



Texas State Senate
Committee on Health and Human Services
Interim Charge #2

April 14, 2010

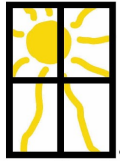
Testimony of Julie Crowe, LMSW

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My primary message:

DFPS Commissioner Heiligenstein is leading efforts to improve the public private partnership in providing foster care services, so that we have better outcomes for children, with services delivered locally, and providing incentives to providers to deliver high quality services where they are needed.

A similar approach is needed for contracting for the delivery of Prevention and Early Intervention services.



DEPELCHIN SUPPORTS OUTCOMES BASED CONTRACTING

DePelchin and the other Prevention and Early Intervention Providers in Texas Strongly Support Moving the primary focus of our contracts from Output (numbers served) based Contracting to Evidence and Based/Outcomes (results) Based Contracting.



DEPELCHIN'S CURRENT GOVERNMENT GRANTS AND CONTRACTS

Public Funding: Prevention, Education, and Early Intervention

- Federal Administration for Children and Families (Child Abuse Prevention-Galveston County)
- State DFPS-PEI: Texas Families Together and Safe (Houston-Acres Homes Community)
- State DFPS-PEI: Family Strengthening (Houston-Gulfton Community)
- State DFPS-PEI: Services to At-Risk Youth-STAR (Harris County-collaborative with Harris County TRIAD)
- State DFPS-PEI: Services to At-Risk Youth-STAR (Fort Bend County)
- State DFPS-PEI: Services to At-Risk Youth-STAR (Waller County)
- State DSHS: Substance Abuse Prevention (Galveston County)



DEPELCHIN'S CURRENT GOVERNMENT GRANTS AND CONTRACTS

Public Funding: Other DePelchin Children's Center Programs

- Federal SAMHSA: Trauma Focused Treatment for Youth
- State DFPS: Residential Treatment
- State DFPS: Adoption Services
- State DFPS: Intensive psychiatric services for children in residential treatment
- State DFPS: Post-adoption services for Region 5 and 6
- Fort Bend Juvenile Probation Department: Foster Care and Residential Treatment
- Houston/Galveston Area Council: Counseling for Hurricane Ike Victims

*DePelchin Children's Center also receives private funding for a variety of services including prevention, foster care, residential treatment, and mental health services.



PREVENTION AND EARLY INTERVENTION (PEI)

DFPS' Prevention & Early Intervention (PEI) Division manages community-based programs that prevent juvenile delinquency and child maltreatment. It also:

- Helps communities enhance services provided through Texas DFPS
- Assists communities to identify prevention and early intervention needs
- Supports development of, and modifications to, programs to improve the lives of children, youth, and their families

Shared Goals of PEI and Community-based programs:

- Reduce RISK FACTORS for juvenile delinquency and child maltreatment
- Increase PROTECTIVE FACTORS against juvenile delinquency and child maltreatment



Example: Child Abuse and Neglect: Attitude and knowledge of parent or caregiver:

Parental Risk Factors for child maltreatment:

- Negative attitudes and attributions about child's behavior
- inaccurate knowledge or lack of knowledge about normal child development

Parental Protective Factors against Child Abuse:

- Parent who understands normal child development less likely to abuse/more likely to nurture
- Observing other children helps parents understand their own child in context
- Timely help from someone they trust in resolving specific problems
- Multiple models of positive parenting
- If child has developmental or behavior problems or special needs, parent receives coaching

Typical PEI program interventions include parent education that offers:

- Child development information, skills and techniques for appropriately addressing child behavior issues
- Opportunities for parents to share frustrations and accomplishments
- Consistent informal coaching from program staff regarding specific identified issues (biting, sharing toys, impulse control, positive reinforcement)



EVIDENCE BASED PROGRAMS

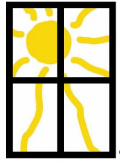
(for prevention and early intervention of social issues)

General Accepted Definition of Evidence Based Intervention:

- Based on theory of change documented in a clear logic or conceptual model.
- Similar content and structure to interventions that appear in registries and/or peer reviewed literature.
- Supported by documentation that program has been effectively implemented in the past, multiple times, utilizing scientific standards of evidence, results show consistent pattern of credible & positive effects.
- Reviewed and deemed appropriate by qualified panel of expert researchers & practitioners.

