



TEXAS
**Department of Family
and Protective Services**

**Prevention and Early Intervention Outcomes
Rider 20 Outcomes Report**

December 1, 2022

The 87th Legislature directed the Texas Department of Family and Protective Services (DFPS) to report on the effectiveness of its prevention programs. As required by the 2022-2023 General Appropriations Act, Senate Bill 1, 87th Legislature, Regular Session, 2021 (Article II, Health and Human Services – Department of Family and Protective Services, Rider 20), DFPS Prevention and Early Intervention (PEI) division must report specific information about children, youth, and families served.

This report includes data required by Rider 20 and serves as the required reports for Texas Home Visiting (Senate Bill 426, 83rd Legislative Session, Texas Government Code §531.9871), state-funded prevention and early intervention programs and practices (House Bill 2630, 84th Legislative Session, Texas Family Code §265.154), and Veterans and Military Families Preventive Services Program (House Bill 19, 84th Legislative Session, Texas Human Resources Code §53.002). PEI publishes a standalone report on the Texas Nurse-Family Partnership program (House Bill 19, 84th Legislative Session, Texas Family Code §265.109). These and other program evaluations are available on the [PEI website](#).

Due to contractually established data reporting cycles, Fiscal Year 2022 data is based on preliminary data and subject to change. Final data will be published in the annual DFPS Data Book.



Texas Department of Family and Protective Services

Dear Texans,

On behalf of the Texas Department of Family and Protective Services, I am delighted to present the latest *Prevention and Early Intervention Outcomes Report*, as required under Article II, Rider 20 of the 2022-2023 General Appropriations Act. This report details the progress made in strengthening families, keeping children safe, and advancing prevention programming within communities.

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

Prevention is the touchstone of everything we do at DFPS. When children are harmed, our agency certainly will continue to act with resolve to keep them safe. But our true measure of success is the ability to reduce the number of children who experience abuse or neglect and reduce the need for more intensive intervention, such as foster care.

Over the past few years families and communities faced enormous instability while navigating a global pandemic. Despite this, PEI continued to build a network of between 200 and 300 community-based and faith-based organizations dedicated to supporting families before a crisis occurs. These providers are trusted among the families they serve, and their evidence-based and data-driven programs hold families in high esteem for their unique strengths, cultures, and values.

Through this impressive network, DFPS was able to make a difference in the lives of over 60,000 Texas children, youth, and families by connecting them with voluntary prevention and early intervention services in Fiscal Year 2022. The data presented within the following report demonstrate the impacts of these services and programs:

- More than 97% of children remained safe from abuse or neglect while engaged in PEI services.
- More than 97% of youth engaged in PEI services did not become involved with the juvenile justice system.
- Families served through PEI-supported home visiting programs had better overall health outcomes than the general Texas population, as well as individuals served through comparable programs.

- Almost half of all families served through PEI-supported home visiting programs increased their economic self-sufficiency through educational programs and/or employment.

As we move forward into 2023 and beyond, the Department will continue building relationships in communities to support Texas families through a robust continuum of prevention and early intervention services that promote safe and healthy families. Through our continued investment in prevention, I envision a day when families view our agency as one that supports them, strengthens them, and respects their desire to stay safely together.

Best regards,

Kezeli Wold
Interim Commissioner
Texas Department of Family and Protective Services

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Executive Summary

The Prevention and Early Intervention (PEI) division of the Department of Family and Protective Services (DFPS) conducts ongoing research and evaluation efforts to build a continuum of flexible services that are effective, evidence-based, responsive, and rooted within the communities where families live. Research shows that when a robust continuum of preventive and data-driven services is offered to families and communities, the safety and wellbeing of children increases and helps preserve the parent-child bond by keeping families together.

During the past two fiscal years, PEI continued to navigate the impact of COVID-19 on Texas communities. Throughout Fiscal Year 2021 (FY2021) and 2022 (FY2022), the majority of PEI programs resumed in-person service provision. Although most grantees now offer a combination of in-person and virtual services, critical junctures such as client outreach, recruitment, and retention efforts continued to be impacted by the pandemic. In addition, grantees reported an increase in issues related to workforce recruitment and retention, which greatly impacted programming including increasing costs of program delivery, overhead, and staffing costs. However, in order to engage more families, grantees employed innovative strategies including partnering with new referral partners in the community, distributing program packets to youth and families in-person to guide virtual programming, implementing outdoor gatherings, and increasing the use of technology platforms to conduct client outreach. Through these initiatives, grantees were able to serve an increased number of families by the close of FY2022.

By the Numbers Positive Youth and Family Outcomes

60,077

unique youth, children and families served

97.4%

children remaining safe from maltreatment

97.3%

children deferred from Juvenile Justice system

100%

of PEI early childhood programs using evidence-based curricula (85% for youth & family programs)

44.8%

increase in family self-sufficiency through educational programs, employment or both

1,500,000

visits to GetParentingTips.com, PEI's flagship parenting website

In the past year, grantees saw an increase of children, youth, and families requiring more intensive services including mental health and behavioral health services. While grantees continued to serve these families, ongoing and frequent crisis situations and higher intensity cases often impacted the grantee's ability to simultaneously focus on prevention efforts.

Despite these complex issues impacting prevention services, PEI programs were able to positively impact Texas families and communities, as detailed in the below report.

Prevention and Early Intervention Outcomes in FY 2022

Prevention and early intervention services under the direction of DFPS are designed to reduce behaviors that lead to child abuse, delinquency, running away, truancy, and dropping out of school. PEI plans, develops, and offers programs to children, youth, and families through grants within communities across Texas. Services must meet individual needs and produce positive short-term and long-term outcomes from participation. By measuring outputs, efficiencies, and outcomes, PEI is able to target resources and ensure a high return on investment for the State of Texas.

Through an array of services designed to serve those most vulnerable and at highest risk of child welfare involvement, PEI has built a network of evidence-based and promising practice programs that have resulted in positive outcomes for children and families across Texas.

Overview of Prevention and Early Intervention

The Prevention and Early Intervention (PEI) division of the Department of Family and Protective Services (DFPS) assists communities in identifying, developing, and delivering high quality prevention and early intervention programs. These programs promote opportunities for partnerships with families that capitalize on the strengths of parents and children together to build healthy families and resilient communities upstream from crisis and the need for intensive interventions.

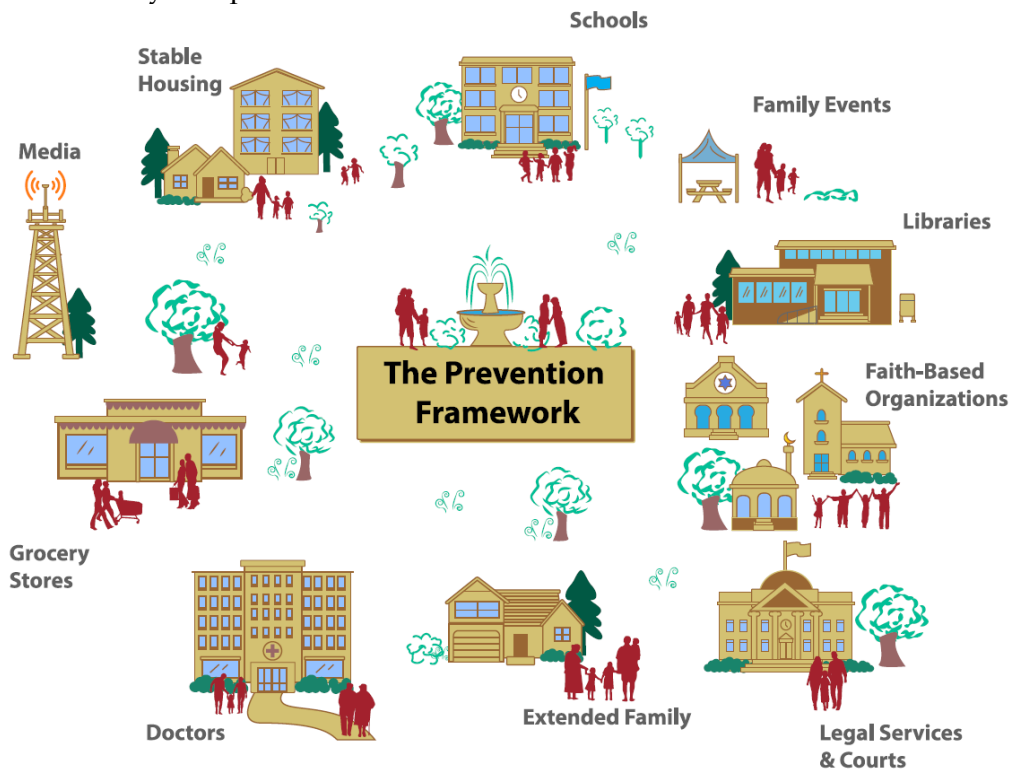
PEI adheres to a mission and vision rooted in a public-health framework that prevents the behaviors that lead to child maltreatment and fatalities by supporting positive child, family, and community outcomes.

In Fiscal Year 2022, PEI published its second [five-year strategic plan for Fiscal Years 2022-2026](#) which outlines the seven high-level objectives and strategies designed to support families and communities to create and provide a safe and nurturing environment for Texas children. These strategies are rooted in the understanding that families have primary responsibility for creating a safe and nurturing environment for their children, and that almost all families want to do what is best for their children but often need some form of support to make it happen.

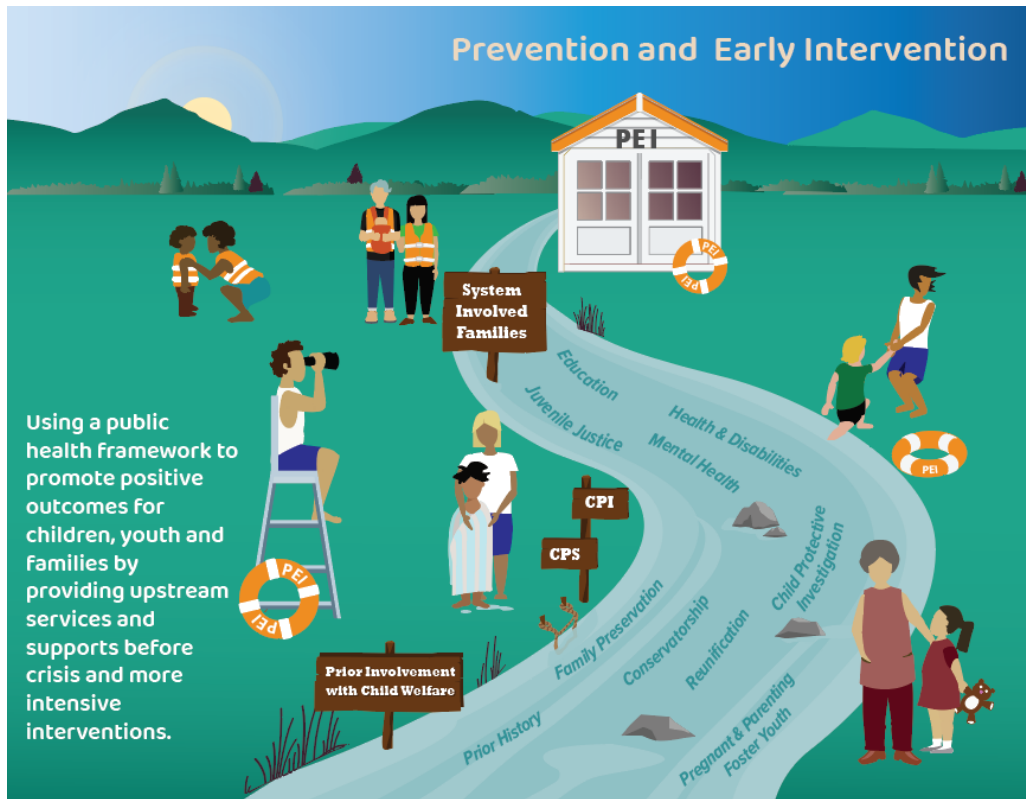
Public Health Framework

Applying a comprehensive public-health approach is based on recognizing the importance of strong, integrated, and collective responsibility, and coordination across agencies and within communities. Two-generation (2Gen) approaches build family well-being by intentionally and simultaneously working with children and the adults in their lives. These services are designed to address the needs of parents while also ensuring the growth and support needed for each child in the family. This approach, in conjunction with a public health framework, allows prevention services to be positioned as a resource and support in the community for all families.

