of the program they are proposing to deliver. This tool guides the contractor in analyzing the evidence-based programs in areas such as program effectiveness, the program's conceptual framework or logic model, training and program materials, long-term effects of the intervention, program

### Examples of Evidence-based and Promising Programs Funded by PEI in FY2018

AVANCE

Boys and Girls Club  
SMART programs

Effective Black  
Parenting

Family Connections

Healthy Families  
America

Home Instruction for  
Parents of Preschool  
Youngsters (HIPPY)

Nurse Family  
Partnership (NFP)

Nurturing Parenting

Nurturing Skills for  
Parents/Teen Parents

Parents as Teachers  
Parenting Wisely

Positive Parenting  
Program (Triple P)

SafeCare

SEEK Model

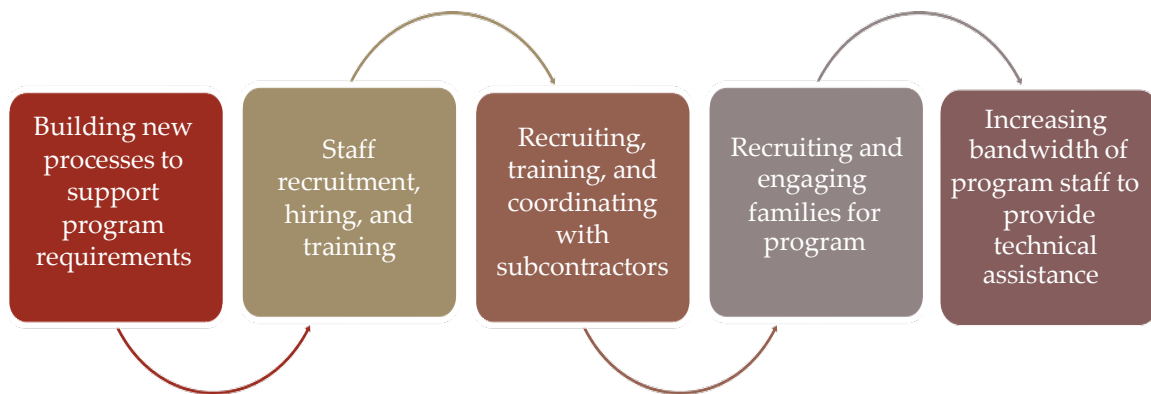
Systemic Training for  
Effective Parenting  
(STEP)



replication, program purpose, publication of evaluations, timeliness of evaluations, implementation methodology, and analysis of research.

### *New Program Planning & Implementation*

New providers and providers implementing new programs require substantial time and support to take root in the community. While established providers often are able to quickly launch new programs, new providers must hire and train staff, recruit participants, and develop processes to meet the need of families, while also meeting PEI's contracting requirements. A 2013 study on the first year of the Texas Home Visiting Program by the University of Texas Child and Family Research Partnership found that new providers and programs needed more time in the start-up phase and cautioned against high expectations for short-term outcomes. In the case of home visiting, many evidence-based programs are designed to serve a family over a two year period and outcomes associated with the program may not be realized until the third year of program



operation.

### **Year-One Issues for New Providers and Programs**

#### **Ongoing Technical Assistance and Support**

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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 successes and challenges their respective programs are experiencing;
- identifying strategies for recruiting and retaining families;
- supporting technical requirements including billing, data entry, and quality data checks;
- contract monitoring, including administrative data and onsite reviews; and
- assisting with program improvement plans targeting provider-specific needs.

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

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

## Program Performance Measures & Outcomes

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

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

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

### Current Measures

PEI programs utilize two strategies for measuring outcomes:

- a validated pre- and post-services survey of protective factors (assessments conducted by providers)
- data on entry into the child welfare and the juvenile justice system, if applicable (requires

data matching with Child Protective Services and Texas Juvenile Justice Department)

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

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

In fiscal year 2017 PEI began collecting and analyzing additional measures through program instruments that are either unique to programs or cross a variety of programs. Examples of this include:

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

PEI has established a data matching relationship with the Department of State Health Services and continues to work with other systems, including the Texas Education Agency and the Office of the Attorney General, to match program data to identify areas for system collaboration and improvement. 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.



## Outcomes I: Program Outputs

PEI works with contractors 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 in the number of families served. These evaluations found that new providers needed time to hire and train staff in the chosen evidence-based model and to make connections in the community to help recruit families for the program. In some areas, new providers needed time to change perceptions that services were only for families in crisis or that engaging in services would ultimately lead to a referral to Child Protective Services.

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

PROGRAM	FY2016	FY2017	FY2018	FY2019	Children Remain Safe as a measure?	Not Referred to JP as a measure?
Services to At-Risk Youth (STAR)	28,606	28,606	22,812*	19,250*	✓	✓
Community-Youth Development	11,625	12,500	17,040	17,040		✓
Community-Based Child Abuse Prevention – Fatherhood (CBCAP)	515	726	756	756	✓	
Community-Based Child Abuse Prevention – Home Visiting, Education and Leadership (HEAL)	574	274	274	274	✓	
Community Based Family Services (CBFS)	470	470	338	Ended in FY2018	--	--
Statewide Youth Services Network (SYSN)	2,336	2,336	2,147	2,147		✓
Healthy Outcomes through Prevention and Early Support (HOPES)	3,095	3,863	4,660	4,660	✓	
Helping through Intervention and Prevention (HIP)**	140	150	380	500	✓	
Texas Families Together and Safe (TFTS)	3,319	3,319	3,148	Ended in FY2018	--	--
Military & Veterans Family Program (Military Families)	238	630	949	751	✓	
Safe Babies**	400	800	800	800	--	--
Texas Home Visiting (THV) and Texas Nurse Family Partnership Programs (TNFP)	4,500	4,500	6,558	6,643	✓	
<b>Total</b>	<b>55,818</b>	<b>58,024</b>	<b>59,482</b>	<b>52,321</b>		

\* FY2018 and FY2019 were estimates due to new procurements (STAR and CYD).

\*\*Numbers are not set in contract. For HIP, clients are determined by number of DFPS referrals to HIP providers; numbers provided are based on projected capacity and not included in the total. Safe Babies does not specify fixed outputs per year, only estimates.

In FY2018, the number of youth and families served through the STAR program were lower than in previous fiscal years. This is due to the program being re-procured in fiscal year 2018, resulting in new services being proposed and implemented by providers. Depending on the type of proposed services, the contractor may serve a lower number than previous years due to implementing more intensive or long-term programs.

**Number of Families and Youth Served by PEI in FY2018**

<b>PROGRAM</b>	<b>Unduplicated Families / Primary Caregivers</b>	<b>Unduplicated Youths</b>	<b>Total Served*</b>
<b>Services to At-Risk Youth (STAR)</b>	26,072	22,655	26,072
<b>Community-Youth Development (CYD)</b>		17,531	17,531
<b>Community-Based Child Abuse Prevention – Fatherhood (CBCAP)</b>	726		726
<b>Community-Based Child Abuse Prevention – Home Visiting, Education and Leadership (HEAL)</b>	182		182
<b>Community Based Family Services (CBFS)</b>	271		271
<b>Statewide Youth Services Network (SYSN)</b>		3,722	3,722
<b>Healthy Outcomes through Prevention and Early Support (HOPES)</b>	7,081		7,081
<b>Helping through Intervention and Prevention (HIP)**</b>	261		261
<b>Texas Families Together and Safe (TFTS)</b>	2,419		2,419
<b>Military &amp; Veterans Family Program (Military Families; MVP)</b>	1,039		1,039
<b>Texas Home Visiting (THV)</b>	4,433		4,433
<b>Texas Nurse Family Partnership (TNFP)</b>	3,293		3,293
<b>Total</b>	<b>45,777</b>	<b>43,908</b>	<b>67,030</b>

\* 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. Safe Babies does not specify fixed outputs per year, only estimates.

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*Joe abused alcohol and had a volatile relationship with his child's mother leading to his arrest and a subsequent protective order placed on him, keeping him from seeing his child. Joe voluntarily sought help from the 24/7 Dad Curriculum at the Child Crisis Center in El Paso. Since attending the program Joe has taken full responsibility for his actions and has been repairing the relationship with his child's mother. In September, a year after beginning the 24/7 Dad program, the court gave Joe permission to begin visitation with his daughter.*

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## Outcomes II: 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, but also decrease long term physical ailments, behavioral health, substance abuse, crime rates, and poor educational outcomes.

“From a public health perspective, the promotion of safe, stable, nurturing relationships is, therefore, strategic in that, if done successfully, it can have synergistic effects on a broad range of health problems as well as contribute to the development of skills that will enhance the acquisition of healthy habits and lifestyles.”<sup>2</sup>

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

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*Seventeen year old “Jessica” recently completed five months of STAR counseling services after moving in with her father and step-mother. Her mother’s alcohol use and untreated mental health disorder created numerous stressors for “Jessica”. The transition to living with her dad and stepmom was rife with difficulty: she felt like an outsider, fought with her dad and stepmom, started shoplifting, and reported feeling depressed and invisible, often staying in her room and disengaging from the world around her. Jessica’s family has many great strengths the counselor was able to highlight and amplify in treatment. With the counselor’s assistance, the family has made an effort to work on understanding one another, trying out new ways to communicate, and spending quality time together as a family. “Jessica” has a greater idea of how to accomplish her post-high school plans and reports feeling hopeful about her future.*

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<sup>2</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)

PEI Outcome Measures	FY2014	FY2015	FY2016	FY2017	FY2018
Percent of Community Youth Development (CYD) Youth not referred to juvenile probation	98.8%	98.6%	98.3%	98.4%	Pending
Percent of Statewide Youth Services Network (SYSN) Youth not referred to juvenile probation	98.6%	98.6%	98.8%	98.8%	Pending
Percent of Services to At-Risk Youth (STAR) Youth not referred to juvenile probation	93.8%	94.1%	98.3%	95.0%	Pending
Percent of Services to At-Risk Youth (STAR) Youth with better outcomes 90 days after termination	86.8%	84.6%	84%	83.1%	Pending
Percent of Services to At-Risk Youth (STAR) Youth remain safe*	99.6%	99.6%	99.7%	99.8%	99.8%
Percent of Federal Community Based Child Abuse Prevention (CBCAP) Children who remain safe*	99.7%	100%	100%	99.4%	99.6%
Percent of Community-Based Family Services (CBFS) Children who remain safe*	98.9%	98.5%	99%	99%	99%
Percent of Texas Families: Together and Safe (TFTS) Children who remain safe*	99.5%	99.5%	99.7%	99.8%	99.8%
Percent of Healthy Outcomes through Prevention and Early Support (HOPES) Children who remain safe*	n/a	99.7%	99.8%	99%	99.2%
Percent of Help through Intervention and Prevention (HIP) Children who remain safe*	n/a	100%	100%	99.2%	99%
Military & Veterans Family Program (Military Families; MVP) Children who remain safe*	n/a	n/a	n/a	99.1%	99.8%

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

\*\*For FY2018, the percentage may increase since not all families have completed services in the required time period prior to measure. For example, the STAR follow-up survey is completed 90 days after termination of services.

## Return on Investment

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The personal effects of child abuse are intensely devastating and often debilitating for children and their families. When combined with economic and social costs, the negative effects are quantifiable and massive. The impact of adverse childhood experiences—including child maltreatment—have long-lasting and far-reaching effects on a child's behavioral, mental, social, and physical health. The Perryman Group, a Waco-based economic and financial analysis firm looked at increased expenses related to health care, education, social services and crime, plus lost productivity and earnings. They determined that the total estimated lifetime impact on individuals experiencing an initial occurrence of child maltreatment in 2014 was \$454 billion in Texas.<sup>3</sup>

Prevention programs can also produce returns on investment beyond decreased child maltreatment costs. Research compiled by the Child and Family Research Partnership at The University of Texas at Austin found that the short- and long-term benefits of home visiting programs largely outweigh the overall costs incurred from implementation.<sup>4</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>5</sup> Another study of a home visiting program in Durham, North Carolina reported saving \$3.00 for every \$1.00 spent during a child's first six months due to reduced emergency care visits.<sup>6</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>7</sup>

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<sup>3</sup> Suffer the Little Children: An Assessment of the Economic Cost of Child Maltreatment, The Perryman Group, November 2014.

<sup>4</sup> The Top 5 Benefits of Home Visiting Programs, Child and Family Research Partnership, The University of Texas at Austin, June 2015.

<sup>5</sup> Early Childhood Interventions: Proven Results, Future Promise, RAND Labor and Population, 2005.

<sup>6</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>7</sup> Return on Investment: Evidence-Based Options to Improve Statewide Outcomes, Washington State Institute for Public Policy, April 2012.