Summarized Definition:

A model of intervention that logically addresses a problem/issue that has been proven to be effective using appropriate and professional evaluation.



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FIDELITY

- **Purpose/role of fidelity in Evidence Based Programs:** To achieve similar outcomes in a new setting, the key principals and elements of the model must be carefully reproduced.
- **Examples of Fidelity in an Evidence Based Program:**
 - Staff/client ratio
 - Staff qualifications and training
 - Type of contact (home visit, office visit)
 - Dosage of service delivery (number of times client is seen, amount of time given by staff to client, etc.)

Analogy:

Adhering to the fidelity of an Evidence Based Program is analogous to making a cake:

- Use Correct ingredients (services)
- Use Correct measurements (dosages)
- Follow exact directions of the recipe



CHALLENGES

Disconnect between collaborative efforts of DFPS PEI and Providers (Community-based Agencies) is impeding service delivery, which negatively impacts quality outcomes for children and families.

Primary Concerns:

- Unrealistic output goals (number of clients served) set by PEI prevent fidelity to the evidence based models being used
- Excessive staff turnover at PEI



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	Federal Project Family Connections Dickinson	PEI Project Families Count
# Families Served (2005-2009)	103	1,869
Average Cost/Family	\$8,790	\$1,025
Outcomes	<p>The families in this program showed statistically significant improvement in:</p> <ul style="list-style-type: none"> • self-efficacy • social support • positive social interactions • parenting attitudes • family functioning • the ability to provide physical and psychological care. <p>Outcomes sustained through the 6-month follow-up period.</p>	<p>Some of the client families in this program:</p> <ul style="list-style-type: none"> • increase their mutual support within the family; • improve in the relationship between the child and caregivers; • improve their disciplinary practices; • improve in the parent-child interaction <p>However, due to the large number of client families who do not complete follow-up paperwork, tests of significance to determine the program's effects is not feasible. 11</p>



OUTPUTS VS OUTCOMES

- Currently, PEI holds providers accountable primarily for OUTPUTS (number of clients served) and secondarily for outcomes (impact of the service).
- Output requirements unrealistic, given funding available, for quality service delivery, therefore limiting positive outcomes for children and families served.
- To meet output expectations Providers must limit the length of service and number of contact hours for clients served.
- Limiting length of service and number of contact hours prevents Providers from adhering to the fidelity of their Evidence Based Program.
- Non-adherence to fidelity of the Evidence Based Program means lower quality outcomes.



PEI STAFF TURNOVER A Major Problem

- In past 5 years DePelchin has had 10 different DFPS Contract Managers on our STAR (Services to At Risk Youth) contract.
- Turnover creates array of issues for DFPS and Providers (Community-based Agencies), which impairs service delivery and quality outcomes for children and families served.
- Each time a Contract Manager change occurs:
 - Limited communication (i.e. authorizations) during “new hire” learning curve.
 - During learning curve, new Manager has limited decision making authority, so communication & authorizations can take excessive time (eg., months to approve a simple request that should take a few days or less).
- Additionally, PEI staff is constantly reinterpreting contract requirements/specifics, often resulting in additional work for Provider staff, change in service delivery, and sometimes punitive action (Corrective Action Plans).
- Everyone gets frustrated, providers have added administrative work, impeding service delivery, & ultimately negatively impacting the children and families.



RECOMMENDATIONS

The collective interest of the State, families, and providers is that we effectively serve children and families, with good stewardship of government funds. To ensure that those children and families receive quality service with positive outcomes changes must be made.

- Shift priority of providers' accountability so that primary accountability is for **OUTCOMES** (results/impact of service delivery), rather than **OUTPUTS** (number of clients served).
- Encourage DFPS leadership, and the leadership of other state agencies who contract for prevention services, to engage with providers and other stakeholders to redesign prevention programs so that positive outcomes, with accompanying provider flexibility, are the primary goal.
- Empower PEI staff (i.e. Contract Managers, Budget Managers, etc.) to negotiate joint effective problem solving with Providers to navigate unexpected problems or special circumstances for their contract.
- Give Providers (Community-based Agencies) more flexibility to manage their programs, holding us realistically accountable for quality outcomes.