In addition, PEI's framework requires meeting families where they are, with a range of supports unique to their needs. To help delineate the state's and communities' role in supporting prevention efforts, the Prevention Framework Workgroup developed the prevention framework foundations to exemplify how the supports of strong communities intertwine to wrap around a family and promote their success.



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



Return on Investment

When combined with economic and social costs, the total estimated lifetime impact associated with child maltreatment at \$454 billion in Texas.¹ PEI is committed to building a continuum of flexible services that are effective, evidence-based, responsive, and rooted within the communities where families live. The return on investment for PEI’s programs ranges from \$1.26 to \$5.70 in child welfare and juvenile justice costs, depending on the intervention, providing potential cost savings in child welfare, juvenile justice, and Medicaid costs into adulthood.²

Growth Strategy

In FY2020, PEI contracted with The University of Texas Health Science Center-Tyler to develop the community maltreatment risk maps, a tool that is used to meet PEI’s statutory requirement for increasing the number of families receiving prevention and early intervention services. In FY2022, PEI collaborated with various community partners to begin updating the data set used within the mapping tool and published an updated set of [online maps](#). The maps show community risks based on the following variables: health and disability, income level, family poverty, safety, childcare enrollment, formal education enrollment, assaults resulting in medical

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

² [Prevention and Early Intervention Five Year Strategic Plan, Fiscal Years 2022-2026 \(state.tx.us\)](#)

care, and infant mortality. Additionally, the updated maps indicate risk down to the zip code and county level, as well as grouped by child age, to more precisely indicate geographic areas in need of support services. PEI continues to use these maps to inform program design and strategic planning as well as target areas for PEI programming and to inform requests for applications (RFAs).

Current Programs

Programs Providing Support to Families with Young Children

(serving children ages 0 to 5)

Healthy Outcomes through Prevention and Early Support (HOPES)

What We Do: Healthy Outcomes through Prevention & Early Support (HOPES) is a flexible community grant that funds a wide variety of innovative initiatives and supports for families with children 0-5 years of age. Supports typically include home visiting services, as well as other supports that build protective factors, such as parent support groups, maternal depression screening, early literacy promotion, case management, and parent education. HOPES grants also include local collaborations with health care, faith-based organizations, child welfare, early childhood education, and other child and family services in the community. Beginning in FY 2023, DFPS will reallocate Helping through Intervention and Prevention (HIP) funding to HOPES programs to strengthen programming and increase statewide access to supports for pregnant and parenting youth in care.

Who We Serve: Families with children ages 0-5 years old who are considered at risk for abuse and neglect.

Texas Home Visiting (THV)

What We Do: THV is a free, voluntary program through which early childhood and health professionals regularly visit the homes of pregnant women and families with children under 6 years of age. Through the use of evidence-based models, the program supports positive child health and development outcomes, increases family self-sufficiency, and creates communities where children and families can thrive.

Who We Serve: Expecting parent(s), caregiver(s), or primary caregiver(s) of a child up to age 5. Families are eligible if the parent or primary caregiver is expecting or parenting a young child, from birth until the child's sixth birthday or kindergarten entry, whichever occurs first. Families must reside in the specified service delivery area county or unified service area and exhibit PEI priority characteristics to be eligible.

Texas Nurse-Family Partnership (TNFP)

What We Do: TNFP is a free, voluntary program through which nurses partner with first-time mothers to improve prenatal care and provide one-on-one child development education and counseling. Families start the partnership with TNFP by their 28th week of pregnancy and can receive support until their child reaches 2 years of age.

Who We Serve: First -time, low income mothers and their families from before their 28th week of pregnancy through their child's second birthday

Programs Providing Support to Families and Youth

[Family and Youth Success Program \(FAYS; formerly STAR / Services to At-Risk Youth\)](#)

What We Do: The FAYS program addresses family conflict and everyday struggles while promoting strong families and youth resilience. Every FAYS provider offers one-on-one coaching or counseling with a trained professional and group-based learning for youth and parents. FAYS programs also operate a 24-hour hotline for families having urgent needs.

Who We Serve: Families with youth under 18 years old who are dealing with family conflict or every day struggles. Depending on community need, in some communities FAYS grantees may focus services on families with children 6-17 years of age.

[Community Youth Development \(CYD\)](#)

What We Do: Through the CYD program, PEI provides funding and technical assistance that affords community-based organizations the opportunity to foster positive youth development and build healthy families and resilient communities. CYD provides services in zip codes with high incidences of juvenile crime. Communities prioritize and fund specific prevention services to address their community level needs.

Who We Serve: Youth ages 6-17 in zip codes with high incidences of juvenile crime

[Statewide Youth Services Network \(SYSN\)](#)

What We Do: The SYSN program creates a statewide network of youth programs aimed at positive youth development for youth ages 6 to 17. PEI funds allow state-level grantees to identify areas that may benefit from additional resources and target specific support to local communities to maintain the statewide network. Examples of service provided through SYSN include mentoring and youth skills development.

Who We Serve: Children and youth ages 6-17, with a focus on youth between the ages of 10-17, in each DFPS region of the state.

[Fatherhood EFFECT](#)

What We Do: Fatherhood EFFECT (Educating Fathers for Empowering Children Tomorrow) programs provide parent education and resources to fathers. Beginning in fiscal year 2020, Fatherhood EFFECT's scope expanded to include collaboration with community coalitions, encouraging organizations to increase the quality of supports targeted specifically at fathers and pivoting to explicitly include and support fathers across multiple programs in an organization or community.

Who We Serve: Fathers and father figures to at least one child age 0-17.

[Service Members, Veterans, and Families \(SMVF\)](#)

What We Do: The SMVF program provides support for families of children ages 0-17 in which one or both parents are serving, or have served, in the armed forces, reserves, or National Guard. Through supports such as parenting, education, counseling, and youth development programming this program:

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

Who We Serve: Military families with children ages 0-17 in which one or both parents are serving, or have served, in the armed forces, reserves, or National Guard.

[Special Initiatives](#)

Family Resource Centers

This fiscal year, PEI funded seven new Family Resource Centers (FRCs) that are actively serving families in Bexar, Cameron, Harris, El Paso, Hidalgo, Tarrant, and Travis counties. These FRCs serve as hub to connect Texas families to supports, services, and opportunities that reflect the needs of each community. All Texas FRCs are required to include resource navigation in their service delivery and allow for families to engage in an array of services at varying levels of intensity. Currently, agencies are working to onboard all required staff to implement their individualized service design and are conducting outreach to facilitate strategic partnerships with community providers. Almost 4,000 families utilized the FRCs for various community activities and support groups. Over 800 families were directly served through the FRCs with more intensive service navigation, parent education, and supports.

Kinship Navigator Program

In 2019, Congress appropriated funds under Title IV-B, subpart 2 of the Social Security Act to support the development, implementation, enhancement, or evaluation of evidence-based kinship navigator programs. Kinship navigator programs are designed to support the many informal kinship placements that occur outside the child welfare system. This fiscal year, PEI grantees began implementation efforts of these programs, designed to assist kinship caregivers in accessing programs and services to meet their needs, as well as the children in their care. Grantees engaged in community awareness activities and outreach programs that reached more than 10,000 families across Texas with almost 300 kinship caregivers receiving more intensive supports and resource navigation in FY2022.

Safe Babies Campaign

The Safe Babies Campaign is an initiative started under Budget Rider 39 from the 84th Legislature. This project funds the provision and evaluation of hospital or clinic-based interventions that are designed to promote protective factors that prevent maltreatment in the first year after birth as well as develop a strong evidence base that leads to wide-scale implementation of education that supports positive parenting and provides tools to help parents cope with the difficult aspects of caring for an infant. Work under Safe Babies during FY2022 included evaluating a curriculum designed for community health workers to help build positive brain development for infants and toddlers through parent education that is focused on supporting resiliency, language development, executive functioning, and emotional development.

Additional evaluation work continued on the Parenting Action Plan that is delivered in a health setting and through an online app to help parents prepare and respond to caring for a newborn. In the original study, women receiving the Parenting Action Plan had significantly better attributions about their baby and felt they had more control over challenging parenting situations than women who did not receive the intervention. Additionally, women receiving the Parenting Action Plan had better knowledge about how to sooth a crying baby and when to take breaks from a crying baby than treatment as usual group. In FY2022, over 250 Parenting Action Plans have been provided to families with an additional 750 planned during FY2023 as part of a randomized control trial. This evaluation will study the full impact of the Parenting Action Plan when motivational interview concepts are included in the delivery of the intervention.

Through Safe Babies, there has been ongoing work surrounding Plans of Safe Care through the development of the Family CARE Portfolio. This work specifically designed to support pregnant and postpartum women and families with high social risk for poor family outcomes, such as families at risk for or experiencing substance use issues. The goal of a Plan of Safe Care is to strengthen the family, help mothers have a healthy pregnancy, and keep child(ren) safely at home. By utilizing this tool, families have an organized way to help them demonstrate and communicate their strengths, needs, and accomplishments. More than 1,200 Family CARE Portfolios were delivered in FY2022 and ongoing evaluation work will occur in FY2023.

Texas Parent Helpline

During the pandemic, DFPS piloted the Texas Parent Hotline as part of Texas' universal prevention strategy. Through this pilot, the Department expanded the scope of the Texas Youth Helpline to provide supports and resources specifically to young, first-time parents. Previously, the hotline did not provide services to parents of young children, missing a critical opportunity to provide crisis management and resource navigation to maximize a family's potential. The Department found that by expanding the Texas Youth Helpline to provide real-time parenting supports to families, parents were able to access resources available through GetParentingTips.com as well as PEI programs at a higher rate. Parents can

call, text, or chat the hotline at any time and have access to a team of individuals that will help them navigate to available resources and services that offer parenting support.

Utilizing Evidence-Based Programs

In alignment with [Texas Family Code 265.004](#) and [Texas Government Code 531.983](#), PEI utilizes evidence-based programming across the majority of services funded. During the 87th Regular Session, lawmakers passed [SB 452](#) which amended Family Code to increase the numbers of prevention programs that can be included in the evidence-based spectrum. PEI tracks the number of programs funded that qualify as part of the evidence-based spectrum.

Currently, an evidence-based curriculum is used in all early childhood programs with additional curriculum and supports for families while 85 percent of all youth and family programs utilize an evidence-based program. PEI has worked with research partners to develop a tool to help rate program models that have been evaluated in the community but may not have a published randomized control trial that is listed on a clearinghouse. This 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.