## Protective Factors & Family Resiliency

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

The Protective Factors Survey was designed in 2004 by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention (CBCAP). This tool is a pre-post survey designed to measure five major areas.<sup>8</sup>

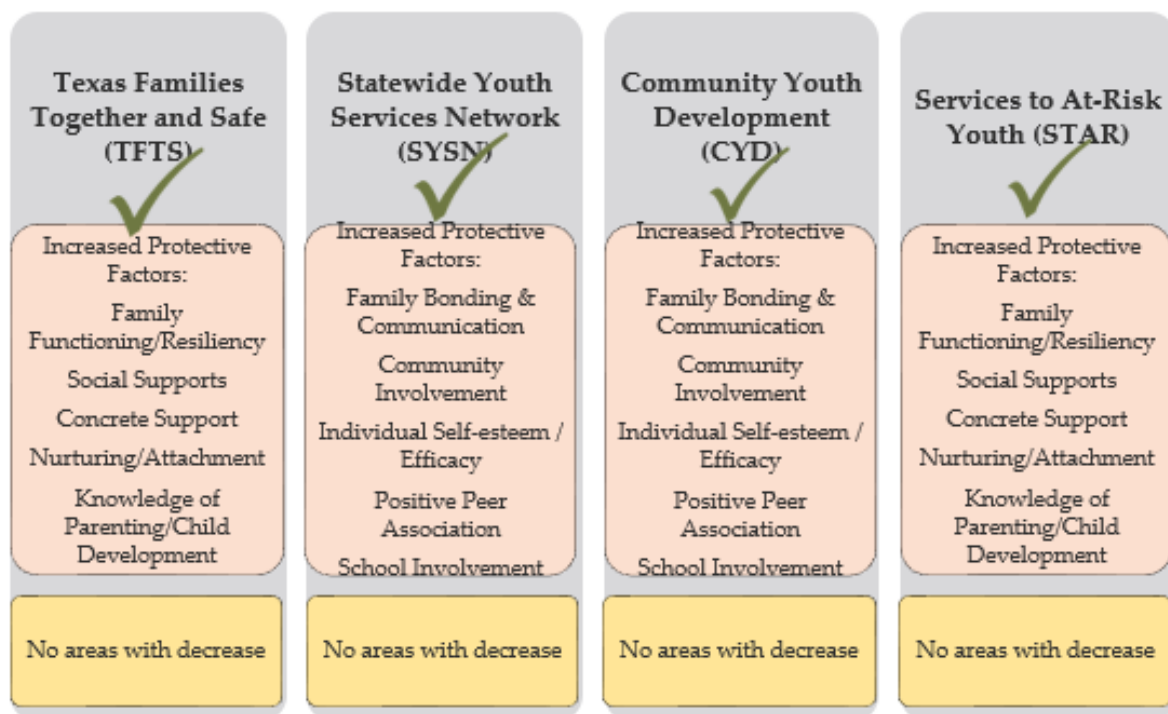
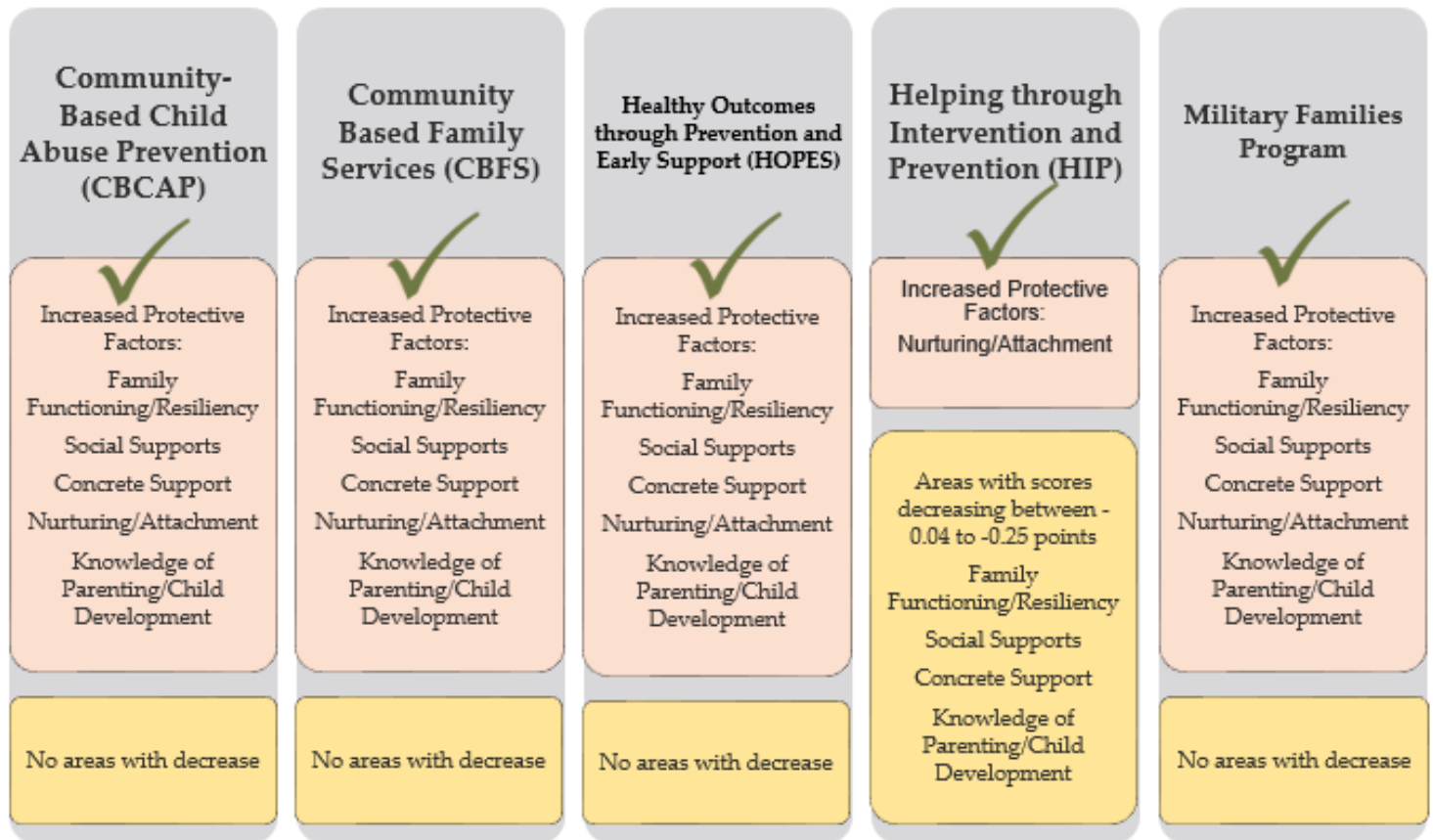
Protective Factors	Description
<b>Family Functioning/ Resiliency</b>	Having adaptive skills and strategies to persevere in times of crisis. Family's ability to openly share positive and negative experiences and to accept, solve, and manage problems.
<b>Social Support</b>	Perceived informal support (from 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 &amp; Knowledge of Parenting</b>	Understanding and using effective child management techniques and having age-appropriate expectations for children's abilities.
<b>Nurturing &amp; Attachment</b>	The emotional tie along with a pattern of positive interaction between the parent and child that develops over time.

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

<sup>8</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).

## Outcomes III: Increased Protective Factors by Program

[Accessible text-only version](#)





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

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*Nathan, a 32 year-old Marine Corps Veteran and single father of two young children ages 4 and 5, lost his job in July 2018. After losing his job, Nathan enrolled in college to create a better life for his family. The financial assistance he received from attending college supplemented his disability compensation but these were not enough to provide financial security for the family. Getting behind on his bills, he contacted 211 seeking help. Nathan was two months behind on his electric bill and it was subsequently disconnected during a follow-up call with the military program navigator. The navigator connected Nathan with the Salvation Army who not only assisted with getting the family's electricity turned back on, they also covered his rent for the following month affording Nathan the opportunity to financially get back on track. Through the connections this program has allowed the navigator to foster, the lives of Nathan and his children has been impacted for the better.*

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

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

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

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

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

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

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

With the launch of HOPES and HIP, PEI designed programs specifically focused on risk factors for fatal child maltreatment and prior child maltreatment fatality history as key indicators. Since both of these programs started in FY2015, long-term impact data is not yet available. However, there have been no cases in either program where a parent or caregiver had received or was receiving services and was involved in a child maltreatment fatality. For HOPES, data is available to track child maltreatment fatalities by county, both as part of the original risk model as well as part of ongoing data collection. During the 85th Legislative Session, PEI was appropriated funds for a new position through Rider 36, allowing PEI to expand the breadth of near fatality reporting. In fiscal year 2018 DFPS published its first report combining information on child maltreatment fatalities and near fatalities for fiscal year 2017.

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

## Outcomes IV: Prior and Current CPS Involvement

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

### Serving Families Involved with Child Protective Services: Primary Caregivers Who Received PEI Services that Matched to an Open CPS Case

Fiscal Year 2016

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

Fiscal Year 2017

<b>Program</b>	<b>Total Families</b>	<b>Number of Families With An Open Case*</b>	<b>Percent of Families with an Open Case*</b>	<b>Families With An Open Investigation Where The PEI Primary Caregiver Was an Alleged Perpetrator**</b>	<b>Percent of Families With An Open Investigation Where The PEI Primary Caregiver Was an Alleged Perpetrator**</b>
CBCAP	721	24	3.3%	2	0.3%
CBFS	300	120	40.0%	26	8.7%
CYD	60	0	0.0%	0	0.0%
HIP	61	10	16.4%	0	0.0%
HOPES	1,953	117	6.0%	8	0.4%
HOPES II	1,289	91	7.1%	11	0.9%
MFVPP	343	23	6.7%	6	1.7%
STAR	14,804	844	5.7%	61	0.4%
TFTS	2,110	58	2.7%	2	0.1%

Fiscal Year 2018

<b>Program</b>	<b>Total Families</b>	<b>Number of Families With An Open Case*</b>	<b>Percent of Families with an Open Case*</b>	<b>Families With An Open Investigation Where The PEI Primary Caregiver Was an Alleged Perpetrator**</b>	<b>Percent of Families With An Open Investigation Where The PEI Primary Caregiver Was an Alleged Perpetrator**</b>
CBCAP	878	27	3.1%	1	0.1%
CBFS	269	25	9.3%	6	2.2%
CYD	192	0	0.0%	0	0.0%
HIP	184	4	2.2%	0	0.0%
HOPES	3,495	134	3.8%	14	0.4%
MFP	517	10	1.9%	1	0.2%
STAR	12,446	290	2.3%	14	0.1%
SYSN	2	0	0.0%	0	0.0%
TFTS	2,412	23	1.0%	1	0.0%

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### *Defining Current CPS Involvement for Families Served by PEI*

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

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

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PEI currently compares data for families served by PEI to determine if children remain safe both during PEI services and after. Data is matched at six months, one year, two years, and three years after discharge or completion of services. Because some services extend for more than one year, only families served through fiscal year 2015 have data at the three year mark. Two additional factors exist in the data: the Community-Based Family Services (CBFS) program serves families that have previous involvement with CPS and in fiscal year 2016, PEI providers may start serving families with active or prior involvement with CPS. When measuring safe in care for families while they are receiving services, 99 percent of primary caregivers do not become a confirmed perpetrator in a CPS investigation. PEI also measures whether or not the caregiver served through PEI became a confirmed perpetrator in an investigation within a year of completing services and again within three years of service. 94 percent of families remain safe up to three years after services. PEI will continue to measure safe in care as a Legislative Budget Board outcome as well.

## Home Visiting Programs

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

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

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

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

- An initial home visit to assess families’ needs and create a service plan;
- Case management to facilitate and ensure the provision of family support services; and
- 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.

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

## Strategic Investments Based on Risk Factors

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Home visiting programs in Texas are at various stages of development. CBCAP was part of the original set of services when PEI was created in 1999. The Texas Home Visiting program has been serving families since fiscal year 2008. HOPES and HIP both launched in fiscal year 2015 and the Military Families program began serving families in fiscal year 2016. These programs use various forms of risk modeling to determine optimal locations for investment.

### Examples of Risk Factors to Determine Community Selection



Through the use of these risk factors, PEI continues to make strategic investments in communities across Texas.

Part of PEI's ongoing work with providers includes ensuring that families at high-risk are enrolled in their program. To this end, PEI contracted with Population Health at University of Texas Health Science Center Tyler (UTHSCT) to develop a series of tools that utilize risk mapping and geographically based risk and resiliency models that will assist PEI in developing growth strategies focused on how to allocate resources within communities of need. UTHSCT will also provide information and analysis that will help PEI understand where programs and investments will need to grow to meet the needs of communities at high risk for maltreatment.

The first of four phases was completed during fiscal year 2018, with phase two underway. During this initial phase Population Health developed maps that show the geographic distribution of maltreatment rates in the state by residential zip code and county. During phase two, Population Health will utilize statistical techniques to understand community level risk for infant maltreatment. The factor-based techniques allow one to see how risk indicators cluster together allowing for community data to emerge that describe communities at risk and ones that are resilient. The third phase will move towards more in-depth analyses and will focus on risk modeling. The fourth phase will be focused on growth modeling and prediction.

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

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

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

HOPES goals include:

- Target the most at risk populations and communities through the strategic use of data;
- Increase the service capacity within communities to support tailored programming for vulnerable families with young children;
- Engage communities in identifying local needs to support the scope of work for procurements; and
- Solicit and coordinate support and funding from the private sector.

PEI currently has 22 contracts with community organizations in almost 50 communities across Texas. The original procurement for HOPES included eight counties (HOPES I). The program expanded in FY2016 to include another eight counties (HOPES II), and expanded to include the next eight counties in FY2017 (HOPES III). Providers for HOPES identified their own strategy and continuum of services.

Providers were selected based on:

- The strength of the programming they propose for their community (programs must be evidenced-based or a promising practice);
- The availability of data to support their program strategies;
- Their ability to coordinate with local services and initiative