PEI directs potential and current providers to use one of the seven major national clearinghouses for evidence-based programs to ensure the program they intend to use has been certified. These include:

- Results First Clearinghouse Database
- Title IV-E Prevention Services Clearinghouse
- Home Visiting Evidence of Effectiveness (HomVEE) Clearinghouse
- Blueprints for Healthy Youth Development
- California Evidence-Based Clearinghouse for Child Welfare
- CrimeSolutions.gov website
- Promising Practices Network

| Promising | Evidence-Informed | Evidence-Based |
|--|---|--|
| <p>A promising program or practice:</p> <p>has been evaluated by <u>at least one</u> outcome-based study demonstrating effectiveness or random, controlled trial in a homogeneous sample</p> <p style="text-align: center;">AND</p> <p>has an active impact evaluation of the program or practice or demonstrates a schedule for implementing an active impact evaluation of the program or practice</p> | <p>An evidence-informed program or practice:</p> <p>Combines well-researched interventions with clinical experience and ethics, and client preferences and culture, to guide and inform the delivery of treatments and services</p> <p style="text-align: center;">AND</p> <p>Has an active impact evaluation of the program or practice or demonstrates a schedule for implementing an active impact evaluation of the program or practice</p> | <p>An evidence-based program or practice:</p> <p>is research-based and grounded in relevant, empirical knowledge and program-determined outcomes</p> <p style="text-align: center;">AND</p> <p>has comprehensive standards ensuring the highest quality service delivery with continuous improvement in the quality of service delivery</p> <p style="text-align: center;">AND</p> <p>has demonstrated significant positive outcomes</p> <p style="text-align: center;">AND</p> <p>has been evaluated by at least one rigorous, random, controlled research trial across heterogeneous populations or communities with research results that have been published in a peer-reviewed journal</p> <p style="text-align: center;">AND</p> <p>substantially complies with a program or practice manual or design that specifies the purpose, outcomes, duration, and frequency of the program or practice services</p> |

Overview of Evidence-Based Models and PEI Programs

| Evidence Level & Program | Healthy Outcomes through Prevention and Early Support (HOPES) | Texas Home Visiting (THV) | Texas Nurse-Family Partnership (TNFP) | Helping through Intervention and Prevention (HIP) | Fatherhood EFFECT | Service Members, Veterans, and Families (SMVF) | Family and Youth Success Program (FAYS) | Community Youth Development (CYD) | Statewide Youth Services Network (SYSN) |
|---|---|---------------------------|---------------------------------------|---|-------------------|--|---|-----------------------------------|---|
| Promising | | | | | | | | | |
| 1-2-3 Magic | | | | | | | ✓ | | |
| 24/7 Dad | ✓ | | | | ✓ | | | | |
| Active Parenting* | | | | | | | ✓ | | |
| Aggression Replacement Training | | | | | | | ✓ | | |
| Bounce Back | | | | | | | ✓ | | |
| Boys and Girls Club | | | | | | | | | ✓ |
| Circle of Security | ✓ | | | | | | | | |
| Defiant Children | | | | | | | ✓ | | |
| Defiant Teens | | | | | | | ✓ | | |
| Effective Black Parenting Program | | | | ✓ | | | | | |
| InsideOut Dad* | | | | | ✓ | | | | |
| Love and Logic | | | | | | | ✓ | | |
| Make Parenting A Pleasure | | | | | | | ✓ | | |
| Nurturing Parenting* | ✓ | | | ✓ | | ✓ | ✓ | | |
| Parenting Wisely | | | | | ✓ | | ✓ | | |
| Positive Action | | | | | | | ✓ | | |
| Systematic Training for Effective Parenting (STEP)* | ✓ | | | | | ✓ | ✓ | | |
| Teaching Family Model (TFM) | ✓ | | | | | | | | |
| Trust-Based Relational Intervention (TBRI) | ✓ | | | ✓ | | | ✓ | | |
| Why Try | | | | | | | ✓ | | |

* Accessible version in Appendix D

| Evidence Level & Program | Healthy Outcomes through Prevention and Early Support (HOPEs) | Texas Home Visiting (THV) | Texas Nurse-Family Partnership (TNFP) | Helping through Intervention and Prevention (HIP) | Fatherhood EFFECT | Service Members, Veterans, and Families (SMVF) | Family and Youth Success Program (FAYS) | Community Youth Development (CYD) | Statewide Youth Services Network (SYSN) |
|--|---|---------------------------|---------------------------------------|---|-------------------|--|---|-----------------------------------|---|
| Evidence-Informed | | | | | | | | | |
| Wraparound Services | | | | | | ✓ | | | |
| Kinship Navigator | | | | | | | ✓ | | |
| Mentoring | | | | | | | | ✓ | |
| Youth Leadership Development | | | | | | | | ✓ | |
| Curriculum-Based Life Skills | | | | | | | | ✓ | |
| Workforce Readiness / College Readiness | | | | | | | | ✓ | |
| Evidence-Based | | | | | | | | | |
| Abriendo Puetras | ✓ | | | | | | | | |
| AVANCE | ✓ | | | | | | | | |
| Big Brothers, Big Sisters* | | | | | | ✓ | ✓ | | |
| CAT Project | | | | | | | ✓ | | |
| Common Sense Parenting | | | | | | | ✓ | | |
| Coping Cat | | | | | | | ✓ | | |
| Family Connects | ✓ | ✓ | | | | | | | |
| Healthy Families America (HFA) | | ✓ | | | | | | | |
| Home Instruction for Parents of Preschool Youngsters (HIPPY) | ✓ | ✓ | | | | | | | |
| Incredible Years | ✓ | | | | | | ✓ | | |
| Motivational Interviewing | | | | | | | ✓ | | |
| Nurse-Family Partnership (NFP) | | ✓ | ✓ | | | | | | |
| Parents as Teachers (PAT) | ✓ | ✓ | | ✓ | ✓ | | | | |
| SafeCare | ✓ | | | ✓ | | ✓ | | | |
| SafeCare Augmented | | ✓ | | | | | | | |

| Evidence Level & Program | Healthy Outcomes through Prevention and Early Support (HOPES) | Texas Home Visiting (THV) | Texas Nurse-Family Partnership (TNFP) | Helping through Intervention and Prevention (HIP) | Fatherhood EFFECT | Service Members, Veterans, and Families (SMVF) | Family and Youth Success Program (FAYS) | Community Youth Development (CYD) | Statewide Youth Services Network (SYSN) |
|----------------------------------|---|---------------------------|---------------------------------------|---|-------------------|--|---|-----------------------------------|---|
| Seeking Safety | | | | | | | ✓ | | |
| Strengthening Families | | | | | | | ✓ | | |
| Strong Families, Strong Forces | | | | | | ✓ | | | |
| Triple P | ✓ | | | ✓ | | ✓ | | | |
| Support Services | | | | | | | | | |
| Academic Support | | | | | | | | ✓ | |
| Arts and Cultural Enrichment | | | | | | | | ✓ | |
| Basic Needs Support | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | |
| Counseling | ✓ | | | | ✓ | ✓ | ✓ | | |
| Family Focused Activities | ✓ | | | | | | ✓ | ✓ | |
| Family Resource Centers | ✓ | | | | | | ✓ | | |
| Mothers and Babies | ✓ | ✓ | | | | | | | |
| Resource and Referral Navigation | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ | ✓ |
| Sports and Movement | | | | | | | | ✓ | |
| Therapy modalities | ✓ | | | | | | ✓ | | |
| upLIFT | ✓ | | | | | | | | |
| upWORDS | ✓ | | | | | | | | |

Accessible version in Appendix D

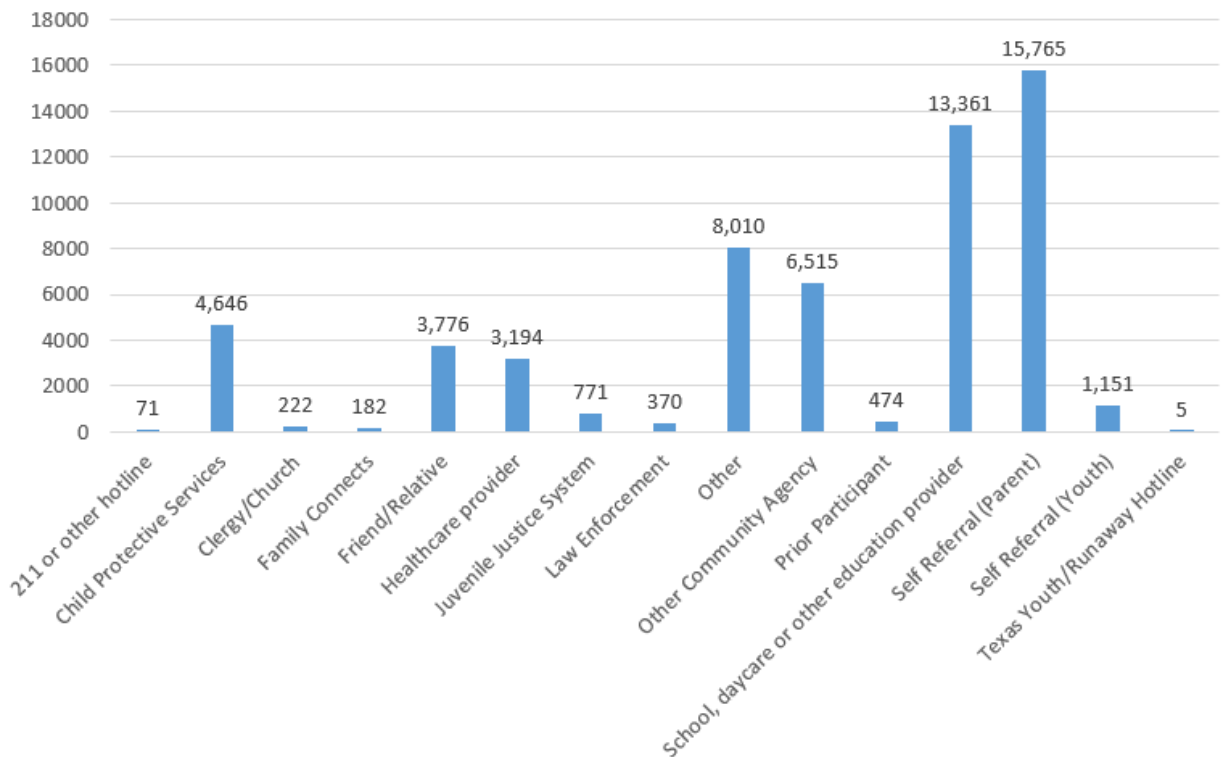
*Note: the National Registry of Evidence-based Programs and Practices (NREPP) stopped updating in January 2018 and is no longer accessible as of August 2018. These programs were rated Evidence-based through NREPP. The Results First Clearinghouse Database still contains NREPP’s program reviews but links to its website will direct you to a third-party archived version of the NREPP website, where available.

Demographics and Referral Sources

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

FY2022 Referral Sources

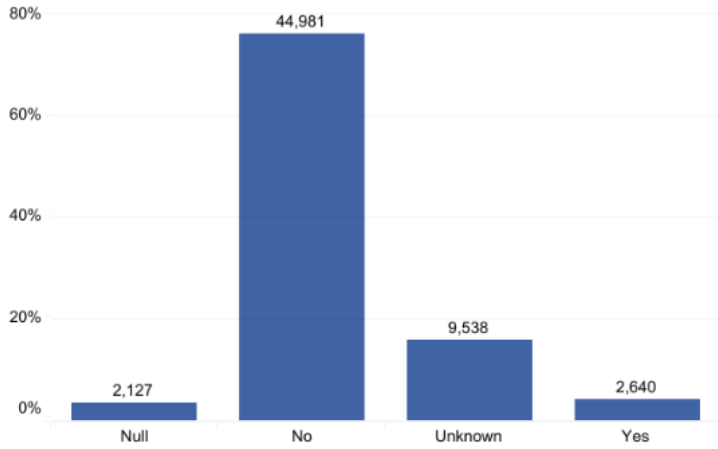
a



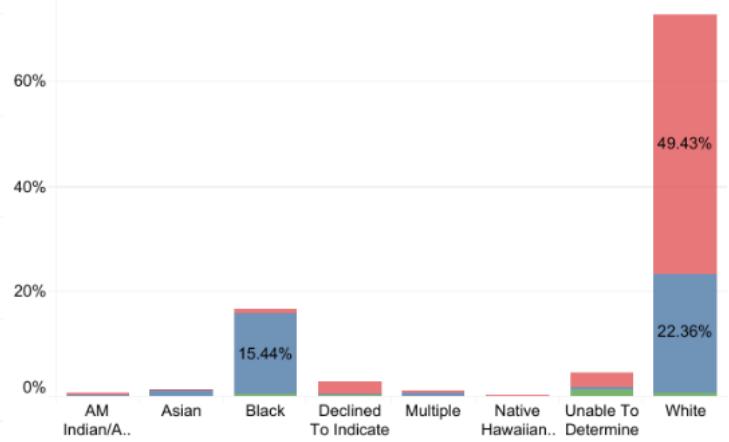
In FY2023, PEI will work with grantees to better understand when “other” and “self-referral” are used as compared to the more specific options.

FY2022 Primary Caregiver Demographics

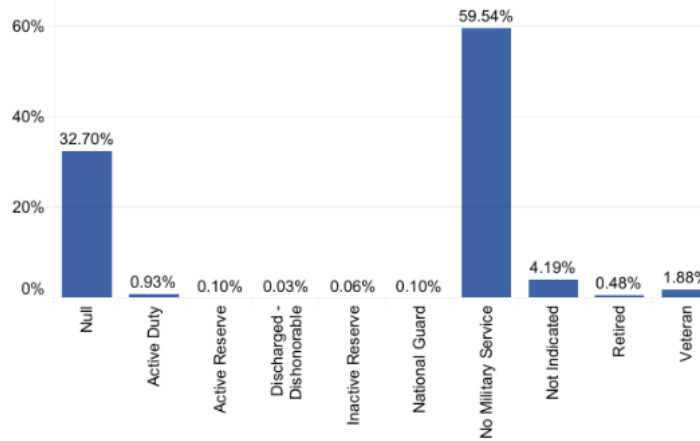
Disability Status



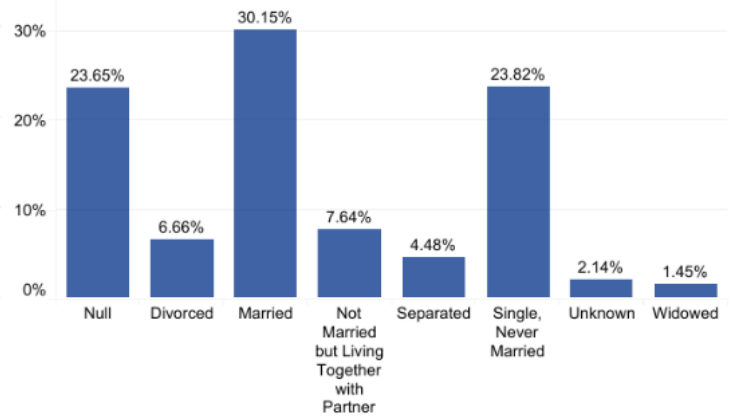
Race/Ethnicity



Military Status



Marital Status



■ Denotes a primary caregiver who is of Hispanic ethnicity.

*Null demographics represents where data was not entered into the PEIRS database instead of entering "unknown"

Program Performance Measures and 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. PEI will continue using mapping to look for not only the best locations for services, but also ways to address identified geographic-, race-, and ethnicity-based inequities in resource allocation and service delivery.

Based on [Texas Family Code Section 265](#), PEI currently evaluates programmatic effectiveness using the following measures:

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

Current Measures

PEI programs utilize three strategies for measuring outcomes:

- A validated pre- and post-services survey of protective factors, conducted by providers;
- Qualitative feedback from families through a Program Experience Survey; and
- Data entry into the child welfare and juvenile justice systems, if applicable.

Evidence-based parenting providers include outcome measures in their pre- and post-services surveys to show an increase in two or more of the following areas:

- Improved cognitive development of children.
- Increased school readiness of children.
- Reduced child abuse, neglect, and injury.
- Improved child safety.
- Improved social-emotional development of children.
- Improved parenting skills, including nurturing and bonding.
- Improved family economic self-sufficiency.
- Reduced parental involvement with the criminal justice system.
- Increased father involvement and support.
- Improvement in parental knowledge around child development and stress management.
- Increases in parents continuing their education or engaging in the labor force.
- Improved youth and family perception of the program and positive changes they see as a result of receiving services.

PEI also collects and analyzes additional measures through program instruments that are either unique to programs or cross a variety of programs. Examples include: Mental health, substance use, domestic violence, developmental delay, and homelessness screenings.

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

Program Outputs

PEI works with grantees to establish specific output measures by program type. These output measures show the number of clients served and critical services provided in relation to the programs' established targets. Utilizing this data, PEI is able to provide technical assistance to support positive outcomes, engage grantees in client recruitment and retention, as well as monitor client engagement in services.

The following table shows annual program target outputs and outcomes and how they have changed by fiscal year.

Annual Program Target Output and Outcomes by Fiscal Year

| PROGRAM | FY2020 | FY2021 | FY2022 | FY2023 | Children Remain Safe as a measure? | Juvenile Justice Prevention as a measure? |
|--|---------------|---------------|---------------|-------------------|--|--|
| Family and Youth Success Program (FAYS) | 21,419 | 21,419 | 22,624 | 22,328 | ✓ | ✓ |
| Community-Youth Development (CYD) | 16,140 | 16,140 | 17,135 | 17,135 | | ✓ |
| Community-Based Child Abuse Prevention (CBCAP) – Fatherhood EFFECT and Family Self-Sufficiency (FSS) | 944 | 944 | 1,124 | 1,124 | ✓ | |
| Statewide Youth Services Network (SYSN) | 2,526 | 2,526 | 2,526 | 2,863 | | ✓ |
| Healthy Outcomes through Prevention and Early Support (HOPES) | 7,376 | 8,768 | 9,426 | 9,534 | ✓ | |
| Helping through Intervention and Prevention (HIP)* | 390 | 390 | 405 | Included in HOPES | ✓ | |
| Service Members, Veterans, and Families (SMVF) | 971 | 1,954 | 1,461 | 1,416 | ✓ | |
| Texas Home Visiting (THV) | 4,372 | 4,392 | 5,823 | 6,624 | ✓ | |
| Texas Nurse-Family Partnership Programs (TNFP) | 2,800 | 3,075 | 3,022 | 3,077 | ✓ | |
| Total | 56,938 | 59,608 | 63,546 | 64,101 | | |

* HIP targets are based on referral forecasting.

Number of Families and Youth Served by PEI in FY2022

| PROGRAM | Unduplicated Families / Primary Caregivers | Unduplicated Youth | Total Served* |
|--|---|---------------------------|----------------------|
| Family and Youth Success Program (FAYS) | 18,180 | 20,098 | 20,098 |
| Community-Youth Development (CYD) | 13,753 | 13,756 | 13,756 |
| Community-Based Child Abuse Prevention (CBCAP)– Fatherhood EFFECT and Family Self-Sufficiency (FSS) | 1,008 | | 1,008 |
| Statewide Youth Services Network (SYSN) | | 3,178 | 3,178 |
| Healthy Outcomes through Prevention and Early Support (HOPES) | 9,786 | | 9,786 |
| Helping through Intervention and Prevention (HIP)** | 376 | | 376 |
| Service Members, Veterans, and Families (SMVF) | 1,331 | | 1,331 |
| Texas Home Visiting (THV) | 6,452 | | 6,452 |
| Texas Nurse-Family Partnership Programs (TNFP) | 4,092 | | 4,092 |
| Total | | | 60,077 |

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

Program Outcomes

According to the Centers for Disease Control and Prevention, promoting safe, stable, nurturing relationships and environments through primary and secondary prevention programs and services decreases rates of child maltreatment, long-term physical ailments, behavioral health issues, substance use, crime rates, and poor educational outcomes.

To measure programs’ effectiveness towards preventing child maltreatment and juvenile delinquency, all PEI programs measure the percentage of children who remain safe or who are not referred to juvenile justice as a result of programming. These outcomes can be measured as short, medium, or long-term outcomes and are dependent on the age of children and youth served by each program. For example, home visiting programs serving families with children under 5 years old would not have engagement with the juvenile justice system as a short-term outcome, but it could be measured as a long-term outcome.

Prevention and Early Intervention – Child Safety and Juvenile Justice Outcomes

| PEI Outcome Measures | FY2018 | FY2019 | FY2020 | FY2021 | FY2022 |
|--|---------------|---------------|---------------|---------------|---------------|
| Percent of Community Youth Development (CYD) youth not referred to juvenile probation | 98.14% | 98.10% | 98.57% | 98.71% | 98.06% |
| Percent of Statewide Youth Services Network (SYSN) youth not referred to juvenile probation | 98.59% | 98.90% | 99.09% | 99.10% | 99.08% |
| Percent of Family and Youth Success Program (FAYS) youth not referred to juvenile probation | 93.75% | 93.58% | 94.08% | 95.75% | 96.89% |
| Percent of Family and Youth Success Program (FAYS) youth with better outcomes 90 days after termination | 92.20% | 94.30% | 97.30% | 93.29% | 96.50% |
| Percent of Family and Youth Success Program (FAYS) youth who remain safe* | 99.86% | 99.86% | 99.34% | 97.49% | 96.92% |
| Percent of Fatherhood EFFECT children who remain safe* | 99.78% | 99.72% | 99.44% | 98.15% | 97.46% |
| Percent of Healthy Outcomes through Prevention and Early Support (HOPES) children who remain safe* | 99.48% | 99.23% | 98.80% | 97.28% | 97.24% |
| Percent of Helping through Intervention and Prevention (HIP) children who remain safe* | 98.81% | 99.54% | 98.74% | 96.00% | 92.51% |
| Percent of Service Members, Veterans, and Families (SMVF) children who remain safe* | 99.62% | 98.54% | 99.30% | 99.05% | 98.10% |

Source: Data from DFPS Databook and DFPS data requests

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

The Texas Home Visiting and Texas Nurse-Family Partnership programs continue to use PEI's reporting system, PEIRS, to track home visiting outcomes at the state level, as well as performance measures for grantees that receive federal funding through the Maternal, Infant,

and Early Childhood Home Visiting (MIECHV) program. These are shown in the below tables.