### FY 2017

**Total Grantees**  
22

**Average Grantee Budget**  
\$801,037.49

**Monthly Contracted Output**  
317

**Annual Contracted Output**  
3,863

**Counties Served**  
46: 22 Primary Counties,  
24 Secondary Counties

### FY2018

**Total Grantees**  
22

**Average Grantee Budget**  
\$968,792

**Monthly Contracted Output**  
2,215

**Annual Contracted Output**  
4,660

**Counties Served**  
46: 22 Primary Counties,  
24 Secondary Counties

Source: DFPS Data Book,  
PEI Contracts

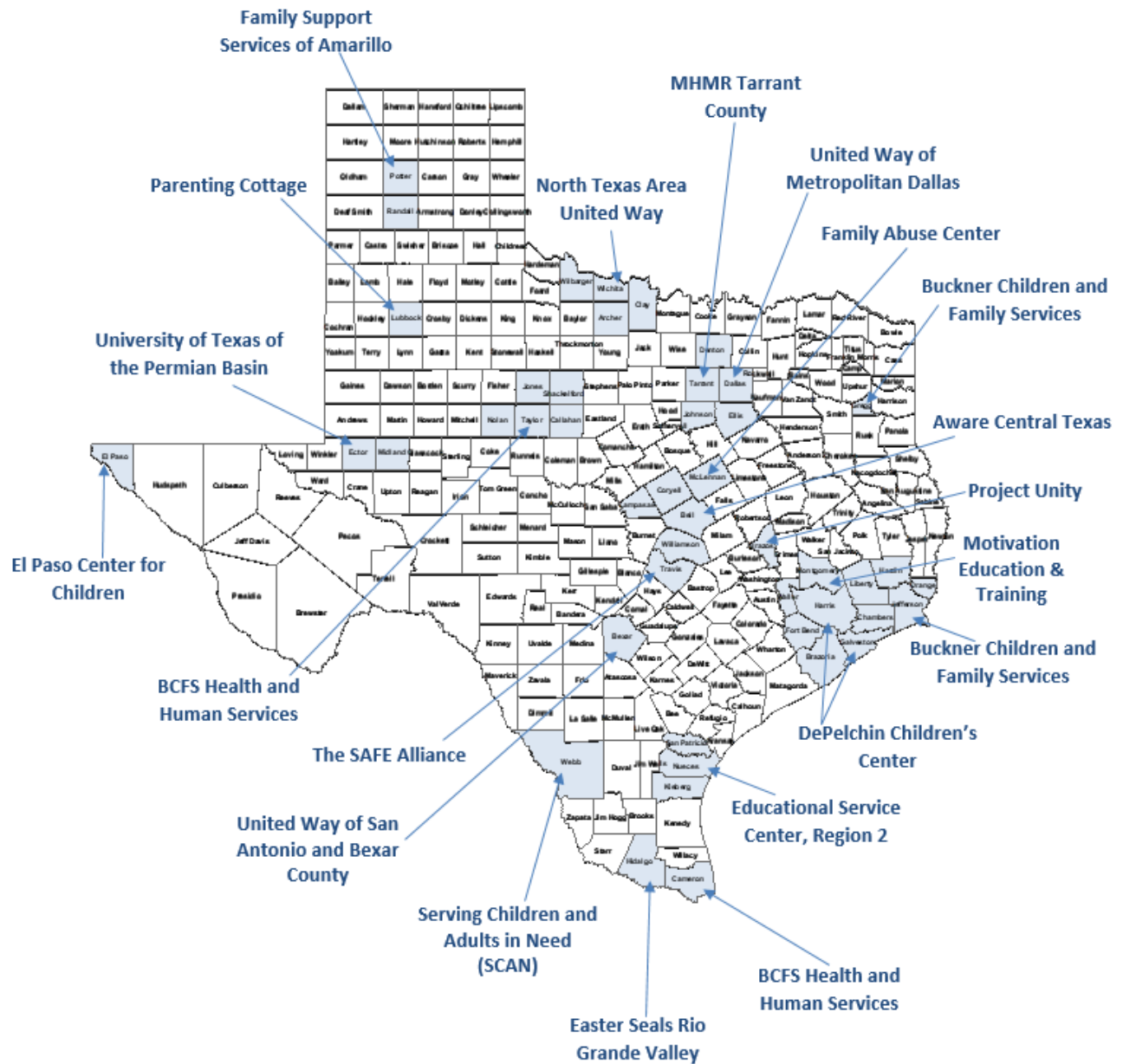


- Their experience providing child-abuse and neglect prevention programs; and
- The amount of additional funding they can bring to their efforts.

### Targeted Communities

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

### HOPES Provider Locations



## HOPES County Risk Model

Details about each county, their ranked risk of child abuse and neglect, the possible coordination opportunities, and the child populations in fiscal year 2014, when the grants were first initiated, are listed in the following table:

*Ranked Risk Values are in Ascending Order, such that Higher Risk Counties have a Higher Risk Value\**

<b>County</b>	<b>Ranked Risk of Family Violence (Range 9-254)</b>	<b>Ranked Risk of Substance Abuse (Range 1-254)</b>	<b>Ranked Risk of Teen Pregnancy (Range 1-254)</b>	<b>Ranked Risk of Child Abuse Fatality Across Past 5 Years (Range 55-254)</b>	<b>Ranked Risk of Child Poverty (Range 0-253)</b>	<b>Average Risk Ranking (Range 18-216)</b>	<b>Final Ranking of Prevention Need Within Selected 28 Counties (Range 1-28)</b>
Potter	237	237	208.5	217	180.5	216	28
Webb	231	196	182	148	227	196.8	27
Gregg	226	128	208.5	206.5	149	183.6	26
Ector	239	150.5	211	230.5	84	183	25
Cameron	242	73.5	207	143	239	180.9	24
Nueces	246	182.5	130	168	166	178.5	23
McLennan	238	170	98	180.5	185	174.3	22
Wichita	232	211	157	191.5	73	172.9	21
Lubbock	245	234	124	124	124	170.2	20
Jefferson	247	116	69	191.5	157.5	156.2	19
Hidalgo	249	4.5	159	135	231.5	155.8	18
El Paso	248	3	175	130	191.5	149.5	17
Taylor	233	160	54	168	129	148.8	16
Bell	244	96	59	215.5	108.5	144.6	15
Johnson	224	168	132	158	36.5	143.7	14
Midland	219	68	192	152.5	47	135.7	12.5
Galveston	234	182.5	52.5	152.5	57	135.7	12.5
Smith	221	27.5	79.5	206.5	105	127.9	11
Brazos	229	87	35	158	128	127.4	10
Montgomery	243	98	64.5	152.5	66	124.8	9
Guadalupe	222	118	63	172.5	34	121.9	8
Hays	214	194	33	130	30.5	120.3	7
Ellis	212	139	46.5	130	64	118.3	6
Williamson	230	152	29	148	18	115.4	5
Brazoria	236	80	45	130	30.5	104.3	4
Fort Bend	240	9	25	135	26	87	3
Collin	241	35	24	117.5	17	86.9	2
Denton	235	2	26	114	16	78.6	1

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

## Evaluation of HOPES I

The University of Texas Institute for Child and Family Wellbeing worked with PEI to evaluate HOPES I. The Institute found that overall HOPES I was successful in increasing protective factors in families and assisting communities. Based on the findings they provided the following recommendations:

- PEI should continue support of community-based child maltreatment prevention programs as these programs are increasing protective factors that may prevent future child maltreatment.
- PEI should shift to an evidence-informed framework to allow for increased flexibility in programming.
- PEI should adjust performance based contracting requirements.
- PEI should maintain the community-based approach of HOPES.
- PEI should dedicate time for programs to have a start-up period and to provide technical assistance regarding recruitment and operations planning during this time.
- PEI should support programmatic staff through professional development, training and technical assistance and official guidance on program issues.
- PEI should provide guidance on how to incorporate child maltreatment prevention into community coalition goals and plans in order to reduce duplication of efforts.
- Data collection should be expanded in order to better understand families being served.
- PEI should clarify how programs enter services that a person received into the PEI database.
- PEI should provide guidance on recording minimum dosage.
- PEI should create a standardized format for sites' quarterly and annual reports.
- PEI should manage expectations about what data analysis is able to show about successful implementation of a prevention program.

### **Outcomes VI: Outcomes from HOPES I, II, and III**

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Fiscal year 2017 was the first fiscal year for all three iterations of the HOPES contract to be executed. During fiscal year 2017, HOPES I, II, and III served 4,702 families, with direct services, including evidence-based parent education programs, and support services such as counseling and case management. In fiscal year 2018, HOPES I, II, and III served 7,081 families.

Ninety-nine percent of families served by HOPES in fiscal year 2016 have not been involved with Child Protective Services (CPS) since completing services. Data will continue to be matched over the next three years to see if there are future contacts with CPS, but the results so far are promising particularly in light of the FY2016 policy change allowing HOPES providers to serve families with either a prior CPS investigation or an open stage of service with CPS.

Data from HOPES I shows that families that participated, even if they did not fully complete all sessions of the evidence-based parent education programs, showed marked improvement on the

Protective Factors Survey that measures change in protective and risk factors in parents. This suggests that by completing at least the minimum dosage from the evidence-based programs in conjunction with support services, families are gaining knowledge and resiliency while building helpful connections in the community.

Providers are also required to participate in community coalitions to help strengthen the safety net for children in their community. While 7,081 families received direct services through HOPES, the impact to the community was greater as HOPES sites reached an estimated 36,000 individuals in fiscal year 2018 through community programs and outreach. Providers attend community fairs, events at parks, libraries and children's museums, conferences, and professional trainings as part of this work.

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*HOPES allows for innovative practice. One example of this is North Texas Area United Way's hosting regular "Moms with Muffins" meetings at several of the Section 8 apartment complexes in their area. The HOPES coordinator has covered topics including: domestic violence, safe sleep, shaken baby syndrome, the benefits of reading to young children, and the period of purple crying. These innovative meetings have been well attended and provided an invaluable support network to mothers in the area.*

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## Texas Home Visiting

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THV is a voluntary program through which early childhood and health professionals or paraprofessionals regularly visit the homes of at-risk pregnant women or families with children under the age of six with the goal of improving outcomes for parents and families.

### *Funding Home Visiting*

S.B. 426 (83<sup>rd</sup> Legislative Session, Texas Government Code, §531.984) provided state General Revenue funds to support home visiting programs and requires the program to also seek other means of funding. In addition to General Revenue, home visiting is supported through Temporary Assistance for Needy Families (TANF) dollars to specifically support Nurse Family Partnership sites and federal funds from the Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV) program grant through Health Resources and Services Administration (HRSA).

### *Selecting Communities for Home Visiting*

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

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

<b>FY 2017</b>
<b>Total Grantees</b>
20
<b>Average Grantee Budget</b>
\$893,183.83
<b>Monthly Contracted Output</b>
3,941
<b>Annual Contracted Output</b>
3,941
<b>Counties Served</b>
22
<b>FY2018</b>
<b>Total Grantees</b>
20
<b>Average Grantee Budget</b>
\$905,013
<b>Annual Contracted Output</b>
3,858
<b>Counties Served</b>
24
Source: DFPS Data Book, PEI Contracts

- **Child Maltreatment.** Data on confirmed child maltreatment victims were ranked by county to provide an overall ranking of child maltreatment.

Scores are ranked individually and then each county is assigned an overall combined ranking based on the four scores (resources, health, education and child maltreatment). Additional community needs assessments, child population, and current investment areas are also assessed to identify counties for further investment.

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

### *Selected Evidence-based Models*

Providers with THV use evidence-based programs to serve children and families. The four models providers can elect to use demonstrate positive outcomes in maternal and child health, child development, and/or school readiness. These models also have a strong state infrastructure to provide technical assistance on model fidelity. The home visiting evidence-based models used by THV are:

- Parents as Teachers (PAT)
- Home Instruction for Parents of Preschool Youngsters (HIPPIY)
- Nurse Family Partnership (NFP)
- Family Connects

Detailed program descriptions are located in Appendix B.

The following identifies the Texas Home Visiting Program Sites by their funding source.

#### MIECHV Grant Sites

- Victoria and Dewitt County Public Health Dept. (Victoria)
- United Way Greater Austin (Travis, Williamson, Hays, Bastrop)
- Bastrop County
- UT Health Northeast (Anderson, Cherokee, Smith)
- United Way of Metro Dallas (Dallas)
- University of Texas Permian Basin (Ector, Midland)
- Wellness Pointe (Gregg)
- Coalition of Health Services (Potter, Randall)
- Easter Seals Rio Grande Valley (Willacy, Hidalgo, Cameron)
- United Way of Coastal Bend (Nueces, San Patricio)
- North Texas Area United Way (Wichita)
- United Way of San Antonio (Bexar)
- Easter Seals Rio Grande Valley (Starr)
- Community Action, Inc. (Hays)
- United Way of Metro Dallas (Collin)

#### S.B. 426 Funded Sites

- Ft. Worth ISD (Tarrant)
- Houston ISD (Harris)
- Collaborative for Children (Harris)
- MET, Inc. (Montgomery)
- Childrens Advocacy Center of Tom Green County (Tom Green)

#### GR Nurse Family Partnership (NFP) Funded Sites

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

#### TANF Funded Sites

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



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

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

### *Demographics*

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

#### **Texas Home Visiting Program Service Numbers for FY2018**

Type	Federally Funded Sites	S.B. 426 Sites
<b>Children Served*</b>	3,753	1,137
<b>Families Served</b>	3,499	934

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

#### **Texas Home Visiting Program - Primary Caregiver Demographics by Gender for FY2018**

Demographics by Gender	Federally Funded Sites	S.B. 426 Sites
<b>Male</b>	79	102
<b>Female</b>	3,420	832

**Texas Home Visiting Program - Primary Caregiver Demographics by Ethnicity and Age for  
FY2018**

*Table 1: Race/Ethnicity of Caregiver*

<b>Race/Ethnicity of Caregiver</b>	<b>Federally Funded Sites</b>	<b>S.B. 426 Sites</b>
Hispanic	2,508	284
Not Hispanic	991	650
Anglo or White	2,928	626
African American or Black	287	183
Asian, Pacific Islander	29	7
Native American	21	2
Hawaiian or Other Pacific Islander	9	1
More than one race	140	45
Other	85	70

*Table 2: Parent Age*

<b>Parent Age</b>	<b>Federally Funded Sites</b>	<b>S.B. 426 Sites</b>
Under 15	28	1
15 to 17	61	0
18 to 19	156	195
20 to 21	263	289
22 to 24	476	398
25 to 29	846	22
Over 30	1,669	29

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

**Texas Home Visiting Program - Primary Caregiver Education Level for FY2018**

<b>Primary Caregiver Education Level for FY2018</b>	<b>Federally Funded Sites</b>	<b>Percentage</b>	<b>S.B. 426 Sites</b>	<b>Percentage</b>
Less than HS diploma	825	23.58%	208	22.27%
High school diploma/GED Diploma	899	25.69%	448	47.97%
Some College/training	606	17.32%	221	23.66%
Technical training or certification	216	6.17%	5	0.54%
Associates Degrees	164	4.69%	7	0.75%
Bachelor's Degrees	394	11.26%	2	0.21%
Other	23	0.66%	8	0.86%
Unknown/Did not report	372	10.63%	35	3.75%

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

**Texas Home Visiting Program - Primary Caregiver Income for FY2018**

<b>Primary Caregiver Income Level for FY2018</b>	<b>Federally Funded Sites</b>	<b>Percentage</b>	<b>S.B. 426 Sites</b>	<b>Percentage</b>
50% and under federal poverty level (FPL)	1,012	28.92%	230	24.63%
51-100% FPL	843	24.09%	251	26.87%
101-133% FPL	448	12.80%	133	14.24%
134-200% FPL	435	12.43%	124	13.28%
201-300% FPL	154	4.40%	109	11.67%
>300% FPL	131	3.74%	75	8.03%
Unknown/Did not report	476	13.60%	12	1.28%

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

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

### **Maternal and Child Health Outcomes**

Women will breastfeed for at least six months postpartum<sup>9</sup>

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

- State average for exclusive breastfeeding at six months : 24.1 percent
- National average for exclusive breastfeeding at six months: 24.9 percent

Children will attend recommended well-child visits

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

Babies will be born at full term<sup>10</sup>

86.4 percent of babies born during the program were born full term (after 36 weeks of pregnancy) and 13.6 percent were born preterm. The program served several families with multiple children as well as high risk pregnancies.