Texas Home Visiting State Outcomes

| PEI Outcome Measures | FY2022 |
|---|--------|
| Maternal and Newborn Health: Percent of women who breastfeed for at least six months postpartum. (State rate for general population: 55.1%) ³ | 48.65% |
| Maternal and Newborn Health: Percent of children enrolled in home visiting who received the last recommended well-child visit based on the American Academy of Pediatrics schedule. | 43.04% |
| Maternal and Newborn Health: Percent of infants (among mothers enrolled in home visiting prenatally before 37 weeks) who are born full-term following program enrollment. | 89.06% |
| School Readiness and Achievement: Number of primary caregivers and/or family members reading, telling stories, or singing to or with their children daily at six months post-enrollment or post-birth divided by the total number of primary caregivers enrolled at least six months post-birth. | 60.26% |
| School Readiness and Achievement: Percent of primary caregivers who show an increased parent-child interaction score on PICCOLO or DANCE from enrollment to 12 months post-enrollment, or at 10 months post-enrollment for HIPPI. | 57.78% |
| Family Economic Self-Sufficiency: Percent of primary caregivers who exit the program employed and/or participating in an educational program. | 44.62% |

³ https://www.cdc.gov/breastfeeding/data/nis_data/rates-any-exclusive-bf-by-state-2017.htm

Texas Home Visiting – MIECHV Performance Measures

| Maternal and Newborn Health Outcome Measures | FY2022 | MIECHV National Benchmark |
|--|--------|---------------------------|
| Preterm Birth – Percent of infants (among mothers enrolled in home visiting prenatally before 37 weeks) who are born preterm following program enrollment. | 11.2% | 11.24% |
| Breastfeeding – Percent of infants (among mothers enrolled in home visiting prenatally) who were breastfed any amount at 6 months old. | 46.9% | 64.85% |
| Depression Screening – Percent of primary caregivers enrolled in home visiting who are screened for depression using a validated tool within three months of enrollment (for those not enrolled prenatally) or within three months of delivery for those enrolled prenatally. | 63.5% | 49.01% |
| Well Child Visit – Percent of children enrolled in home visiting who received the last recommended visit based on the American Academy of Pediatrics schedule. | 67.5% | 42.30% |
| Postpartum Care – Percent of mothers enrolled in home visiting prenatally or within 30 days after delivery who received a postpartum visit with a healthcare provider within eight weeks (56 days) of delivery. | 63.5% | 59.49% |
| Tobacco Cessation Referrals – Percent of primary caregivers enrolled in home visiting who reported using tobacco or cigarettes at enrollment and were referred to tobacco cessation counseling or services within three months of enrollment. | 28.5% | 14.46% |

| Child Safety Outcome Measures | FY2022 | MIECHV National Benchmark |
|---|--------|---------------------------|
| Safe Sleep – Percent of infants enrolled in home visiting who are always placed to sleep on their backs, without bedsharing or soft bedding. | 48.9% | 23.94% |
| Child Injury – Percent of injury-related visits to a hospital emergency department since enrollment among children enrolled in home visiting. | 0.03% | 0.01% |
| Child Maltreatment – Percent of children enrolled in home visiting with at least one investigated case of maltreatment following enrollment within the reporting period. | 5.9% | 1.61% |

| School Readiness and Achievement Outcome Measures | FY2022 | MIECHV National Benchmark |
|---|--------|---------------------------|
| Parent Child Interaction – Percent of primary caregivers enrolled in home visiting who received an observation of caregiver-child interactions by the home visitor using a validated tool. | 42.8% | 65.08% |
| Early Language and Literacy Activities – Percent of children enrolled in home visiting with a family member who reported that during a typical week she/he read, told stories, and/or sang songs with their child daily, every day | 58.1% | 62.01% |
| Developmental Screening – Percent of children enrolled in home visiting with a timely screen for developmental delays using a validated parent-completed tool. | 30% | 49.93% |
| Behavioral Concerns – Percent of home visits where primary caregivers were asked if they have any concerns regarding their child’s development, behavior, or learning. | 94.1% | 71.20% |
| Intimate Partner Violence Screening – Percent of primary caregivers enrolled in home visiting who are screened for intimate partner violence using a validated tool. | 73.4% | 75.51% |

| Family Economic Self-Sufficiency Outcome Measures | FY2022 | MIECHV National Benchmark |
|---|--------|---------------------------|
| Primary Caregiver Education – Percent of primary caregivers who enrolled in home visiting without a high school degree or equivalent, and subsequently enrolled in, maintained continuous enrollment in, or completed high school or equivalent during their participation in home visiting. | 18.1% | 6.32% |
| Continuity of Insurance Coverage – Percent of primary caregivers enrolled in home visiting who had continuous health insurance coverage for at least six consecutive months. | 55.2% | 80.39% |

| Coordination and Referrals for Other Community Resources and Supports Outcome Measures | FY2022 | MIECHV National Benchmark |
|--|--------|---------------------------|
| Completed Depression Referrals – Percent of primary caregivers referred to services for a positive screen for depression who receive one or more service contacts. | 11.1% | 63.69% |
| Completed Developmental Referrals – Percent of children enrolled in home visiting with positive screens for developmental delays (measured using a validated tool) who receive services in a timely manner. | 18.7% | 51.60% |

| Coordination and Referrals for Other Community Resources and Supports Outcome Measures | FY2022 | MIECHV National Benchmark |
|---|--------|---------------------------|
| Intimate Partner Violence Referrals – Percent of primary caregivers enrolled in home visiting with positive screens for intimate partner violence (measured using a validated tool) who receive referral information to related resources. | 37.3% | 22.06% |

Protective Factors & Family Resiliency

In addition to measuring family involvement with the child welfare and juvenile justice systems it is equally important to measure the progress a family is able to achieve through services. To assess this PEI measures the increase in parental protective factors using the Protective Factors Survey. The Protective Factors Survey was designed in 2004 by the FRIENDS National Resource Center for Community-Based Child Abuse Prevention (CBCAP). Parents complete the survey at the start of services and again at discharge to measure five major areas.⁴

Almost 98 percent of families reported an increase in at least one protective factor. For 91 percent of families, there was an increase in all domains.

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

Prior and Current Child Protective Services Involvement

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

⁴ The Protective Factors Survey User’s Manual Revised, October, 2011. Retrieved from: http://friendsnrc.org/downloads/attachments/pfs_user_manual_revised_2012.pdf.

welfare system. All PEI services are voluntary and situated in the community as an upstream support. Child Protective Investigations (CPI) often refer families to PEI-funded programs when allegations are either unsubstantiated or do not require more intensive intervention by Child Protective Services (CPS). While PEI providers can limit the number of families served with open or prior CPS history, they have the flexibility to serve any family that seeks support. However, considering that the services are prevention-oriented, providers must continue to target and serve families prior to child welfare investigations and interventions.

PEI compares data for families served to determine if children remain safe both during PEI services and after. Data is matched during services, as well as one year and three years after discharge or completion of services. When measuring “safe in care” for families while they are receiving services, 97.5% of primary caregivers do not become a confirmed perpetrator in a CPS investigation, and 94% do not become a confirmed perpetrator three years after receiving services.

**Serving Families Involved with Child Protective Investigations or Child Protective Services:
FY2022 Primary Caregivers Who Received PEI Services that Matched
to an Open CPI or CPS Case**

| PEI Program | Total Open PEI Enrollments¹ | Open PEI Enrollments With Prior Involvement in a CPI/CPS Stage That Started Prior to the PEI Enrollment | Open PEI Enrollments With a CPI/CPS Stage That Started During the PEI Enrollment² |
|--------------------|---|--|---|
| | <i>Total Families with PEI Services</i> | <i>Families involved in PEI Services that were involved with CPI or CPS prior to starting PEI services</i> | <i>Families involved in PEI Services that became involved with CPI or CPS after starting PEI services</i> |
| CYD | 13,756 | 2407 | 141 |
| Fatherhood EFFECT | 1,008 | 286 | 21 |
| FAYS | 20,098 | 6964 | 144 |
| HIP | 376 | 10 | 19 |
| HOPES | 9,786 | 2,110 | 237 |
| SMVF | 1,331 | 227 | 23 |
| SYSN | 3,178 | 1,016 | 73 |
| THV | 6,452 | 503 | 131 |
| TNFP | 4,092 | 198 | 86 |
| Total | 60,077 | 13,721 | 875 |

1. Includes PEI registrations open at any time during fiscal year 2022 where there was also a service date in fiscal year 2022. A child can be involved in multiple registrations.

2. Open Case counted for CPS cases in which the index child/youth was listed as a principal in an Investigation, Alternative Response, Adoption, Family Preservation, Family Reunification,

Family Substitute Care, Substitute Care, or Preparation for Adult Living stage. The stage had to start on or before August 31, 2022 and could not have a stage closure date more than 30 days before the PEI registration date. PEI Registrations that started later in the fiscal year have not had as much time for the index child/youth to become involved in a CPI or CPS stage.

Program Spotlights

The programs highlighted in this section provide additional details that are required under Texas Home Visiting ([Texas Government Code §531.9871](#)), prevention and early intervention programs and practices ([Texas Family Code §265.154](#)), and Veterans and Military Families Preventive Services Program ([Texas Human Resources Code §53.002](#)). Some required elements, such as number of families served, demographic information, and overall program outcomes are contained in their respective sections of the overall report.

Home Visiting Programs

Children younger than 5 years old are widely recognized as the most vulnerable for child maltreatment. Not yet in school, and often interacting only with caregivers, young children can be at a magnified risk for abuse or neglect. Prevention and early intervention services serve as buffers to mitigate the risk factors in a family that may lead to abuse or neglect and help caregivers find resources, supports, or coping strategies that allow them to parent effectively, even under stress.

Home visiting services help bridge the gap between risk factors that lead to child maltreatment and the promotion of positive outcomes in health, education, development, and family resiliency. Providing services in the home or in a space that meets the family's needs often allows families to participate longer in programs and for providers to directly address specific issues as they arise. Home visiting is a component of multiple programs funded by PEI, and each has associated evidence-based curricula. All home visiting programs include:

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

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

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. PEI home visiting programs must have positive outcomes in at least two of the following areas:

- Improved maternal or child health outcomes.
- Improved cognitive development of children.
- Increased school readiness of children.
- Reduced child abuse, neglect, and injury.

- Improved child safety.
- Improved social-emotional development of children.
- Improved parenting skills, including nurturing and bonding.
- Improved family economic self-sufficiency.
- Reduced parental involvement with the criminal justice system.
- Increased father involvement and support.

Service Members, Veterans, and Families (SMVF) Program

In 2015, the 84th Texas Legislature required the creation of a pilot program for child abuse prevention for military families and veterans (House Bill 19). This legislation directed DFPS to develop and implement a prevention program to serve military and veteran families that have committed, experienced, or who are at a high risk of family violence and/or child abuse and neglect. The Service Members, Veterans, and Families Program is designed to not only serve active duty military personnel, but also Texas National Guard members, Ready Reservist, discharged service members, and the local military retiree population.

With 15 active military installations, Texas has the second highest active duty military population in the United States, and about 10% of all active duty forces in the U.S. reside in Texas. Over 115,000 active duty members are in Texas, as well as almost 55,000 national guard members and reservists. In addition, nearly 1.6 million veterans live in Texas, the second highest number of veterans of any state in the U.S. DFPS focused this pilot prevention initiative in the three largest military communities in Texas – Bell County, Bexar County, and El Paso County. Additional counties of Montgomery, Nueces, and Kleberg were added into the program for FY2021 due to the growing military and military-connected communities in those areas.