- State average for preterm births: 10.6 percent
- National average for preterm births: 9.9 percent

### **School Readiness Outcomes**

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

64.3 percent of families read, sing songs or tell stories to their child on a daily basis

Parent-child relationships will improve

15.8 percent of primary caregivers showed an increased parent-child interaction score on the Parenting Interactions with Children: Checklist of Observations Linked to Outcomes (PICCOLO) from enrollment to 12- months post enrollment, or the end of the program year for HIPPY.

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

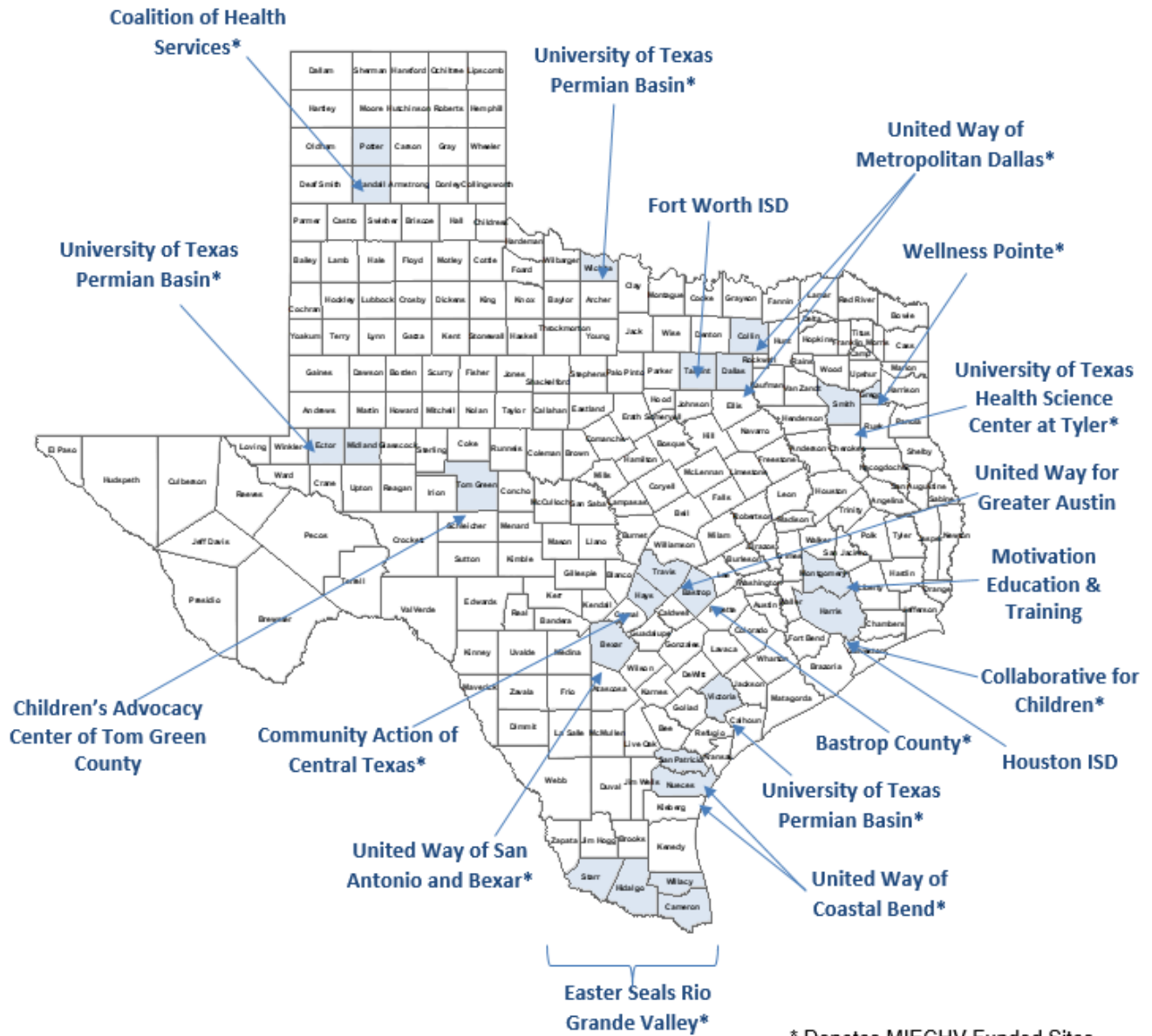
<sup>10</sup> March of Dimes, 2018. Peristats Data Book. Available at <https://www.marchofdimes.org/peristats/ViewTopic.aspx?reg=48&top=3&lev=0&slev=4>

### **Family Self-Sufficiency Outcome**

Primary caregiver(s) will increase in working or education

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

# THV Provider Locations



## Future Evaluation & Measures of Effectiveness

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

PEI has utilized its new IT system for a full year and has seen an improvement in the quality of data PEI can access from providers in real-time allowing PEI to better demonstrate program effectiveness, track outputs and outcomes, and carry out reporting functions in real time. It will also provide 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; and
- Developing a process to identify areas for investment based on risk factors and environmental conditions that threaten child well-being.

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

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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)

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*When you talk to the students attending The Good Samaritan Center, referred to as Good Sam by its staff and students, you will routinely hear that Good Sam employ caring, supportive, and dedicated staff that impact each life they touch. According to one student, Albert, "These individuals have influenced my educational career and have also helped me determine what kind of career I wish to pursue and how to get there." The students who attend Good Sam live in a part of San Antonio where they are exposed to violence frequently. "Shootings and stabbings have been common in the area in which I live, and I am thankful that most of my time has been spent at the program where I knew I would be safe." Albert is the president of the Youth Advisory Committee says he volunteers "for the opportunity to help change people's lives the way others have onto mine." Albert credits good Sam with providing him safety, support, and the tools he needs to be successful. "At my current age of seventeen, I feel that today's' youth are our future as I was once someone else's...young minds have the capacity to learn and develop skills that will be applied into new ideas to make our communities safe and united."*

*Benjamin, student attending the Good Samaritan Center and who participates on the Youth Advisory Committee stated that the program and its staff "have played a very important role in my life and they've helped me become a better person. YAC helps me be the change in my neighborhood and the world, it shows me that everyone needs help in life once in a while. Life is difficult and we can't always go through it alone. YAC builds character skills, respect, and most importantly love for others no matter who you are. We can't fix the community but we can make it better."*

*Giselle stated that through the Center she has "gained skills that are beneficial to society, education and given me aspirations." She also stated that the YAC has improved her self-esteem, taught her how to be a leader, and given her the motivation and encouragement she needed strive for success and understand that her options are never limited. Another student, Vincent, stated that he appreciated the opportunity to participate on the Good Samaritan Center's Youth Advisory Committee as the staff encouraged him to get his high school diploma and supported his goal of attending college to pursue a degree in automotive technology.*

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## APPENDIX A. Fiscal Year 2018 Program Obligations

PEI Programs in FY 2018	FY2018 Contract Obligations and Administrative Support	FY2018 Projected Expenditures	Number of PEI Program Contracts	Number of Counties Covered	Target Number of Children/Families to be Served	Actual Number of Children/Families Served
Services to At-Risk Youth	\$22,450,789	\$21,576,022	28	254	22,812	26,072
Texas Families: Together and Safe	\$2,163,147	\$2,036,340	4	19	3,148	2,419
Community Youth Development	\$8,648,357	\$8,022,559	18	15	17,040	17,531
Community-Based Child Abuse Prevention	2,385,068	\$3,471,037	10	8	1030	908
Community-Based Family Services	\$537,465	\$510,558	2	6	338	271
Statewide Youth Services Network	\$1,665,000	\$1,541,017	2	254	2,147	3,722
Healthy Outcomes through Prevention and Early Support (HOPES I, II, III)	\$22,421,331	\$20,156,465	24	24	4,660	7,081
Helping through Intervention and Prevention (HIP)	\$710,691	\$565,335	13	69	Based on Referred Families	261
Military and Veteran Families	\$1,702,108	\$1,596,000	5	3	949	1,039
Safe Babies Campaigns	\$1,300,000	\$1,300,000	1	Statewide	800+ Per Evaluation Design	Evaluation is ongoing
Texas Home Visiting	\$20,896,911	\$19,633,841	20	24	3,858	4,433
Nurse Family Partnership	\$13,906,568	\$12,783,218	15	24	2,700	3,293
PEI Administrative	\$6,593,078	\$3,690,790	--	-	-	-
<b>Total Funds in FY2018</b>	<b>\$105,380,513</b>	<b>\$96,883,182*</b>	<b>142**</b>	<b>All counties</b>	<b>59,482 Children/Families</b>	<b>67,030 Children/Families</b>

\* Several factors contribute to the unexpended balances including logistics and timing of cost-reimbursement contracts, first-year delay in expenditures associated with operationalizing new contracts, and staffing turnover within PEI contracted community-based organizations.

- **Cost-Reimbursement Contract Structure**

The majority of Prevention and Early Intervention (PEI)'s contracts are categorized as cost-

reimbursable contracts, which involve reimbursement to the contractor for actual costs incurred. The billing and reimbursement process associated with this type of contract can result in a delay between the expense being incurred, and the reimbursement being made. This dynamic and delay is exacerbated with a contractor/sub-contractor relationship. While this type of contract allows for the flexibility needed with the Prevention programs, oftentimes, a significant amount of time can elapse before an expense is realized.

- **Building Capacity**

PEI has made strides to build capacity to provide evidence-based programming. This results in new contracts. As new contracts are implemented, there are delays associated with operationalizing the contract (staffing, training, etc.), which results in lapses during the first year of activity.

- **Staffing Turnover**

Staffing turnover and vacancies contractors and subcontractors result in reduced expenditures and increased unexpended balances.

### **Efforts to Limit Unexpended Balances in FY 2018-19**

Management continues to make efforts to enhance communications, improve procedural efficiencies and budget monitoring to limit any unexpended balances. Specific examples include:

- Implementation in FY2018 of a mid-year review process with each contractor. Contracts amount are amended accordingly to spending patterns;
- Implementation in FY2019 of a "Build" initiative that uses inter-local agreements with city or county governments to plan for ramping up programs and funding more slowly to account for first-year delays and increasing annual budgets thereafter; and
- Ongoing review of the billing process to ensure obstacles are removed and challenges addressed.

\*\*PEI had 142 contracts for PEI programs in FY 18, but also 23 contracts for training, technical assistance, research and evaluation to support the quality and effectiveness of prevention efforts.

## 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://cfcrights.org/wp-content/uploads/2011/10/EBP-Registry-Doc-FINAL.pdf">http://cfcrights.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>

Clearinghouse	Supporting Agency and Online Location
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

Name of Program	AVANCE Parent-Child Education Program (PCEP)
<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 appropriate classroom setting which aims to build the academic, social, and physical foundation necessary for school readiness.

<b>Name of Program</b>	<b>AVANCE Parent-Child Education Program (PCEP)</b>
<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>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 Connections</b>
<b>Description</b>	Family Connections is a multifaceted, community-based service program that works with families in their homes and in the context of their neighborhoods to help them meet the basic needs of their children and prevent child maltreatment. Nine practice principles guide <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.

Name of Program	Family Connections
Target Population	Families at risk for child maltreatment
Age Range	0-17
Recommended Dosage	A minimum of one hour of face-to-face contact between the social worker and clients weekly; 3-4 months with an optional 90-day extension if needed
Setting	Birth Family Home, Community Agency

Name of Program	Home Instruction for Parents of Preschool Youngsters (HIPPY)
Description	HIPPY is a home-based and parent-involved school readiness program that helps parents prepare their children ages three to five years old for success in school and beyond. The parent is provided with a set of carefully developed curriculum, books, and materials designed to strengthen their child’s cognitive and early literacy skills, as well as their social, emotional, and physical development. The <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.
Target Population	Parents who have young children and have limited formal education and resources
Age Range	3-5
Recommended Dosage	Home visitors engage their assigned parents on a weekly basis. A home visit consists of a one-hour, one-on-one interaction. Parents then engage their children in educational activities for five days per week for 30 weeks. At least six times per year, one or more cohorts of parents meet in a group setting with the coordinator and their assigned home visitor(s). Last approximately two hours. A minimum of 30 weeks of interaction with the home visitor; curriculum available for up to three years of home visiting services
Setting	Home; Kinship/ Foster Care

Name of Program	Incredible Years
Description	The Incredible Years is a series of three separate, multifaceted, and developmentally based curricula for parents, teachers, and children. This series is designed to promote emotional and social competence; and to

Name of Program	Incredible Years
	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>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

Name of Program	Nurse Family Partnership (NFP)
<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

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

Name of Program	Parenting Wisely
<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)
<b>Description</b>	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.
<b>Target Population</b>	Families with an expectant mother or parents of children up to kindergarten entry (usually 5 years)
<b>Age Range</b>	0-5
<b>Recommended Dosage</b>	2 years per family

<b>Name of Program</b>	<b>Parents as Teachers (PAT)</b>
<b>Setting</b>	Adoptive Home; Birth Family Home; Child Care Center; Community Agency; Foster/Kinship Care; Outpatient Clinic; School

<b>Name of Program</b>	<b>Period of Purple Crying</b>
<b>Description</b>	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.
<b>Target Population</b>	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
<b>Age Range</b>	0-0
<b>Recommended Dosage</b>	Three 3-10 minute contacts; over 3 months
<b>Setting</b>	Home; hospital; primary care provider

<b>Name of Program</b>	<b>SafeCare</b>
<b>Description</b>	SafeCare® is an in-home parent training program that targets risk factors for child neglect and physical abuse in which parents are taught skills in three module areas: (1) how to interact in a positive manner with their children, to plan activities, and respond appropriately to challenging child behaviors, (2) to recognize hazards in the home in order to improve the home environment, and (3) to recognize and respond to symptoms of illness and injury, in addition to keeping good health records. All three modules should be used in the implementation of SafeCare®; any modifications to or elimination of modules need to be discussed with the program developers.
<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

Name of Program	Safe Environment for Every Kid (SEEK) Model
<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

Name of Program	Stewards of Children
<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

Name of Program	Systemic Training for Effective Parenting (STEP)
<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

Name of Program	Teaching-Family Model (TFM)
<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

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

## **APPENDIX C: Program Contact Information**

## Region 1

Counties: Armstrong, Bailey, Briscoe, Carson, Castro, Childress, Cochran, Collingsworth, Crosby, Dallam, Deaf Smith, Dickens, Donley, Floyd, Garza, Gray, Hale, Hall, Hansford, Hartley, Hemphill, Hockley, Hutchinson, King, Lamb, Lipscomb, Lubbock, Lynn, Moore, Motley, Ochiltree, Oldham, Parmer, Potter, Randall, Roberts, Sherman, Swisher, Terry, Wheeler, Yoakum

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
CYD	StarCare	Contractor	Lubbock Regional MHMR dba StarCare	Lubbock	www.lubbockmhm.org/service s/ or chatcher@starcarelubbock.org	(806) 740-1421 (806) 740-1414
		Subcontractor	Communities In Schools	Lubbock	eloisa.vigil@cissouthplains.org	(806) 368-8090
		Subcontractor	Communities in Schools - YAC/CYD Coordinator	Lubbock	samantha.rodriquez@cissouthplains.org	(806) 368-8090
		Subcontractor	Guadalupe/Parkway Centers	Lubbock	jwilliams@guadalupe-parkway.org	(806) 763-3963
		Subcontractor	National Center for Parenthood Enrichment	Lubbock	parenthood1@sbcglobal.net	(806) 535-5437
		Subcontractor	The YWCA of Lubbock TX	Lubbock	glenda.mathis@ywcalubbock.org	(806) 792-2723
		Subcontractor	The YWCA of Lubbock TX	Lubbock	roy.roberts@ywcalubbock.onmicrosoft.com	(806) 792-2723
CYD	United Way of Amarillo and Canyon	Contractor	United Way of Amarillo and Canyon	Potter	www.unitedwayama.org/Community-Youth-Development jennifer.cook@goodsamtx.org	(806) 376-6359 After Hours: (806) 468-8734
		Subcontractor	Amarillo College	Potter	camoersitzki@actx.edu	(806) 371-2902

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
		Subcontractor	Family Support Services	Potter	breed@fss-ama.org	(806) 342-2530
<b>HIP</b>	Parenting Cottage, Inc.	Contractor	Parenting Cottage, Inc.	Lubbock		(806) 795-7552
<b>HOPES</b>	Family Support Services of Amarillo, Inc.	Contractor	Family Support Services of Amarillo, Inc.	<b>Primary:</b> Potter <b>Secondary:</b> Randall	www.fss-ama.org/hopes.html	(806) 374-5433
<b>HOPES</b>	Parenting Cottage	Contractor	Parenting Cottage	<b>Primary:</b> Lubbock	parentingcottage.org/community-services/project-hopes/	(806) 795-7552
<b>STAR</b>	Catholic Charities, Diocese of Lubbock, Inc.	Contractor	Catholic Charities, Diocese of Lubbock, Inc.	Bailey, Baylor, Briscoe, Castro, Childress, Cochran, Cottle, Crosby, Dickens, Floyd, Foard, Garza, Hale, Hardeman, Haskell, Hockley, Kent, King, Knox, Lamb, Lubbock, Lynn, Motley, Parmer, Stonewall, Swisher, Terry, Throckmorton, Wilbarger, Yoakum	www.cclubbock.org/star.html	800-530-4704
<b>STAR</b>	Texas Panhandle MHMR	Contractor	Texas Panhandle MHMR	Carson, Collingsworth, Dallam, Deaf Smith, Donley, Gray, Hall, Hemphill, Hutchinson, Lipscomb, Moore, Ochiltree, Oldham, Potter, Randall,	www.texaspanhandlecenters.org/services-to-at-risk-youth-star-program.html	800-692-4039



Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
				Roberts, Sherman, Hansford, Hartley, Wheeler		
		Subcontractor	Catholic Charities - Interpreters	Dallam, Sherman, Hansford, Ochiltree, Lipscomb, Hartley, Moore, Hutchinson, Roberts, Hemphill, Oldham, Potter, Carson, Gray, Wheeler, Deaf Smith, Randall, Armstrong, Donley, Collingsworth, Hall	<a href="http://cctxp.org/emergency-youth-shelter/">http://cctxp.org/emergency-youth-shelter/</a>	(806)376-4571
		Subcontractor	Catholic Family Youth Services Shelter	Dallam, Sherman, Hansford, Ochiltree, Lipscomb, Hartley, Moore, Hutchinson, Roberts, Hemphill, Oldham, Potter, Carson, Gray, Wheeler, Deaf Smith, Randall, Armstrong, Donley, Collingsworth, Hall	<a href="http://cctxp.org/">http://cctxp.org/</a>	(806)376-7731
<b>SYSN</b>	Big Brothers Big Sisters of North Texas	Contractor	Subcontract with other Big Brother Big Sister programs	All counties	<a href="http://Bbbstx.org">Bbbstx.org</a>	888-887-2447
<b>SYSN</b>	Texas Alliance of Boys & Girls	Contractor	Subcontract with other	All counties	<a href="http://Txbg.org">Txbg.org</a>	512-301-7771

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
	Clubs		Big Brother Big Sister programs			
<b>THV</b>	Coalition of Health Services*	Contractor	Coalition of Health Services	Potter, Randall	kacie.bell@cohs.net	(806)337-1700 x227
<b>TNFP</b>	Texas Tech Health Science Center - (Lubbock)	Contractor	Texas Tech Health Science Center - (Lubbock)	Crosby, Floyd, Garza, Hale, Hockley, Lamb, Lubbock, Lynn, Terry	s.flores@ttuhsc.edu	(806)743-9673

## Region 2

Counties: Archer, Baylor, Brown, Callahan, Clay, Coleman, Comanche, Cottle, Eastland, Fisher, Foard, Hardeman, Haskell, Jack, Jones, Kent, Knox, Mitchell, Montague, Nolan, Runnels, Scurry, Shackelford, Stephens, Stonewall, Taylor, Throckmorton, Wichita, Wilbarger, Young

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
<b>HIP</b>	Children's Advocacy Center of Tom Green County, Inc.	Contractor	Children's Advocacy Center of Tom Green County, Inc.	Runnels and Tom Green		(325) 653-4673
<b>HOPES</b>	BCFS Health and Human Services	Contractor	BCFS Health and Human Services	<b>Primary:</b> Taylor <b>Secondary:</b> Shackelford Callahan Jones Nolan	www.discoverbcfs.net/hopes	(325) 692-0033
<b>HOPES</b>	North Texas Area United Way	Contractor	North Texas Area United Way	<b>Primary:</b> Wichita <b>Secondary:</b> Clay Archer	ntauw.org/home	(940) 322-8638
		Subcontractor	Wichita Falls ISD	Wichita	wfisd.net	
<b>STAR</b>	Catholic Charities, Diocese of Lubbock, Inc.	Contractor	Catholic Charities, Diocese of Lubbock, Inc.	Bailey, Baylor, Briscoe, Castro, Childress, Cochran, Cottle, Crosby, Dickens, Floyd, Foard, Garza, Hale, Hardeman, Haskell, Hockley, Kent, King, Knox, Lamb, Lubbock, Lynn, Motley, Parmer, Stonewall, Swisher, Terry, Throckmorton,	www.cclubbock.org/star.html	800-530-4704

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
				Wilbarger, Yoakum		
STAR	High Sky Children's Ranch, Inc.	Contractor	High Sky Children's Ranch, Inc.	Andrews, Borden, Brewster , Coke, Concho , Crane, Culberson, Dawson, Ector, Fisher, Gaines, Glasscock, Howard , Hudspeth, Irion, Jeff Davis, Loving , Martin, Midland, Mitchell, Nolan, Pecos, Presidio, Reagan, Reeves, Runnels, Scurry, Sterling, Terrell, Tom Green, Upton, Ward, Winkler	www.highsky.org	800-922-7829, 800-422-6775
STAR	New Horizons Ranch and Center, Inc. (Family First)	Contractor	New Horizons Ranch and Center, Inc. (Family First)	Brown, Brownwood, Callahan, Coleman, Jones, McCulloch, Mills, San Saba, Taylor	www.newhorizonsinc.com	877-261-3777
STAR	STARRY, INC.	Contractor	STARRY, INC.	Archer, Bell, Bosque, Clay, Collin, Comanche, Cooke , Coryell, Delta, Eastland, Erath, Fannin, Grayson, Hamilton, Hood, Hopkins, Hunt , Jack, Lamar, Lampasas, McLennan, Montague, Rains, Rockwall,	Starry.org	(512)388-8290 800-440-9789

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
				Shackelford, Somervell, Stephens, Wichita, Williamson, Wise, Young		
<b>SYSN</b>	Big Brothers Big Sisters of North Texas	Contractor	Subcontract with other Big Brother Big Sister programs	All counties	Bbbstx.org	888-887-2447
<b>SYSN</b>	Texas Alliance of Boys & Girls Clubs	Contractor	Subcontract with other Big Brother Big Sister programs	All counties	Txbg.org	512-301-7771
<b>THV</b>	North Texas Area United Way*	Contractor	North Texas Area United Way	Wichita	cmarlar@ntauw.org	(940)322-8638

### Region 3

Counties: Collin, Cooke, Dallas, Denton, Ellis, Erath, Fannin, Grayson, Hood, Hunt, Johnson, Kaufman, Navarro, Palo Pinto, Parker, Rockwall, Somervell, Tarrant, Wise

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
CYD	Community Council of Greater Dallas	Contractor	Community Council of Greater Dallas	Dallas	www.ccgd.org or llee@ccadvance.org	(214) 871-5065
		Subcontractor	FREEMAN JUNIOR DEVELOPMENT	Dallas	jacquelineffreeman@yahoo.com	(469) 223-8568
		Subcontractor	Giving Keys of Hope	Dallas	givingkeysofhope@gmail.com	(469) 957-6065
		Subcontractor	LEADING BY EXAMPLE PROGRAM	Dallas	leadingbyexampleldg@yahoo.com	(469) 776-8668
		Subcontractor	LT Love Ministry	Dallas	lturman1@outlook.com	(214) 228-8818
		Subcontractor	PSEDE NETWORK	Dallas	adan.gonzalez@gmail.com	(214) 901-0940
		Subcontractor	PVisions Incorporated	Dallas	moniquesmith@panoramicvision.org	(469) 358-2897
		Subcontractor	RENAISSANCE COMMUNITY DEVELOPMENT CORPORATI	Dallas	f_eugenemayo@sbcglobal.net	(214) 534-1417

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
			ON			
		Subcontractor	The People's Servant Ministry	Dallas	bivins.ron@outlook.com	(469) 261-3437
		Subcontractor	What About the Children Foundation	Dallas	annie.rolfe@msn.com	(214) 347-3107
<b>CYD</b>	Tarrant County	Contractor	Tarrant County	Tarrant	access.tarrantcounty.com/content/main/en/public-health/community-youth-development.html or jdnewton@tarrantcounty.com	(817) 740-4370 After Hours: (817) 676-3908
		Subcontractor	Big Brothers Big Sisters Lone Star	Tarrant	moteter@bbbstx.org	(972) 573-2367
		Subcontractor	Boys and Girls Clubs of Greater Fort Worth	Tarrant	daphne@fortworthkids.org	(817) 834-4711
		Subcontractor	Camp Fire First Texas	Tarrant	ann@campfirefw.org	(817) 831-2111
		Subcontractor	Girls Inc. of Tarrant County	Tarrant	jlimias@girlsinctarrant.org	(817) 259-1050

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
		Subcontractor	Northside Inter-Community Agency, Inc.	Tarrant	connien@nicaagency.org	(817) 626-1102
<b>Fatherhood</b>	NewDay Services For Children and Families	Contractor	NewDay Services For Children and Families	Tarrant, Denton	francisco@newdayservices.org	(817) 926-9499
<b>HIP</b>	Gateway to Success	Contractor	Gateway to Success	Region 3 - All counties		(972) 897-7044
<b>HIP</b>	Youth In View	Contractor	Youth In View	3 - Collin, Dallas, Denton, Ellis, Johnson, Kaufman, Navarro, and Tarrant. 4 - Gregg, Harrison, Henderson, Hopkins, Smith, Van Zandt.		(214) 484-9280
<b>HOPES</b>	MHMR Tarrant County	Contractor	MHMR Tarrant County	<b>Primary:</b> Tarrant Denton Johnson Ellis	www.mhmrtc.org	(817) 569-4300
		Subcontractor	Lena Pope	Tarrant	www.lenapope.org	
		Subcontractor	Pecan Valley Centers for Behavioral and Developmental Healthcare	Tarrant	www.pecanvalley.org	
		Subcontractor	The Parenting	Tarrant	www.theparentingcenter.org	



Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
			Center			
		Subcontractor	UNT Health Science Center	Tarrant	www.unthsc.edu	
<b>HOPES</b>	United Way of Metropolitan Dallas	Contractor	United Way of Metropolitan Dallas	<b>Primary:</b> Dallas	www.dallascountyhopes.org/	(214) 978-0000
		Subcontractor	AVANCE	Dallas	www.avance-dallas.org	
		Subcontractor	ChildCare Group	Dallas	www.childcaregroup.org	
		Subcontractor	Dallas Child Advocacy Center	Dallas	www.dcac.org	
		Subcontractor	Family Care Connection	Dallas	www.familycareconnection.org	
		Subcontractor	Family Compass	Dallas	www.family-compass.org	
		Subcontractor	Lumin Education	Dallas	www.lumineducation.org	
		Subcontractor	Parkland Hospital	Dallas	www.parklandhospital.com	
<b>STAR</b>	ACH Child and Family Services	Contractor	ACH Child and Family Services	Hill, Johnson, Palo Pinto, Parker, Tarrant	www.achservices.org	(817) 335-HOPE (4673)
<b>STAR</b>	CCD Counseling, P.A.	Contractor	CCD Counseling, P.A.	Dallas, Denton	www.ccdcounseling.com	888-837-0666, 800-479-0221
		Subcontractor	Counseling Institute of	Dallas	https://citexas.org	(972)271-4300