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

Required services include:

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

Service Providers by County

| County | Primary Contractor | Subcontractor (if applicable) |
|---|---|--|
| Bell, Coryell, Lampasas, Williamson, McLennan | The Boys and Girls Clubs of Central Texas | - Texas A&M - AWARE Central Texas - Strong Families, Strong Forces |

| County | Primary Contractor | Subcontractor (if applicable) |
|---|---|--|
| Bexar | United Way of San Antonio and Bexar County (UWSA) | - Any Baby Can - Family Service Association of San Antonio - Big Brothers Big Sisters of South Texas |
| El Paso | Child Crisis Center of El Paso | |
| Harris, Montgomery, Waller | Motivation, Education & Training (MET) | |
| Nueces, Kleberg, Jim Wells, San Patricio, Aransas | The Council on Alcohol & Drug Abuse Coastal Bend | |

Future Evaluation & Measures of Effectiveness

Preventing child maltreatment, supporting resilient families, and navigating children toward positive outcomes ultimately benefits the entire state of Texas. While PEI can directly serve only a small segment of the population, PEI funds evidence-based, evidence-informed, and promising practice programs that work within communities to build sustainable and collaborative relationships to have a larger impact.

While short-term outcomes are easily reportable, they do not tell the whole story of the potential impact a program can have on an individual or community. 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. Therefore, PEI continues to invest in program evaluations that can help track participants over time and help inform PEI's future investment. 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 continues to utilize its IT data system, PEIRS (Prevention and Early Intervention Reporting System), for all programs to improve the quality of data PEI can access from providers in real-time. The system streamlines data entry, reduces opportunities for human error, and enables real-time invoicing and monitoring of program performance and outcomes. This allows PEI to better demonstrate program effectiveness, track outputs and outcomes, and carry out reporting functions in real time. It also provides PEI the ability to collect and analyze the data that is necessary to report detailed outcomes, support strategic investments, and efficiently monitor program performance and contracts.

Per its new five-year strategic plan,⁵ PEI will continue to utilize research to inform the most effective prevention strategies by continuing to implement strategies, including but not limited to:

- Improve program implementation, create efficiencies, and direct program funding toward the most effective programs to better meet families' needs.

⁵ Available at [Prevention and Early Intervention Five Year Strategic Plan, Fiscal Years 2022-2026](#)

- Review data on a regular basis to support effective program implementation and contract compliance.
- Measure and reporting on the effectiveness of prevention programs on an annual basis and making timely course corrections based on available data.
- Utilize partnerships with independent research organizations to evaluate PEI programs.
- Continue data-matching and epidemiological studies of child maltreatment through collaborations with the Department of State Health Services and current projects like the Safe Babies project through The University of Texas that aims to develop a strong evidence base that lead to wide-scale implementation of education that supports positive parenting and provides tools to help parents cope with the difficult aspects of caring for an infant.
- Share best practices with grantees and provide technical assistance in program implementation, including support for model fidelity or disseminate research findings funded by PEI as well as best practices and innovative work from other sources.
- Utilize research and data to develop a precision approach to identifying modalities and interventions most likely to successfully address specific needs and priorities.
- Refine current strategies for measuring service quality, fidelity, outcomes, and data for continuous quality improvement.
- Review and evaluate long-term and emerging trends through the Office of Child Safety, as well as current community and programmatic needs related to preventing child maltreatment, child maltreatment fatalities and near fatalities, to promote and support child safety at the local and state levels.

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

APPENDIX A. Fiscal Year 2022 Program Obligations*

| PEI Programs | FY2022 Grant Obligations | Number of PEI Program Grants | Number of Counties Covered | Target Number of Children/Families to be Served | Actual Number of Children/Families Served | Average Cost per Youth/Family* |
|---|---------------------------------|-------------------------------------|-----------------------------------|--|--|---------------------------------------|
| Family and Youth Success Program (FAYS) | \$28,737,248.89 | 28 | 254 | 22,624 | 20,098 Youth | \$1,429.86 |
| Community Youth Development (CYD) | \$19,348,815.63 | 17 | 16 | 17,135 | 13,756 | \$1,406.57 |
| Fatherhood EFFECT / Community-Based Child Abuse Prevention | \$1,647,032.32 | 8 | 9 | 1,124 | 1,008 | \$1,633.96 |
| 'Statewide Youth Services Network (SYSN) | \$2,070,000.00 | 2 | 254 | 2,526 | 3,178 | \$651.35 |
| Healthy Outcomes through Prevention and Early Support (HOPES) | \$26,344,641.20 | 28 | 28 | 9,426 | 9,786 | \$2,692.07 |
| Helping through Intervention and Prevention (HIP) | \$1,116,066.08 | 9 | 69 | 405 | 376 | \$2,968.26 |
| Service Members, Veterans, and Families (SMVF) | \$2,136,115.13 | 5 | 12 | 1,416 | 1,331 | \$1,604.89 |
| Safe Babies | \$1,300,000.00 | 1 | Statewide | 800+ Per Evaluation Design | Evaluation is ongoing | |
| Texas Home Visiting (THV) | \$22,491,774.10 | 20 | 24 | 5,823 | 6,452 | \$3,486.02 |
| Texas Nurse Family Partnership (TNFP) | \$18,610,421.17 | 17 | 53 | 3,022 | 4,092 | \$4,548.00 |
| Grantee Training, Technical Assistance, Outreach, and Evaluation | \$6,456,617.89 | -- | - | - | - | |
| Total Funds in FY2022 | \$121,258,732 | 135 | All counties | 63,546 Children/Families | 60,077 Children/Families | \$2,018.39 |

* Obligations are reflective of FY2022 community grant and contract dollars

APPENDIX B. Research and Evaluation Projects

The table on the following pages summarizes PEI-commissioned research started or completed since the last PEI Outcomes Report in 2020. Reports are available either on [PEI's website](#), hyperlinked below in the chart, or can be made available on request. A full listing of research and evaluation projects since 2014 is available in the [FY2022 Update on the PEI Five-Year Strategic Plan](#) available on the PEI website.

Research and Evaluation Projects Completed or Underway

| PEI Program/Initiative | Research & Evaluation Partner | Currently Available Reports | Upcoming Reports |
|------------------------|---|---|---|
| Texas Home Visiting | The University of Texas at Austin, LBJ School of Public Affairs | DHVVE-III Evaluation Plan, Winter 2020 CQI Project Report, Summer 2020 COVID-19 Lessons Learned Report, Fall 2020 Policy Brief on Prenatal- 3 Research, Summer 2020 Policy Brief on Home Visiting for Pregnant and Parenting Foster Youth, Summer 2020 Policy Brief on Serving Dads in DFPS Conservatorship, Summer 2020 | DHVVE-IV Final Report, Winter 2022 Coordinated State Evaluation Initial Report, Winter 2022 (The University of Texas Health Science Center at Tyler) Basic Needs Study Upcoming Report, Summer 2023 |

| PEI Program/Initiative | Research & Evaluation Partner | Currently Available Reports | Upcoming Reports |
|-------------------------|--|--|---|
| | | DHVVE-IV Evaluation Plan, Winter 2021 DHVVE-III Final Report, Fall 2021 | |
| Special Projects | University of Texas Medical Branch | | Kinship Final Implementation Report, Spring 2023 Kinship Outcomes Evaluation Report, Fall 2023 Texas Family First Implementation Report, Fall 2023 |
| Safe Babies Project | The University of Texas Health Science Center at Tyler | Community Health Workers Early Child Development Training, Fall 2021 Engaging Healthcare Toolkit, Fall 2021 Parenting Action Plan App, Fall 2021 Plans of Safe Care Training, Fall 2021 | Evaluation of Community Health Workers Early Childhood Development Training, Fall 2022 Evaluation and Launch of Parenting Action Plan Standalone App, Fall 2022 Provider Evaluation of Plans of Safe Care, Fall/Winter 2022 |
| Growth Strategy Project | The University of Texas Health Science Center at Tyler | Client Perception of PEI Services, Summer 2021 | |

| PEI Program/Initiative | Research & Evaluation Partner | Currently Available Reports | Upcoming Reports |
|--------------------------|--|--|------------------|
| | | Risk Map Update, Summer 2021 | |
| Needs Assessment Project | The University of Texas Health Science Center at Tyler | MIECHV Needs Assessment, Fall 2020 MIECHV Needs Assessment, Fall 2021 | |

APPENDIX C: 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 seven 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 | Online Location |
|--|---|
| Results First Clearinghouse Database | https://evidence2impact.psu.edu/what-we-do/research-translation-platform/results-first-resources/clearing-house-database/ |
| Title IV-E Prevention Services Clearinghouse | https://preventionservices.acf.hhs.gov/ |
| Home Visiting Evidence of Effectiveness (HomVEE) Clearinghouse | https://homvee.acf.hhs.gov/ |
| Blueprints for Healthy Youth Development | https://www.blueprintsprograms.org/program-search/ |
| California Evidence-Based Clearinghouse for Child Welfare | https://www.cebc4cw.org/ |
| CrimeSolutions.gov website | https://crimesolutions.ojp.gov/rated-programs |
| Promising Practices Network | https://www.rand.org/well-being/social-and-behavioral-policy/projects/promising-practices.html |

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

Descriptions are from California Evidence-Based Clearinghouse for Child Welfare

| Name of Program | 1-2-3 Magic |
|--------------------|--|
| Description | <i>1-2-3 Magic</i> is a group format program for parents of children approximately 2-12 years of age. 1-2-3 Magic divides the parenting responsibilities into three straightforward tasks: controlling negative behavior, encouraging good behavior, and strengthening the child-parent relationship. The program seeks to encourage gentle, but firm, discipline without arguing, yelling, or spanking. |
| Target Population | Parents, grandparents, teachers, babysitters, and other caretakers working with children |
| Age Range | 2 – 12 |
| Recommended Dosage | One to two sessions per week; 1.5 hours per session for 4 to 8 weeks |

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| Name of Program | 1-2-3 Magic |
| Setting | Home, hospital, outpatient clinic, community-based agency, organization, provider, group or residential care, school setting |

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| Name of Program | 24/7 Dad |
| Description | <i>24/7 Dad</i> [®] is a unique set of programs designed to equip fathers with the self-awareness, compassion, and sense of responsibility that every good parent needs. It focuses on building the man first and the father second. It is available in both a basic and a more in-depth version. <i>24/7 Dad A.M.</i> , the basic version, is for first-time dads, or for fathers lacking vital skills, knowledge, and attitudes. <i>24/7 PM</i> includes more in-depth information for more experienced fathers, or for dads who have completed the A.M. program. The philosophy behind the programs supports the growth and development of fathers and children as caring and compassionate people who treat themselves, others, and the environment with respect and dignity. This philosophical basis of caring and compassion forms the underlying structure that constitutes the values that are taught in the programs. |
| Target Population | Fathers with children age 18 or younger; designed for custodial and noncustodial fathers with instructions on how to deliver it most effectively to non-custodial and unemployed and underemployed fathers |
| Age Range | 0 – 18 |
| Recommended Dosage | Weekly 2-hour sessions; may be delivered in a shorter duration depending on the audience (e.g., 2 sessions per week for a total of 4 hours) |
| Setting | Outpatient clinic, community-based agency, organization, provider, group or residential care, public child welfare agency, school setting |

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| Name of Program | Abriendo Puertas/Opening Doors (AP/OD) |
| Description | Abriendo Puertas/Opening Doors builds parent leadership skills and knowledge through in-person trainings to promote family wellbeing and positive outcomes for children. The culturally-relevant program for parents with children ages 0-5, based in popular education, is proven to lead to school success. AP/OD uses a two-generation approach and was co-created by parents to build parent leadership, skills, and knowledge to promote family well-being. It is most often taught in English and in Spanish – and is one of the only programs that teaches early math in Spanish. The model focuses on educating and empowering parents to be not only their child’s first teacher but also their education advocates as the |

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| Name of Program | Abriendo Puertas/Opening Doors (AP/OD) |
| | child progresses through school. Using a train-the-trainer model, parents who have completed the program can become trainers themselves. |
| Target Population | Latino parents with children ages 0-5 |
| Age Range | 0-5 |
| Recommended Dosage | The AP/OD program is 10 interactive weekly sessions, two hours each. Available in both Spanish and English, the 10 sessions promote school readiness, family well-being, and advocacy by addressing best practices in brain development, key aspects of early childhood development (cognitive, language, physical, and social/emotional), early literacy, bilingualism, early math, positive use of technology, attendance, civic engagement, parent leadership, goal setting, and planning for family success. |
| Setting | Community Agency, School |

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| Name of Program | Active Parenting* |
| Description | <i>Active Parenting 4th Edition</i> is a video-based parenting education program targeting parents of children from early childhood through early teens who want to improve their parenting skills and their child's behavior. It is based on the application of Adlerian parenting theory, which includes mutual respect among family members, nonviolent discipline, problem solving, communication skills training, family enrichment, and encouragement. |
| Target Population | Parents and caregivers of children ages 5 to 12 |
| Age Range | 5 – 12 |
| Recommended Dosage | Conducted in one 2-hour class per week for 6 weeks; group sessions. |
| Setting | Hospitals, outpatient clinics, community-based agencies, school setting |

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| Name of Program | Aggression Replacement Training |
| Description | <i>Aggression Replacement Training</i> ® is a cognitive-behavioral intervention that targets aggressive and violent adolescent behavior. The program consists of three components: Social Skills Training; Anger Control Training; and Moral Reasoning. The components are specifically matched across each week and integrated for content and process. Each week builds upon the week before. Clients attend a one-hour session in each of these components (meeting the same time and same day each week). |

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| Name of Program | Aggression Replacement Training |
| Target Population | Aggressive and violent adolescents, 13 to 18 years of age |
| Age Range | 13-18 |
| Recommended Dosage | One group in each of the three components each week which equals three 1-hour sessions a week; each session should be scheduled on the same day and at the same time each week for 10 weeks |
| Setting | Hospitals, outpatient clinics, community-based agencies, school setting |

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| Name of Program | AVANCE Parent-Child Education Program (PCEP) |
| Description | AVANCE’s philosophy is based on the premise that education must begin in the home and that the parent is the child’s first and most important teacher. The <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. |
| Target Population | Parents/primary caregivers with children from birth to age three, pregnant women and/or partners of pregnant women, especially those with challenges such as poverty; illiteracy; teen parenthood; geographic and social marginalization; and toxic stress |
| Age Range | 0-3 |
| Recommended Dosage | Weekly three-hour classes comprised of 27 bilingual parenting lessons, toy making classes and a community education speaker |
| Setting | Home, Community Agency, School |

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| Name of Program | Big Brothers, Big Sisters* |
| Description | Each youth is matched with a carefully screened and trained volunteer adult or high school mentor and matches typically meet once a week at a school or other location (site-based program) or in community settings (community-based program). Matches can spend their time together |

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| Name of Program | Big Brothers, Big Sisters* |
| | talking, doing homework, participating in crafts, and/or playing games or sports. In community-based matches, they also spend time doing activities in the community like attending cultural events, going to restaurants or movies, or exploring other interests. Independent <i>Big Brothers Big Sisters of America</i> agencies provide support, ongoing training, and resources to the mentor (Big) and mentee (Little) to enable development of a positive and trusting relationship. Agencies may also organize activities or events for matches to attend. Agencies are responsible for obtaining their own funding and implementing their program based on the national Standards of Practice and Service Delivery Model. In addition to the foundational mentoring program, agencies may offer programs designed for special populations (such as Hispanic Mentoring, Native American Mentoring, Bigs in Blue (recruiting law enforcement officers to serve as Bigs), Military Mentoring, and/or mentoring for children of incarcerated parents or focused on particular activities or skill-development (such as workplace mentoring and/or Sports Buddies). |
| Target Population | Youth aged 5-18 seeking additional support from a caring adult who guides them through goal-setting activities and relationship building skills to prepare them for long-term success in school, in the workplace, and in their personal lives. |
| Age Range | 5-18 |
| Recommended Dosage | Between two and four outings or visits per month for a total of 4-10 hours of mentoring each month for at least 12 months |
| Setting | Community daily living setting, community-based agency, organization, provider, school setting |

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| Name of Program | Bounce Back |
| Description | Developed as an adaptation to the Cognitive-Behavioral Intervention for Trauma in Schools (CBITS) program. <i>Bounce Back</i> is a cognitive-behavioral, skills-based group intervention aimed at relieving symptoms of child posttraumatic stress disorder (PTSD), anxiety, depression, and functional impairment among elementary school children (ages 5-11) who have been exposed to traumatic events. It is used most commonly for children who experienced or witnessed community, family, or school violence, or who have been involved in natural disasters, or traumatic separation from a loved one due to death, incarceration, deportation, or child welfare detainment. It includes 10 group sessions where children learn and practice feelings identification, relaxation, courage thoughts, |

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| Name of Program | Bounce Back |
| | problem solving and conflict resolution, and build positive activities and social support. It is designed to be used in schools with children from a variety of ethnic and socio-economic backgrounds and acculturation levels. It also includes 2-3 individual sessions in which children complete a trauma narrative to process their traumatic memory and share it with a parent/caregiver. <i>Bounce Back</i> also includes materials for parent education sessions. |
| Target Population | Children in elementary school grades Kindergarten through 5th grade (ages 5-11) who have experienced traumatic events |
| Age Range | 5-11 |
| Recommended Dosage | 45- to 60-minute weekly group sessions plus two or three 45- to 60-minute individual sessions, for 10 weeks |
| Setting | School setting |

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| Name of Program | C.A.T. Project |
| Description | The C.A.T Project is a 16-session program for adolescents with anxiety. It is cognitive behavioral in nature, and provides psychoeducation and requires exposure tasks. It is similar to the Coping Cat program for children ages 7- to 13- years old, which is rated “1 – Well-Supported Research Evidence” on CEBC, but with teen visuals, themes, labels and other materials. The program provides education about anxiety, skills for identifying and managing anxiety, and an approach to face one’s fears and develop mastery. |
| Target Population | Adolescents with anxiety |
| Age Range | 12-18 |
| Recommended Dosage | Typically, once per week for an hour each meeting, for 16 sessions. |
| Setting | Hospital, outpatient clinic, community-based agency/organization, provider, group or residential care, school setting |

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| Name of Program | Circle of Security |
| Description | The <i>COSP</i> program is a manualized, video-based program divided into eight chapters during which trained facilitators reflect with caregivers about how to promote secure attachment. The program is designed to be delivered in groups but can also be delivered to individual caregivers or |

| Name of Program | Circle of Security |
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| | couples. The facilitator pauses the video at designated moments and asks reflective questions from the manual to participants. Key concepts are presented with visuals compiled into a caregiver workbook; together the videos, the handouts/workbook, and the facilitator’s presence and curiosity assist caregivers to explore their strengths and struggles in meeting their children’s attachment needs. |
| Target Population | Groups of caregivers (parents, foster/adoptive parents, and early learning providers) of infants, toddlers, and children younger than 6 years old; can be used universally or in targeted fashion through serving high-risk populations such as Early Head Start participants, teen moms, or parents with irritable babies |
| Age Range | 0-5 |
| Recommended Dosage | One 90-minute session per week, for 8 to 10 weeks. |
| Setting | Adoptive home, birth family home, foster/kinship care, outpatient care, community-based agency/organization/provider, group or residential care, school setting, or virtually |

| Name of Program | Common Sense Parenting (CSP) |
|---------------------------|--|
| Description | Common Sense Parenting is a group-based class for parents comprised of 6 weekly, 2-hour sessions that focuses on teaching practical skills to increase children’s positive behavior, decrease negative behavior, and model appropriate alternative behavior. It equips parents with a logical method for changing their children’s behaviors through teaching positive behaviors, social skills, and methods to reduce stress in crisis situations. It provides parents with practical strategies for enhancing parent-child communication and building robust family relationships. Parenting skills and techniques are taught to parents for adaptation in any home environment. Parents learn skills such as the use of clear communication, positive reinforcements and consequences, self-control, and problem solving. The class curriculum is formatted to include a review of the prior session including homework instruction of the new skill, modeled examples, skill practice/feedback, and a summary. |
| Target Population | Parents and other caregivers of children ages 6-16 years who exhibit significant behavior and emotional problems. |
| Age Range | 6-16 |
| Recommended Dosage | One 2-hour weekly session for 6 weeks. Course components are organized by session. The session topics are (1) “Parents Are Teachers,” (2) “Encouraging Good Behavior,” (3) “Preventing Problems,” (4) “Correcting Problem Behavior,” (5) “Teaching Self-Control,” and (6) “Putting It All |

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| Name of Program | Common Sense Parenting (CSP) |
| | Together.” Program participants work from a parent manual that provides information on CSP skills, parenting advice, scenarios, skill cards for quick reference, and a personal parenting plan workbook. Between class sessions, participants are assigned readings from the parent manual and homework activities from the workbook to supplement the training received in class and help parents become more familiar with the newly taught skills. |
| Setting | Community Agency, Community Daily Living Setting, Day Care, Day Treatment Program, Hospital, School |

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| Name of Program | Coping Cat |
| Description | <i>Coping Cat</i> is a cognitive-behavioral treatment for children with anxiety. The program incorporates 4 components: recognizing and understanding emotional and physical reactions to anxiety; clarifying thoughts and feelings in anxious situations; developing plans for effective coping; evaluating performance and giving self-reinforcement. |
| Target Population | Children experiencing problematic levels of anxiety |
| Age Range | 7-13 |
| Recommended Dosage | Weekly 50-minute session; The typical implementation schedule is 16 weeks. The computer-assisted intervention, Camp Cope-a-Lot, is 12 sessions with less than half of the sessions requiring professional time. |
| Setting | Hospital, community-based agency, organization, provider, group or residential care, school setting |

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| Name of Program | Defiant Children |
| Description | <i>Defiant Children: A Clinician's Manual for Assessment and Parent Training</i> provides clinicians with a scientifically based behavioral paradigm and set of methods in which to train parents in the management of defiant/ oppositional defiant disorder (ODD) children. The program involves training parents in 10 steps through weekly sessions that have proven effectiveness in reducing defiance and ODD symptoms in children ages 4-12 years. The manual also provides information on the assessment of these children prior to intervention and with rating scales to use to monitor changes that occur during treatment. The manual further provides the parent handouts that are to be given by the therapist at each step. Therapists are granted limited permission to photocopy the assessment tools and rating scales as well as the parent handouts for use with families undergoing treatment in their practice. |

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| Name of Program | Defiant Children |
| Target Population | Parents of children ages 4-12 years who are defiant or who may qualify for a diagnosis of oppositional defiant disorder (ODD) |
| Age Range | 4-12 |
| Recommended Dosage | Once per week for 1 hour of individual parent training or 2 hours of group parent training for 10 weeks |
| Setting | Hospital, community-based agency, organization, provider, group or residential care, school setting |