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
			Texas			
		Subcontractor	Hamilton-Guy Counseling and Training	Dallas	<a href="https://www.hamilton-guy.com/">https://www.hamilton-guy.com/</a>	(972)885-5013
		Subcontractor	Harmony Counseling Center	Dallas	<a href="http://harmonycdc.org/services/counseling-center/">http://harmonycdc.org/services/counseling-center/</a>	(214)751-3932
		Subcontractor	Mobile Counseling - Dallas	Dallas	<a href="https://www.mobilecounselingdallas.com">https://www.mobilecounselingdallas.com</a>	(214)542-5642
		Subcontractor	Positive Influences	Dallas	<a href="http://positiveinfluences.org">http://positiveinfluences.org</a>	(469)227-7847
		Subcontractor	Richland Oaks Counseling Center	Dallas	<a href="http://www.richlandoaks.org">http://www.richlandoaks.org</a>	(469)619-7622
<b>STAR</b>	STARRY, INC.	Contractor	STARRY, INC.	Archer, Bell, Bosque, Clay, Collin, Comanche, Cooke , Coryell, Delta, Eastland, Erath, Fannin, Grayson, Hamilton, Hood, Hopkins, Hunt , Jack, Lamar, Lampasas, McLennan, Montague, Rains, Rockwall, Shackelford, Somervell, Stephens, Wichita, Williamson, Wise,	Starry.org	(512)388-8290 800-440-9789

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
				Young		
<b>SYSN</b>	Big Brothers Big Sisters of North Texas	Contractor	Subcontract with other Big Brother Big Sister programs	All counties	Bbbstx.org	888-887-2447
<b>SYSN</b>	Texas Alliance of Boys & Girls Clubs	Contractor	Subcontract with other Big Brother Big Sister programs	All counties	Txbg.org	512-301-7771
<b>THV</b>	Fort Worth ISD	Contractor	Fort Worth ISD	Tarrant	julie.miers@fwisd.org	(817)814-3333
<b>THV</b>	United Way of Metropolitan Dallas*	Contractor	United Way of Metropolitan Dallas	Dallas	kjackson@unitedwaydallas.org	(214)978-2092
<b>THV</b>	United Way of Metropolitan Dallas*	Contractor	United Way of Metropolitan Dallas	Collin	kjackson@unitedwaydallas.org	(214)978-2092
<b>TNFP</b>	Dallas County Hospital District (Parkland Hospital)	Contractor	Dallas County Hospital District (Parkland Hospital)	Dallas, Tarrant	BEVERLY.MERRITT@phhs.org	(214)266-1139
<b>TNFP</b>	Tarrant County	Contractor	Tarrant County	Dallas, Tarrant	tnsmith@tarrantcounty.com	(817)413-6320
<b>TNFP</b>	Women in	Contractor	Women in	Dallas, Tarrant	rgrant@wingsdallas.org,	(214)584-2326

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
	Need of Generous Support (WiNGS)		Need of Generous Support (WiNGS)		tsanford@wingsdallas.org	(214)584-2322

## Region 4

Counties: Anderson, Bowie, Camp, Cass, Cherokee, Delta, Franklin, Gregg, Harrison, Henderson, Hopkins, Lamar, Marion, Morris, Panola, Rains, Red River, Rusk, Smith, Titus, Upshur, Van Zandt, Wood

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
HIP	Linda Michelle Rumsey	Contractor	Linda Michelle Rumsey	Bowie, Marion and Panola		(903) 452-8536
HIP	Youth In View	Contractor	Youth In View	3 - Collin, Dallas, Denton, Ellis, Johnson, Kaufman, Navarro, and Tarrant. 4 - Gregg, Harrison, Henderson, Hopkins, Smith, Van Zandt.		(214) 484-9280
HOPES	Buckner Children and Family Services, Inc.	Contractor	Buckner Children and Family Services, Inc.	<b>Primary:</b> Gregg <b>Secondary:</b> Harrison, Upshur	www.buckner.org/projecthopes /	(903) 757-9383
STAR	ACCESS	Contractor	Anderson Cherokee Community Enrichment Services dba ACCESS	Anderson, Cherokee, Freestone	www.accessmhmr.org	877-811-1289
		Subcontractor	Youth and Family Enrichment Centers Inc.	Smith, Anderson, Cherokee	http://yfecenters.com/	(903)534-0414
		Subcontractor	Youth and Family Enrichment	Smith, Anderson, Cherokee		866-301-9498

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
			Centers Inc.			
STAR	Andrews Center (Networks STAR)	Contractor	Andrews Center (Networks STAR)	Ellis, Henderson, Kaufman, Navarro, Smith, Van Zandt, Wood	www.andrewscenter.com	888-296-8099
		Subcontractor	Azleway Children's Home	Ellis, Henderson, Kaufman, Navarro, Smith, Van Zandt, and Wood	http://www.azleway.org/	(903)566-8444
		Subcontractor	Kaufman County Shelter	Kaufman	http://norvillecenter.com	(972)932-4896
		Subcontractor	Youth and Family Enrichment Centers Inc.	Smith	http://yfcenters.com/	(903)534-0414
STAR	Sabine Valley Regional MHMR Center dba Community Healthcore	Contractor	Sabine Valley Regional MHMR Center dba Community Healthcore	Bowie, Camp, Cass, Franklin, Gregg, Harrison, Marion, Morris, Panola, Red River, Rusk, Titus, Upshur	communityhealthcore.com	(903)753-9744 866-782-7031
		Subcontractor	Kaufman County Children's Emergency Shelter	Kaufman		800-929-7828
		Subcontractor	Youth and Family	Smith		800-929-7828

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
			Enrichment Center, Inc.			
<b>SYSN</b>	Big Brothers Big Sisters of North Texas	Contractor	Subcontract with other Big Brother Big Sister programs	All counties	Bbbstx.org	888-887-2447
<b>SYSN</b>	Texas Alliance of Boys & Girls Clubs	Contractor	Subcontract with other Big Brother Big Sister programs	All counties	Txbg.org	512-301-7771
<b>THV</b>	University of Texas Health Science Center at Tyler*	Contractor	University of Texas Health Science Center at Tyler	Smith	susan.rodriguez@uthct.edu	(903)877-8426
<b>THV</b>	Wellness Pointe*	Contractor	Wellness Pointe	Gregg	kathy.weeks@wellnesspointe.org	(903)212-4667

## Region 5

Counties: Angelina, Hardin, Houston, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
<b>HIP</b>	One Corner At A Time Wellness Group	Contractor	One Corner At A Time Wellness Group	Angelina, Hardin, Jasper, Jefferson, Nacogdoches, Newton, Orange, Polk, Tyler.		(409) 832-0044
<b>HOPES</b>	Buckner Children and Family Services	Contractor	Buckner Children and Family Services	<b>Primary:</b> Jefferson <b>Secondary:</b> Orange Hardin	www.buckner.org/projecthopes /	(409) 200-2739
<b>STAR</b>	Buckner Children and Family Services, Inc. - Southeast Texas	Contractor	Buckner Children and Family Services, Inc. - Southeast Texas	Hardin, Jefferson, Orange	www.buckner.org/our-work/beatmont	800-929-7828
		Subcontractor	Greater San Marcos Youth Council	Austin, Colorado, and Fayette	gsmc.org	(512)754-0500
<b>STAR</b>	Deep East Texas Council of Governments (DETCOG)	Contractor	Deep East Texas Council of Governments (DETCOG)	Angelina, Houston, Jasper, Nacogdoches, Newton, Polk, Sabine, San Augustine, San Jacinto, Shelby, Trinity, Tyler	www.detcog.org	800-256-6848, 800-210-9252
		Subcontractor	Buckner Children and Family Services	Jefferson, Orange, Hardin	www.buckner.org	(409)866-0976 800-929-7828



Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
<b>SYSN</b>	Big Brothers Big Sisters of North Texas	Contractor	Subcontract with other Big Brother Big Sister programs	All counties	Bbbstx.org	888-887-2447
<b>SYSN</b>	Texas Alliance of Boys & Girls Clubs	Contractor	Subcontract with other Big Brother Big Sister programs	All counties	Txbg.org	512-301-7771
<b>TNFP</b>	City of Port Arthur	Contractor	City of Port Arthur	Chambers, Hardin, Jefferson, Orange	karla.quigley@portarthurtx.gov	(409)983-8886

## Region 6

Counties: Austin, Brazoria, Chambers, Colorado, Fort Bend, Galveston, Harris, Liberty, Matagorda, Montgomery, Walker, Waller, Wharton

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
CYD	Harris County Protective Services – Gulfton & Pasadena	Contractor	Harris County Protective Services	Harris	www.hc-ps.org or matthew.broussard@cps.hctx.net, ramiro.guzman@cps.hctx.net	(713) 295-2500
	Harris County Protective Services Gulfton	Subcontractor	Alliance Kijana Teen Program	Harris	mventura@allianceontheweb.org	(713) 776-4700 ext 119
	Harris County Protective Services Gulfton	Subcontractor	Campo Del Sol	Harris	Patricia.Harrington@houston.tx.gov	(832) 393-0897
	Harris County Protective Services Gulfton	Subcontractor	Equip 24/7	Harris	tsmith@teamfirststandgoal.org	(713) 571-9121
	Harris County Protective Services Gulfton	Subcontractor	PAIR Mentoring	Harris	lauren@pairhouston.org	(713) 771-1111
	Harris County Protective Services Gulfton	Subcontractor	Redeemed Youth Empowerment	Harris	crodriguez-redeemedyep@outlook.com	(832) 457-2880
	Harris County Protective	Subcontractor	CIS CYD	Harris	sgillaspey@cistxjv.org	(713) 947-3809

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
	Services-Pasadena					
	Harris County Protective Services-Pasadena	Subcontractor	CIS Mentoring	Harris	acardenas@cistxjv.org	(713) 947-3809
	Harris County Protective Services-Pasadena	Subcontractor	CIS YAC	Harris	ssteenholdt@cistxjv.org	(713) 947-3809
	Harris County Protective Services-Pasadena	Subcontractor	Pasadena CRC-STAR Program	Harris	rene@pasadenacrc.org	(281) 630-8467
	Harris County Protective Services-Pasadena	Subcontractor	Pasadena CRC-STAR Program	Harris	agmedsup@gmail.com	(832) 758-7861
	Harris County Protective Services-Pasadena	Subcontractor	Pasadena CRC-STAR Program	Harris	z-rod@pasadenacrc.org	(832) 386-3221
	Harris County Protective Services-Pasadena	Subcontractor	Redeemed Youth Empowerment	Harris	crodriguez-redeemedyep@outlook.com	(832) 457-2880
<b>CYD</b>	The Children's Center Inc.	Contractor	The Children's Center Inc.	Galveston	www.thechildrenscenterinc.org	888-763-8861
		Subcontractor	Boys and	Galveston	zcampbell@bgcgh.org	(713) 868-3426

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
			Girls Club of Greater Houston			
		Subcontractor	Galveston Independent School district	Galveston	JeanLangevine@gisd.org	(409) 766-5100
		Subcontractor	Galveston Independent School district	Galveston	TabithaSanders@gisd.org	(409) 766-5100
		Subcontractor	Johnny Mitchell Galveston Boys and Girls Club	Galveston	cchatman@bgcgh.org	(409) 763-2227
		Subcontractor	NIA Cultural Center	Galveston	suejohnson54@hotmail.com	(409) 765-7086
<b>Fatherhood</b>	Catholic Charities Archdiocese of Galveston and Houston	Contractor	Catholic Charities Archdiocese of Galveston and Houston	Fort Bend	catholiccharities.org/ or abarcus@catholiccharities.org	(281) 202-6200
<b>HIP</b>	Monarch Family Services	Contractor	Monarch Family Services	Region 6 - all counties		(281) 236-3989
<b>HOPES</b>	DePelchin Children's Center	Contractor	DePelchin Children's Center	<b>Primary:</b> Harris <b>Secondary:</b> Brazoria Chambers Fort Bend Galveston Liberty	parentinghelp.org/	(713) 730-2335

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
				Montgomery Waller		
<b>HOPES</b>	DePelchin Children's Center	Contractor	DePelchin Children's Center	<b>Primary:</b> Galveston <b>Secondary:</b> Brazoria, Chambers, Harris	parentinghelp.org/	(713) 730-2335
		Subcontractor	Collaborative for Children	Harris	www.collabforchildren.org	
		Subcontractor	Collaborative for Children	Galveston	www.collabforchildren.org	
		Subcontractor	Harris County Protective Services	Harris	www.hc-ps.org	
<b>HOPES</b>	Motivation Education & Training Inc.	Contractor	Motivation Education & Training Inc.	<b>Primary:</b> Montgomery	metinc.org/bblog	(281) 689-5544
<b>STAR</b>	Colorado County Youth and Family Services, Inc. (Youth and Family Services)	Contractor	Colorado County Youth and Family Services, Inc. (Youth and Family Services)	Austin, Colorado, Fayette	www.ccyfs.org	866-301-9498
		Subcontractor	Greater San Marcos Youth Council	Austin, Colorado, and Fayette	gsmc.org	(512)754-0500
<b>STAR</b>	DePelchin Children's	Contractor	DePelchin Children's	Ft. Bend, Harris, Waller	www.depelchin.org	Harris: (713)664-3459

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
	Center		Center			Ft. Bend, Waller: (281)261-1341 Toll Free: 1-888-507-6682
STAR	Family Service Center of Galveston County, Texas	Contractor	Family Service Center of Galveston County, Texas	Chambers, Galveston, Liberty	www.fsc-galveston.org	888-267-4994
		Subcontractor	HCPS Kinder Emergency Shelter	Harris	https://hcps.harriscountytexas.gov/Our-Services/Youth-Services/Kinder-Emergency-Shelter	(713)394-4000
		Subcontractor	Laura DiPette	Galveston	http://www.fsc-galveston.org/	(713)254-1370
		Subcontractor	Luanne Martin	Chambers & Liberty	http://www.fsc-galveston.org/	(281)971-5973
STAR	Youth and Family Counseling Services	Contractor	Youth and Family Counseling Services	Brazoria, Matagorda, Wharton	www.yfcs.org	877-949-3140
SYSN	Big Brothers Big Sisters of North Texas	Contractor	Subcontract with other Big Brother Big Sister programs	All counties	Bbbstx.org	888-887-2447
SYSN	Texas Alliance of Boys & Girls Clubs	Contractor	Subcontract with other Big Brother	All counties	Txbg.org	512-301-7771

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
			Big Sister programs			
THV	Collaborative For Children	Contractor	Collaborative For Children	Harris	afrancis@collabforchildren.org; rmondragon@collabforchildren.org	(713)600-1126 (713)600-1188
THV	Houston ISD	Contractor	Houston ISD	Harris	wsampson@houstonisd.org	(713)967-5298
THV	Motivation Education & Training Inc.	Contractor	Motivation Education & Training Inc.	Montgomery	sears@metinc.org; wyatt@metinc.org	(832)432-7172 (281)761-9639
TNFP	Baylor College of Medicine	Contractor	Baylor College of Medicine	Fort Bend, Harris	Lakeisha.Vallier-Scott@bcm.edu	(281)820-2995
TNFP	City of Houston	Contractor	City of Houston	Fort Bend, Harris	decrecia.limbrick@houstontx.gov	(832)393-4640
TNFP	Texas Children's Health Plan	Contractor	Texas Children's Health Plan	Fort Bend, Harris	Adrian.McKinney@TCHP.US	(832)828-1273

## Region 7

Counties: Bastrop, Bell, Blanco, Bosque, Brazos, Burleson, Burnet, Caldwell, Coryell, Falls, Fayette, Freestone, Grimes, Hamilton, Hays, Hill, Lampasas, Lee, Leon, Limestone, Llano, Madison, McLennan, Milam, Mills, Robertson, San Saba, Travis, Washington, Williamson

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
<b>CYD</b>	City of Austin	Contractor	City Of Austin	Travis	www.austintexas.gov/department/community-youth-development or Roxanne.Saldivar@austintexas.gov	(512) 972-5010
		Subcontractor	Creative Action	Travis	shobie@creativeaction.org	(512) 442-8773
		Subcontractor	Mexic-Arte Museum	Travis	nataliarm@mexic-artemuseum.org	(512) 200-7277
		Subcontractor	Police Activities League	Travis	www.austinpal.org	
		Subcontractor	Workers Assistance Program	Travis	mmathews@youthadvocacy.com	(512) 293-7470
<b>CYD</b>	Communities In Schools of the Heart of Texas	Contractor	Communities In Schools of the Heart of Texas	McLennan	www.cis-hot.org or emontgomery@cis-hot.org	(254) 753-6002 After Hours: (254) 753-6261
<b>Fatherhood</b>	Housing Authority of the City of Austin	Contractor	Housing Authority of the City of Austin	Travis	barbaraj@hacanet.org	(512) 767-7737
		Subcontractor	Man in Me	Travis	mrisaacdrowe@gmail.com	(512) 366-0883
<b>HIP</b>	Greater San Marcos Youth	Contractor	Greater San Marcos Youth	Hays, Caldwell, Blanco, Comal and Guadalupe		(512) 754-0500



Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
	Council, Inc.		Council, Inc.			
HIP	Raquel Watkins	Contractor	Raquel Watkins	Bell, Coryell and Lampasas		(254) 449-2840
HIP	The SAFE Alliance (formerly ACS)	Contractor	The SAFE Alliance (formerly ACS)	Travis, Williamson, Burnet, and Caldwell		(512) 906-9573
HOPES	Aware Central Texas	Contractor	Exchange Club Child abuse Prevention Center d/b/a Aware Central Texas	<b>Primary:</b> Bell <b>Secondary County:</b> Coryell, Lampasas,	awarecentraltexas.org	(254) 939-7582
HOPES	Family Abuse Center	Contractor	Family Abuse Center	<b>Primary:</b> McLennan	awarecentraltexas.org	(254) 732-0482
		Subcontractor	Waco ISD	McLennan	www.wacoisd.org	
HOPES	Project Unity	Contractor	Project Unity	<b>Primary:</b> Brazos	www.projectunitytexas.org	(979) 595-2900
HOPES	The SAFE Alliance	Contractor	The SAFE Alliance	<b>Primary:</b> Travis <b>Secondary:</b> Williamson	www.safeaustin.org	(512) 499-0900
		Subcontractor	Any Baby Can	Travis, Williamson	www.anybabycan.org	
		Subcontractor	Easter Seals	Travis, Williamson	www.easterseals.com/centraltx	
Military	STRONG STAR - University of Texas Health Science Center San Antonio	Contractor	STRONG STAR - University of Texas Health Science Center San Antonio	Bell County	jacobyv@uthscsa.edu	Intake: (254) 289-3468 Crisis: Darnall Army Medical Center Behavioral

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
						Health Triage Clinic (254) 553-2284, (254) 553-3630, (254) 553-3623
<b>Military</b>	The Boys and Girls Clubs of Central Texas	Contractor	The Boys and Girls Clubs of Central Texas	Bell County	tquick@bgctx.org	(254) 634-0308 (254) 699-5808
<b>STAR</b>	ACH Child and Family Services	Contractor	ACH Child and Family Services	Hill, Johnson, Palo Pinto, Parker, Tarrant	www.achservices.org	(817) 335-HOPE (4673)
<b>STAR</b>	Greater San Marcos Youth Council, Inc.	Contractor	Greater San Marcos Youth Council, Inc.	Hays	www.gsmyc.org	800-457-0797
<b>STAR</b>	K'STAR, Inc.	Contractor	K'STAR, Inc.	Bandera, Blanco, Burnet, Edwards, Gillespie, Kendall, Kerr, Kimble, Llano, Mason, Medina, Menard, Real, Uvalde	www.kstar.org	1-855-327-8004
<b>STAR</b>	Lifeworks	Contractor	Lifeworks	Travis	www.lifeworksaustin.org	(512)735-2400 (512)560-9719
<b>STAR</b>	Montgomery County Youth Services, Inc.	Contractor	Montgomery County Youth Services, Inc.	Montgomery, Walker	www.youthmc.org	888-756-8682
<b>STAR</b>	New Horizons Ranch and Center, Inc. (Family First)	Contractor	New Horizons Ranch and Center, Inc.	Brown, Brownwood, Callahan, Coleman, Jones, McCulloch, Mills, San Saba, Taylor	www.newhorizonsinc.com	877-261-3777

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
			(Family First)			
STAR	STARRY, INC.	Contractor	STARRY, INC.	Archer, Bell, Bosque, Clay, Collin, Comanche, Cooke , Coryell, Delta, Eastland, Erath, Fannin, Grayson, Hamilton, Hood, Hopkins, Hunt , Jack, Lamar, Lampasas, McLennan, Montague, Rains, Rockwall, Shackelford, Somervell, Stephens, Wichita, Williamson, Wise, Young	Starry.org	(512)388-8290 800-440-9789
STAR	Twin City Mission	Contractor	Twin City Mission	Brazos, Burleson, Falls, Grimes, Leon, Limestone, Madison, Milam, Robertson, Washington	www.twincitymission.org	(979)260-7336 800-865-9921
		Subcontractor	Montgomery County Youth Services	Brazos, Burleson, Falls, Grimes, Leon, Limestone, Madison, Milam, Robertson, and Washington	http://www.richlandoaks.org	(469)619-7622
SYSN	Big Brothers Big Sisters of North Texas	Contractor	Subcontract with other Big Brother Big Sister programs	All counties	Bbbstx.org	888-887-2447

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
<b>SYSN</b>	Texas Alliance of Boys & Girls Clubs	Contractor	Subcontract with other Big Brother Big Sister programs	All counties	Txbg.org	512-301-7771
<b>THV</b>	Bastrop County*	Contractor	Bastrop County	Bastrop	lisa.smith@co.bastrop.tx.us	(512)332-7222
<b>THV</b>	Community Action, Inc. of Central Texas*	Contractor	Community Action, Inc. of Central Texas	Hays	shooper@communityaction.com	(512)396-3395 x 228
<b>THV</b>	United Way for Greater Austin*	Contractor	United Way for Greater Austin	Travis	Shalyn.Bravens@uwatx.org	(512)225-0363
<b>TNFP</b>	Any Baby Can	Contractor	Any Baby Can	Travis	sandrag@anybabycan.org	(512)610-7985
<b>TNFP</b>	Hillcrest Medical Center	Contractor	Hillcrest Medical Center	McLennan	Marilyn.Brooks@BSWHealth.org	(254)202-1130

## Region 8

Counties: Atascosa, Bandera, Bexar, Calhoun, Comal, DeWitt, Dimmit, Edwards, Frio, Gillespie, Goliad, Gonzales, Guadalupe, Jackson, Karnes, Kendall, Kerr, Kinney, La Salle, Lavaca, Maverick, Medina, Real, Uvalde, Val Verde, Victoria, Wilson, Zavala

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
<b>Early Intervention Court</b>	Bexar County	Contractor	Bexar County	Bexar	bexar.org/2209/Early-Intervention-Program	(210)335-2829
<b>CYD</b>	The Good Samaritan Community Service Center -San Antonio	Contractor	The Good Samaritan Community Service Center-San Antonio	Bexar	www.goodsamaritancommunityservices.org or jennifer.cook@goodsamtx.org	(210) 434-5531
<b>HIP</b>	Catholic Charities, Archdiocese of San Antonio, Inc.	Contractor	Catholic Charities, Archdiocese of San Antonio, Inc.	Bexar		(210) 222-1294
<b>HIP</b>	Greater San Marcos Youth Council, Inc.	Contractor	Greater San Marcos Youth Council, Inc.	Hays, Caldwell, Blanco, Comal and Guadalupe		(512) 754-0500
<b>HIP</b>	Guardian House	Contractor	Guardian House	Medina, Atascosa, Bandera, Wilson, Guadalupe, Comal		(210) 733-3349
<b>HOPES</b>	United Way of San Antonio and Bexar County	Contractor	United Way of San Antonio and Bexar County	<b>Primary:</b> Bexar	www.unitedwaysatx.org/	(210) 352-7000
		Subcontractor	Catholic Charities	Bexar	www.ccaosa.org	
		Subcontractor	Center for	Bexar	www.chcsbc.org	

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
			Health Care Services			
		Subcontractor	DePelchin Children Center	Bexar	www.depelchin.org	
		Subcontractor	Martinez Street Women's Center	Bexar	www.mswomenscenter.org	
		Subcontractor	Respite Care San Antonio	Bexar	www.respitecaresa.org	
		Subcontractor	The Children's Shelter	Bexar	www.childrenshelter.org	
		Subcontractor	Family Service Association	Bexar	https://family-service.org	
<b>Military</b>	United Way of San Antonio & Bexar County	Contractor	United Way of San Antonio & Bexar County	Bexar County	www.unitedwaysatx.org KMcCormick@unitedwaysatx.org; Meburns@unitedwaysatx.org	(210) 352-7000
<b>STAR</b>	Baptist Children's Home Ministries (BCFS)	Contractor	Baptist Children's Home Ministries (BCFS)	Aransas, Bee, Bexar, Crockett, Goliad, Kinney, Live Oak, McMullen, Refugio, San Patricio, Schleicher, Sutton, Val Verde	www.connectionsnonprofit.org	(800)235-7230 (800)251-5154  San Antonio: (210)768-2755 Corpus Christi: (361)334-2876 Beeville:

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
						(361)987-2999 ext. 3570
STAR	Connections Individual and Family Services, Inc.	Contractor	Connections Individual and Family Services, Inc.	Aransas, Atascosa, Bastrop, Caldwell, Comal, Frio, Gonzales, Guadalupe, Karnes, Lee, Live Oak, McMullen, Refugio, San Patricio, Wilson, Zavala	www.connectionsnonprofit.org	800-532-8192
STAR	Gulf Bend Center	Contractor	Gulf Bend Center	Calhoun, DeWitt, Jackson, Lavaca, Victoria	www.gulfbend.org	(361)582-2348 877-876-7827
STAR	K'STAR, Inc.	Contractor	K'STAR, Inc.	Bandera, Blanco, Burnet, Edwards, Gillespie, Kendall, Kerr, Kimble, Llano, Mason, Medina, Menard, Real, Uvalde	www.kstar.org	1-855-327-8004
STAR	Serving Children and Adults in Need, Inc. (SCAN)	Contractor	Serving Children and Adults in Need, Inc. (SCAN)	Dimmit, Duval, Jim Hogg, La Salle, Maverick, Starr, Webb, Zapata	https://citexas.org	877-725-3122
SYSN	Big Brothers Big Sisters of North Texas	Contractor	Subcontract with other Big Brother Big Sister programs	All counties	Bbbstx.org	888-887-2447
SYSN	Texas Alliance	Contractor	Subcontract	All counties	Txbg.org	512-301-7771

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
	of Boys & Girls Clubs		with other Big Brother Big Sister programs			
<b>THV</b>	United Way of San Antonio & Bexar County*	Contractor	United Way of San Antonio & Bexar County	Bexar	kmccormick@unitedwaysatx.org	(210)352-7147
<b>THV</b>	Victoria County Health Department*	Contractor	Victoria County Health Department	Victoria	astafford@vctx.org	(361)578-6281 ext. 3808
<b>TNFP</b>	Bexar County Hospital District	Contractor	Bexar County Hospital District	Bexar	Claudia.Ochoa@uhs-sa.com	(210)358-9867
<b>TNFP</b>	The Children's Shelter	Contractor	The Children's Shelter	Bexar	amontez@chshel.org	(210)212-2523



## Region 9

Counties: Andrews, Borden, Coke, Concho, Crane, Crockett, Dawson, Ector, Gaines, Glasscock, Howard, Irion, Kimble, Loving, Martin, Mason, McCulloch, Menard, Midland, Pecos, Reagan, Reeves, Schleicher, Sterling, Sutton, Terrell, Tom Green, Upton, Ward, Winkler

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
<b>HIP</b>	Children's Advocacy Center of Tom Green County, Inc.	Contractor	Children's Advocacy Center of Tom Green County, Inc.	Runnels and Tom Green		(325) 653-4673
<b>HOPES</b>	University of Texas of the Permian Basin	Contractor	University of Texas of the Permian Basin	<b>Primary:</b> Ector <b>Secondary:</b> Midland, Andrews, Crane, Glasscock, Howard, Upton, Martin, Ward, Winkler	www.utpb.edu/ced/first-5-permian-basin/parenting-programs	(432) 552-2020
<b>STAR</b>	Baptist Children's Home Ministries (BCFS)	Contractor	Baptist Children's Home Ministries (BCFS)	Aransas, Bee, Bexar, Crockett, Goliad, Kinney, Live Oak, McMullen, Refugio, San Patricio, Schleicher, Sutton, Val Verde	www.connectionsnonprofit.org	(800)235-7230 (800)251-5154  San Antonio: (210)768-2755 Corpus Christi: (361)334-2876 Beeville: (361)987-2999 ext. 3570
<b>STAR</b>	High Sky Children's Ranch, Inc.	Contractor	High Sky Children's Ranch, Inc.	Andrews, Borden, Brewster , Coke, Concho , Crane, Culberson, Dawson, Ector, Fisher, Gaines,	www.highsky.org	800-922-7829, 800-422-6775