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

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| Name of Program | Family Connects |
| Description | The Family Connects program is community based with community ownership, and it is seen as part of the continuum of care for newborns and their parents in the community. Family Connects is operated by the Center for Child & Family Health, which was started as a consortium of Duke University, the University of North Carolina at Chapel Hill and North Carolina Central University that is dedicated to research, training and intervention related to child trauma and maltreatment. The program provides one to three nurse home visits to every family with a newborn beginning at three weeks of age, regardless of income or demographic risk. Using a tested screening tool, the nurse measures newborn and maternal health and assesses strengths and needs to link the family to community resources. In communities where the program is available, Family Connects bridges the gap between parents and community resources, and has been shown to improve family well-being, including reducing |

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| Name of Program | Family Connects |
| | emergency medical care for infants and improving parent behavior and child care selection. |
| Target Population | The program is designed for universal community coverage; all families with newborns in a catchment area are eligible, whether region, state, city, or neighborhoods. |
| Age Range | Newborns ages three to 12 weeks |
| Recommended Dosage | The model provides between one and three nurse home visits to any family with a newborn beginning at about three weeks of age, regardless of income or demographic risk. Registered nurses visit the homes of the newborns in their communities, providing health checks for both the infant and the birth mother. The initial home visit typically lasts 1.5 to 2 hours. |
| Setting | Home, Adoptive Home |

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

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| Name of Program | Healthy Family America (HFA) |
| Recommended Dosage | HFA sites offer at least one home visit per week for the first six months after the child's birth. After the first six months, visits might be less frequent. Visit frequency is based on families' needs and progress over time. Typically, home visits last one hour. |
| Setting | Home |

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| 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 |

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| Name of Program | Incredible Years |
| Description | The Incredible Years is a series of three separate, multifaceted, and developmentally based curricula for parents, teachers, and children. This series is designed to promote emotional and social competence; and to prevent, reduce, and treat behavior and emotional problems in young children. The parent, teacher, and child programs can be used separately or |

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

| Name of Program | Love and Logic |
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| Description | The Love and Logic Institute, Inc., developed training materials designed to teach educators and parents how to experience less stress while helping young people learn the skills required for success in today's world. This approach is called <i>Love and Logic</i> and is based on the following two assumptions: that children learn the best lessons when they're given a task and allowed to make their own choices (and fail) when the cost of failure is still small; and that the children's failures must be coupled with love and empathy from their parents and teachers. This model has been used by parents and teachers and has been applied to a wide range of situations. |
| Target Population | Parents, grandparents, teachers, and other caretakers working with children |
| Age Range | 0-18 |
| Recommended Dosage | Parents, grandparents, and/or teachers attend a voluntary one-day seminar, or 3-day, 5-day, or 6-day conference to help them learn the techniques; 1 day to 6 days depending on length of training they choose to attend. |
| Setting | Community daily living setting, community-based living setting, organization, provider, school setting |

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| Name of Program | Make Parenting a Pleasure |
| Description | Highly stressed families with children ages 0 to 8 years at risk for abuse or neglect |
| Target Population | <i>MPAP</i> is a comprehensive curriculum designed to strengthen parenting skills and provide support to highly stressed parents of children from birth to 8 years of age. Grounded in the Strengthening Families Protective Factors Framework that aims to reduce the potential for child abuse, <i>MPAP</i> helps parents gain the tools to manage their own life challenges while developing skills to nurture the physical, social, emotional, and cognitive development of their children. <i>MPAP</i> brings parents together to share and normalize their parenting experiences, learn about typical early childhood development and parenting strategies, and develop a support network. |
| Age Range | 0-8 |
| Recommended Dosage | Parents meet in two-hour interactive discussion sessions for 12 weeks in small groups, facilitated by professional parent educators. Topics range from self-care to child development and dealing with challenging behaviors. |
| Setting | Community daily living setting, community-based living setting, organization, provider, school setting |

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| Name of Program | Motivational Interviewing |
| Description | <i>MI</i> is a client-centered, directive method designed to enhance client motivation for behavior change. It focuses on exploring and resolving ambivalence by increasing intrinsic motivation to change. <i>MI</i> can be used by itself, as well as in combination with other treatments. It has been utilized in pretreatment work to engage and motivate clients for other treatment modalities. |
| Target Population | Caregivers of children referred to the child welfare system, has been used with adolescents |
| Age Range | Adolescents |
| Recommended Dosage | Usually 1-3 individual sessions, 2-3 sessions are preferred; 30-50 minutes each session; brief interventions have also been supported by research |
| Setting | Hospital, outpatient clinic, community-based agency, organization, provider, group or residential care |

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| Name of Program | Nurse Family Partnership (NFP) |
| Description | The Nurse-Family Partnership (NFP) program provides home visits by registered nurses to first-time, low-income mothers, beginning during pregnancy and continuing through the child's second birthday. Clients are able to participate in the program for two-and-a-half years and the program is voluntary. |
| Target Population | First-time, low-income mothers (no previous live births) |
| Age Range | 0-5 |
| Recommended Dosage | Ideally, nurses begin 60-90 minute visits with pregnant mothers early in their pregnancy (about 16 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. |
| Setting | Home, Community Agency |

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

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| Name of Program | Trust-Based Relational Intervention (TBRI) |
| Description | Trust-Based Relational Interventions is an emerging intervention model for a wide range of childhood behavioral problems. TBRI is based on a solid foundation of neuropsychological theory and research, tempered by humanitarian principles. TBRI is a holistic approach that is multidisciplinary, flexible, attachment-centered, and challenging. It is a |

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

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| Name of Program | Parenting Wisely |
| Description | <p>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.</p> |

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| Target Population | Families with children at risk for or with: behavior problems, substance abuse problems, or delinquency |
| Age Range | 9-18 |
| Recommended Dosage | 3-5 hours to complete (in two-week period) and should be viewed twice in a six-month period. For group administration, the program can be completed in 5-10 group sessions. |
| Setting | Home, Community Agency, Foster/ Kinship Care, Hospital, Outpatient Clinic, Residential Care Facility, School |

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

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| Name of Program | Positive Action |
| Description | <i>Positive Action (PA)</i> is a universal program created for students in school from kindergarten through eighth grade that provides an instructor’s kit at each grade level. The program aims to motivate students intrinsically to be their best selves by teaching them that they feel good about themselves when they do positive actions. The program teaches the positive actions for the whole self: physical, intellectual social and emotional through six units, which are the same at each grade. This enables the entire school to be learning the same concept around the same time, thus providing the setting for use of the school wide climate development kit(s) to reinforce positive behaviors school wide daily. This reinforcement enables students to experience good feelings about themselves when they do positive |

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| Name of Program | Positive Action |
| | actions. For students needing more intense support, there is a counselor's kit. All kits have a manual with scripted lessons, planned activities and colorful, engaging supplementary materials. |
| Target Population | Kindergarten (age 4-5) through Grade 8 (age 13-14) students |
| Age Range | 4-14 |
| Recommended Dosage | Elementary (K-6) is four 15-20-minute lessons per week. Middle School (Grade 7 & 8) is two-three 20-30-minute lessons per week, for 36 weeks per school year and up to 9 school years. |
| Setting | School setting |

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

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

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

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

APPENDIX D. Overview of Evidence-Based Models and PEI Programs

Healthy Outcomes through Prevention and Early Support (HOPES)

- Promising
 - 24/7 Dad
 - Circle of Security
 - Nurturing Parenting*

- Systematic Training for Effective Parenting (STEP)*
- Teaching Family Model (TFM)
- Trust-Based Relational Intervention (TBRI)

- Evidence-Based
 - Abriendo Puertas
 - AVANCE
 - Family Connects
 - Home Instruction for Parents of Preschool Youngsters (HIPPY)
 - Incredible Years
 - Parents as Teachers (PAT)
 - SafeCare
 - Triple P
- Support Services
 - Basic Needs Support
 - Counseling
 - Family Focused Activities
 - Mothers and Babies
 - Resource and Referral Navigation
 - Therapy modalities
 - uplift
 - upWORDS

Texas Home Visiting (THV)

- Promising
- Evidence-Informed
- Evidence-Based
 - Family Connects
 - Healthy Families America (HFA)
 - Home Instruction for Parents of Preschool Youngsters (HIPPY)
 - Nurse-Family Partnership (NFP)
 - Parents as Teachers (PAT)
 - SafeCare Augmented
- Support Services
 - Basic Needs Support
 - Family Resource Centers
 - Mothers and Babies
 - Resource and Referral Navigation

Texas Nurse-Family Partnership (TNFP)

- Promising
- Evidence-Informed
- Evidence-Based

- Nurse-Family Partnership (NFP)
- **Support Services**
 - **Basic Needs Support**
 - **Resource and Referral Navigation**

Helping through Intervention and Prevention (HIP)

- **Promising**
 - **Effective Black Parenting Program**
 - **Nurturing Parenting***
 - **Trust-Based Relational Intervention (TBRI)**
- **Evidence-Informed**
- **Evidence-Based**
 - **Parents as Teachers (PAT)**
 - **SafeCare**
- **Support Services**
 - **Basic Needs Support**
 - **Resource and Referral Navigation**

Fatherhood EFFECT

- **Promising**
 - **24/7 Dad**
 - **Parenting Wisely**
- **Evidence-Informed**
- **Evidence-Based**
 - **Parents as Teachers (PAT)**
 - **Triple P**
- **Support Services**
 - **Basic Needs Support**
 - **Counseling**
 - **Resource and Referral Navigation**

Service Members, Veterans, and Families (SMVF)

- **Promising**
 - **InsideOut Dad***
 - **Nurturing Parenting***
 - **Systematic Training for Effective Parenting (STEP)***
- **Evidence-Informed**
 - **Wraparound Services**
- **Evidence-Based**
 - **Big Brothers, Big Sisters***
 - **SafeCare**
 - **Strong Families, Strong Forces**
 - **Triple P**

- **Support Services**
 - **Basic Needs Support**
 - **Resource and Referral Navigation**

Family and Youth Success Program (FAYS)

- **Promising**
 - **1-2-3 Magic**
 - **Active Parenting***
 - **Aggression Replacement Training**
 - **Bounce Back**
 - **Defiant Children**
 - **Love and Logic**
 - **Make Parenting A Pleasure**
 - **Nurturing Parenting***
 - **Parenting Wisely**
 - **Positive Action**
 - **Systematic Training for Effective Parenting (STEP)***
 - **Trust-Based Relational Intervention (TBRI)**
 - **Why Try**
- **Evidence-Informed**
 - **Kinship Navigator**
- **Evidence-Based**
 - **Big Brothers, Big Sisters***
 - **CAT Project**
 - **Common Sense Parenting**
 - **Coping Cat**
 - **Incredible Years**
 - **Motivational Interviewing**
 - **Seeking Safety**
 - **Strengthening Families**
- **Support Services**
 - **Basic Needs Support**
 - **Counseling**
 - **Family Focused Activities**
 - **Family Resource Centers**
 - **Resource and Referral Navigation**
 - **Therapy modalities**

Community Youth Development (CYD)

- **Promising**
- **Evidence-Informed**
 - **Mentoring**
 - **Youth Leadership Development**

- Curriculum-Based Life Skills
 - Workforce Readiness / College Readiness
- Evidence-Based
- Support Services
 - Academic Support
 - Arts and Cultural Enrichment
 - Basic Needs Support
 - Family Focused Activities
 - Resource and Referral Navigation
 - Sports and Movement

Statewide Youth Services Network (SYSN)

- Promising
 - Boys and Girls Club
- Evidence-Informed
- Evidence-Based
- Support Services
 - Basic Needs Support
 - Resource and Referral Navigation