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
				Glasscock, Howard , Hudspeth, Irion, Jeff Davis, Loving , Martin, Midland, Mitchell, Nolan, Pecos, Presidio, Reagan, Reeves, Runnels, Scurry, Sterling, Terrell, Tom Green, Upton, Ward, Winkler		
STAR	K'STAR, Inc.	Contractor	K'STAR, Inc.	Bandera, Blanco, Burnet, Edwards, Gillespie, Kendall, Kerr, Kimble, Llano, Mason, Medina, Menard, Real, Uvalde	www.kstar.org	1-855-327-8004
STAR	New Horizons Ranch and Center, Inc. (Family First)	Contractor	New Horizons Ranch and Center, Inc. (Family First)	Brown, Brownwood, Callahan, Coleman, Jones, McCulloch, Mills, San Saba, Taylor	www.newhorizonsinc.com	877-261-3777
SYSN	Big Brothers Big Sisters of North Texas	Contractor	Subcontract with other Big Brother Big Sister programs	All counties	Bbbstx.org	888-887-2447
SYSN	Texas Alliance of Boys & Girls Clubs	Contractor	Subcontract with other Big Brother Big Sister	All counties	Txbg.org	512-301-7771

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
			programs			
<b>THV</b>	University of Texas Permian Basin*	Contractor	University of Texas Permian Basin	Ector, Midland	ruiz_d@utpb.edu	(432)552-4561

## Region 10

Counties: Brewster, Culberson, El Paso, Hudspeth, Jeff Davis, Presidio

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
<b>CYD</b>	El Paso Human Services, Inc.	Contractor	El Paso Human Services, Inc.	El Paso	www.elpasohumanservices.org or mariaseelig@gmail.com	(915) 634-7227
		Subcontractor	Paso Del Norte Center of Hope	El Paso	elke@pdncoh.org	(915) 566-9433
		Subcontractor	Project Vida	El Paso	g.marmolejo@pvida.net	(915) 533-7057
		Subcontractor	Transmountain Charitable Trust	El Paso	robertguana@gmail.com; kingcharles64@att.net	(915) 549-1577 (915) 588-5224
		Subcontractor	YWCA El Paso del Norte	El Paso	e.cumming@ywcaelpaso.org	(915) 519-0002
<b>Fatherhood</b>	Child Crisis Center of El Paso	Contractor	Child Crisis Center of El Paso	El Paso	www.childcrisiselp.org or rmartinez@childcrisiselp.org	(915) 562-7955
<b>HOPES</b>	El Paso Center for Children	Contractor	El Paso Center for Children	El Paso	epccinc.org/el-paso-hopes	915-565-8361
		Subcontractor	AVANCE	El Paso	www.avance.org	
		Subcontractor	Child Crisis Center of El Paso	El Paso	www.childcrisiselp.org	
		Subcontractor	Paso Del Norte Child Development Center	El Paso	www.pdnchildrens.org	

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
		Subcontractor	United Way of El Paso	El Paso	www.unitedwayelpaso.org	
<b>Military</b>	Child Crisis Center of El Paso	Contractor	Child Crisis Center of El Paso	El Paso County	www.childcrisiselp.org fdiaz@childcrisiselp.org	(915) 562-7955
<b>STAR</b>	El Paso Center for Children	Contractor	El Paso Center for Children	El Paso	www.epccinc.org	(915)588-6542
<b>STAR</b>	High Sky Children's Ranch, Inc.	Contractor	High Sky Children's Ranch, Inc.	Andrews, Borden, Brewster , Coke, Concho , Crane, Culberson, Dawson, Ector, Fisher, Gaines, Glasscock, Howard , Hudspeth, Irion, Jeff Davis, Loving , Martin, Midland, Mitchell, Nolan, Pecos, Presidio, Reagan, Reeves, Runnels, Scurry, Sterling, Terrell, Tom Green, Upton, Ward, Winkler	www.highsky.org	800-922-7829, 800-422-6775
<b>SYSN</b>	Big Brothers Big Sisters of North Texas	Contractor	Subcontract with other Big Brother Big Sister programs	All counties	Bbbstx.org	888-887-2447
<b>SYSN</b>	Texas Alliance of Boys & Girls	Contractor	Subcontract with other	All counties	Txbg.org	512-301-7771

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
	Clubs		Big Brother Big Sister programs			
<b>TNFP</b>	El Paso County Hospital District	Contractor	El Paso County Hospital District	El Paso	PParsons@umcelpaso.org	(915)544-1200 x80550

## Region 11

Counties: Aransas, Bee, Brooks, Cameron, Duval, Hidalgo, Jim Hogg, Jim Wells, Kenedy, Kleberg, Live Oak, McMullen, Nueces, Refugio, San Patricio, Starr, Webb, Willacy, Zapata

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
CYD	City of Corpus Christi	Contractor	City of Corpus Christi	Nueces	<a href="http://www.ctexas.com/government/parks-recreation/programs-services/78415-cyd/index">http://www.ctexas.com/government/parks-recreation/programs-services/78415-cyd/index</a> or <a href="mailto:SandraA@cctexas.com">SandraA@cctexas.com</a>	(361) 826-4028 After Hours: (361) 826-4000
		Subcontractor	Boys and Girls Club of the Coastal Bend	Nueces	<a href="mailto:vburciaga@bgccb.org">vburciaga@bgccb.org</a>	(361) 853-2505
		Subcontractor	Communities in Schools of the Coastal Bend	Nueces	<a href="mailto:gloria.taylor-CIS@ccisd.us">gloria.taylor-CIS@ccisd.us</a>	(361) 696-4030
		Subcontractor	Youth Odyssey Inc.	Nueces	<a href="mailto:becky.meyer@youthodyssey.com">becky.meyer@youthodyssey.com</a>	(361) 946-6016
		Subcontractor	YWCA of Corpus Christi	Nueces	<a href="mailto:nwdywca@ywcacc.org">nwdywca@ywcacc.org</a>	(361) 857-5661
CYD	Rio Grande Valley Empowerment Zone - McAllen/Pharr	Contractor	Rio Grande Valley Empowerment Zone Corporation	Hidalgo	<a href="http://www.rgvez.org">www.rgvez.org</a> or <a href="mailto:marina@rgvez.org">marina@rgvez.org</a>	(956) 424-3276 After Hours: (956) 997-1346 (956) 212-9866
		Subcontractor	Boys and Girls Club of McAllen	Hidalgo	<a href="mailto:dalcantar@bgcmcallen.net">dalcantar@bgcmcallen.net</a>	(956) 682-5791

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
		Subcontractor	McAllen ISD	Hidalgo	Paz.elizondojr@mcallenisd.net	(956) 632-2908
		Subcontractor	Boys and Girls Club of Pharr	Hidalgo	fmata@pharrkids.org	(956) 781-5437
		Subcontractor	Creative Arts Studio	Hidalgo	Creativeartsstudio1@gmail.com	(956) 569-0028
<b>CYD</b>	Rio Grande Valley Empowerment Zone – Raymondville and Lyford	Contractor	Rio Grande Valley Empowerment Zone Corporation	Willacy	www.rgvez.org or marina@rgvez.org	(956) 424-3276 After Hours: (956) 997-1346 (956) 212-9866
		Subcontractor	Lyford CISD	Willacy	Pilar.Trevino@lyfordcisd.net	(956) 347-3900
		Subcontractor	Raymondville ISD	Willacy	clintonb@raymondvilleisd.org	(956) 689-8175
<b>CYD</b>	Southwest Key Programs, Inc.	Contractor	Southwest Key Programs, Inc.	Webb	gladys.sanchez@swkey.org	N/A
<b>CYD</b>	The Good Samaritan Community Service Center – Cameron	Contractor	The Good Samaritan Community Service Center	Cameron	www.goodsamaritancommunityservices.org or pseroka@tcc1878.org	(956) 541-2623
<b>Fatherhood</b>	BCFS Health and Human Services	Contractor	BCFS Health and Human Services	Cameron, Taylor	www.bcfs.net or jw1014@bcfs.net	(956) 367-4295 (210) 832-5000 (24/7)
<b>HOPES</b>	BCFS Health	Contractor	BCFS Health	Cameron	www.discoverbcfs.net/hopes	(956) 230-3849



Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
	and Human Services		and Human Services			(361) 334-2010 (24/7)
<b>HOPES</b>	Easter Seals Rio Grande Valley	Contractor	Easter Seals Rio Grande Valley	Hidalgo	www.easterseals.com/rgv/our-programs/childrens-services/project-hopes.html	(956) 631-9171
<b>HOPES</b>	Educational Service Center, Region 2	Contractor	Educational Service Center, Region 2	<b>Primary:</b> Nueces <b>Secondary:</b> Kleberg San Patricio	hopes2.esc2.net/	(361) 561-8400
<b>STAR</b>	Baptist Children's Home Ministries (BCFS)	Contractor	Baptist Children's Home Ministries (BCFS)	Aransas, Bee, Bexar, Crockett, Goliad, Kinney, Live Oak, McMullen, Refugio, San Patricio, Schleicher, Sutton, Val Verde	www.connectionsnonprofit.org	(800)235-7230 (800)251-5154  San Antonio: (210)768-2755 Corpus Christi: (361)334-2876 Beeville: (361)987-2999 ext. 3570
<b>STAR</b>	Buckner Children and Family Services, Inc. - Rio Grande Valley	Contractor	Buckner Children and Family Services, Inc. - Rio Grande Valley	Brooks, Cameron, Hidalgo, Kenedy, Starr, Willacy	www.buckner.org/our-work/rio-grande-valley	800-929-7828
<b>STAR</b>	Circles of Care	Contractor	Circles of Care	Jim Wells, Kleberg, Nueces	www.circlesofcareinc.org	855-256-6555
<b>STAR</b>	Connections Individual and	Contractor	Connections Individual	Atascosa, Bastrop, Caldwell, Comal, Frio,	www.connectionsnonprofit.org	800-532-8192

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
	Family Services, Inc.		and Family Services, Inc.	Gonzales, Guadalupe, Karnes, Lee, Wilson, Zavala		
<b>STAR</b>	Serving Children and Adults in Need, Inc. (SCAN)	Contractor	Serving Children and Adults in Need, Inc. (SCAN)	Dimmit, Duval, Jim Hogg, La Salle, Maverick, Starr, Webb, Zapata	<a href="https://citexas.org">https://citexas.org</a>	877-725-3122
<b>SYSN</b>	Big Brothers Big Sisters of North Texas	Contractor	Subcontract with other Big Brother Big Sister programs	All counties	<a href="http://Bbbstx.org">Bbbstx.org</a>	888-887-2447
<b>SYSN</b>	Texas Alliance of Boys & Girls Clubs	Contractor	Subcontract with other Big Brother Big Sister programs	All counties	<a href="http://Txbg.org">Txbg.org</a>	512-301-7771
<b>THV</b>	Easter Seals Rio Grande Valley*	Contractor	Easter Seals Rio Grande Valley	Starr	<a href="mailto:prosenlund@easterseals-rgv.org">prosenlund@easterseals-rgv.org</a>	(956)631-9171
<b>THV</b>	Easter Seals Rio Grande Valley - H/W/C*	Contractor	Easter Seals Rio Grande Valley	Hidalgo, Cameron, Willacy	<a href="mailto:prosenlund@easterseals-rgv.org">prosenlund@easterseals-rgv.org</a>	(956)631-9171
<b>THV</b>	United Way of Coastal Bend*	Contractor	United Way of Coastal Bend	Nueces, San Patricio	<a href="mailto:donna.hurley@uwcb.org">donna.hurley@uwcb.org</a>	(361)882-2529
<b>TNFP</b>	City of Laredo	Contractor	City of Laredo	Webb	<a href="mailto:rvela@ci.laredo.tx.us">rvela@ci.laredo.tx.us</a>	(956)721-4991

Program	Provider	Primary Contractor or Subcontractor	Organization Name	County Served	Website / Email Contact	Phone Contact
TNFP	Doctors Hospital Renaissance	Contractor	Doctors Hospital Renaissance	Hidalgo Willacy	li.garza@dhr-rgv.com	(956)362-4198

## APPENDIX D: Utilizing Evidence-Based Programs

Programs must be informed by one of the following levels of evidence:

### 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

## APPENDIX E: Increased Protective Factors by Program

Community-Based Child Abuse Prevention (CBCAP), Community Based Family Services (CBFS), Healthy Outcomes through Prevention and Early Support (HOPES), Helping through Intervention and Prevention (HIP), Military Families Program, Texas Families Together and Safe (TFTS), Statewide Youth Services Network (SYSN), Community Youth Development (CYD) and Services to At-Risk Youth (STAR) had an increase to at least one of the five measured protective factors.

For CBCAP the following protective factors increased:

- Family Functioning/Resiliency
- Social Supports
- Concrete Support
- Nurturing/Attachment
- Knowledge of Parenting/Child Development

For CBFS the following protective factors increased:

- Family Functioning/Resiliency
- Social Supports
- Concrete Support
- Nurturing/Attachment
- Knowledge of Parenting/Child Development

For HOPES the following protective factors increased:

- Family Functioning/Resiliency
- Social Supports
- Concrete Support
- Nurturing/Attachment
- Knowledge of Parenting/Child Development

For HIP the following protective factor increased:

- Nurturing/Attachment

For Military Families Program the following protective factors increased:

- Family Functioning/Resiliency
- Social Supports
- Concrete Support
- Nurturing/Attachment
- Knowledge of Parenting/Child Development

For TFTS the following protective factors increased:

- Family Functioning/Resiliency
- Social Supports
- Concrete Support
- Nurturing/Attachment
- Knowledge of Parenting/Child Development

For SYSN the following protective factors increased:

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

For CYD the following protective factors increased:

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

For STAR the following protective factors increased:

- Family Functioning/Resiliency
- Social Supports
- Concrete Support
- Nurturing/Attachment
- Knowledge of Parenting/Child Development

The only program where there was a decrease in protective factors was HIP. The following protective factors had scores decreasing between -0.04 to -0.25 points:

- Family Functioning/Resiliency
- Social Supports
- Concrete Support
- Knowledge of Parenting/Child Development

