HOPES I Evaluation Findings

March 1, 2017  11 am -12 pm (CST)
Meet the Evaluation Team!

Monica Faulkner  
Ph.D. LMSW  
Principal Investigator, Director

Beth Gerlach  
Ph.D. LMSW  
Associate Director

Tania Jordanova  
MSPH, MCRP  
Research Coordinator

Swetha Nulu  
MPH  
Research Coordinator

Patrick Tennant  
Ph.D., LMFT-Associate  
Research Associate
Outline

Overview of HOPES & Evaluation Methods

Findings & Recommendations

Open Discussion
Healthy Outcomes through Prevention and Early Support (HOPES) is a program funded by the Texas Department of Family and Protective Services (DFPS).

- Its aim is to strengthen families with young children aged 0-5 years, in order to prevent child abuse and neglect.

HOPES uses a two-prong approach to prevent child maltreatment:

1. Direct services to families with certain risk factors
2. Support to community coalitions to increase awareness and capacity for prevention
Evidence-based parent education programs:

- Parents as Teachers
- SafeCare
- Triple P
- 24/7 Dad
- AVANCE
- Incredible Years

Additional HOPES services:

- Counseling
- Wrap Around
- Basic Needs
- Child Care

Sites:

- HOPES I
- HOPES II

HOPES I sites:

- Cameron
- Hidalgo
- Ector
- Potter
- El Paso
- Travis
- Gregg
- Webb
36,475 individuals were reached including outreach events facilitated across all eight HOPES I sites.

2,803 individuals received direct services, consisting of 1,370 families.

93% of individuals received an evidence-based home visiting service.
A lot of our referrals are coming from existing clients or clients who have completed the program. They are now referring their neighbors, their friends, their relatives, and I just think that speaks to how successful the program has been.

–Staff member

[I have] developed a better relationship with my child. We’ve grown closer, I’m able to deal with him a lot better than I was when I first started, a year ago. I’ve come a long ways with my relationship with my son.

–Parent
Program Strengths

- Parent education programs are well-liked by staff and clients.
- Staff have developed strong and trusting relationship with parents.
- Supplemental services like case management and counseling are benefitting families.
Outcome Evaluation

Measure the effectiveness of community-based programs that prevent child abuse and neglect under Project HOPES

Process Evaluation

Assess how communities create and implement programs, including challenges and successes

- Recruitment
- Retention
- Fidelity/Adaptation
- Training and Technical Assistance
- Available Resources
- Supportive policies and protocols
Data Collection

Agency & Field Staff
- 110 staff completed surveys
- 116 staff participated in focus groups

Parents & Caregivers
- 52 parents and caregivers participated in interviews

Data & Reports
- DFPS’ Prevention and Early Invention (PEI) Database
- Quarterly Reports

Community Members
- 132 community members completed surveys
- 42 community members participated in focus groups
<table>
<thead>
<tr>
<th></th>
<th>Recommendations</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Continue support of community-based child maltreatment prevention programs</td>
</tr>
<tr>
<td>2</td>
<td>Shift to an evidence-informed framework to allow for increased flexibility in programming</td>
</tr>
<tr>
<td>3</td>
<td>Adjust performance based contracting requirements</td>
</tr>
<tr>
<td>4</td>
<td>Maintain the community-based approach of HOPES</td>
</tr>
<tr>
<td>5</td>
<td>Dedicate time for program start-up and provide guidance on outreach</td>
</tr>
<tr>
<td>6</td>
<td>Support staff through professional development, training and official guidance</td>
</tr>
<tr>
<td>7</td>
<td>Provide guidance on incorporating child maltreatment prevention into coalition goals</td>
</tr>
<tr>
<td>8</td>
<td>Expand data collection to include screening for key risk factors</td>
</tr>
<tr>
<td></td>
<td>See full report for additional recommendations and complete explanations</td>
</tr>
</tbody>
</table>
1. Continue support of community-based child maltreatment prevention programs

4. Maintain the community-based approach of HOPES
The core idea with HOPES is that **communities know best** what they need for meaningful change.

- Community coalitions showed a **high level of collaboration & commitment** to work on child welfare issues.

- Community-based programs allow for programs to **tailor the needs specific to the community**.

"I sing the praises [of the funders] for giving, allowing us the opportunity to create a program for our community that we live in, and I know and we feel like we have the right combination."

-Staff Member
2. Shift to an evidence-informed framework to allow for increased flexibility in programming.
Shift to an evidence-informed framework to allow for increased flexibility of programming.

The requirement to adhere to evidence-based program models sometimes constrained parent educators from addressing additional issues that families need help dealing with.

"I think what’s unique with HOPES is the population we’re trying to reach...the way our plan of operation was written, I feel like the expectation of the caseload is very high for the needs and the intensity of the needs that the families have."

-Staff Member
Staff reported on making adaptations to the evidence-based program models to tailor services to clients needs.

37% of staff reported making modifications to evidence-based models in order to meet clients needs.
Many programs are developed for a certain target population, and might not be best-suited for non-traditional participants with certain needs and risk factors.

Communities should match their needs with outcomes and measures that best indicate their programming impact and success.
Adjust performance based contracting requirements
Adjust performance based contracting requirements by developing site specific measures with PEI oversight and approval.

With HOPES, outcomes are tied to whether a contractor can **improve scores on at least one item** on the Protective Factors Survey (PFS)

“...[supervisors would question] ‘Why did you spend three weeks, four weeks on this session? Why did you put crisis support over here?’ Well, because they were getting evicted and she was just sobbing the entire session. I can't say, ‘Okay, stop crying, please.’” – Staff Member
Staff & administrators expressed concern with the validity of the PFS scores in capturing accurate data about clients.

Negative changes in PFS Scores ≠ Negative impact to families -or- Increased risk of child maltreatment
5 Dedicate time for program start-up and provide guidance and outreach
Start-Up Time & Technical Assistance

Dedicate time for program start-up & provide guidance on outreach

One of the top challenges was the **lack of start-up time**.

Technical assistance during the start-up period is important to help guide programs.

Provide guidance on **marketing**, **outreach materials**, strategies on how to engage traditionally **hard-to-reach families**.
Support staff through professional development, training, and official guidance
During the implementation of HOPES

- PEI has already implemented trainings for parent educators.
- Coalitions were successful in connecting staff to training opportunities & professional development.

- Continue to provide trainings, also address topics such as boundaries and crisis intervention.
- Create official guidelines on caseloads for Texas programs utilizing evidence-based programs funded through HOPES.
“So for us, [trainings] increased our – the capacity of our workforce to make a difference in preventing child abuse and neglect for sure.”

– Coalition Member
Provide guidance on incorporating child maltreatment prevention into coalition goals
Provide guidance on how to incorporate child maltreatment prevention into community coalition goals and plans.

**PROS**
- Strong Leadership
- Organization
- Active Membership

**CONS**
- Lack of clear, established vision
- Lack of Objectives or actionable strategies specific to child maltreatment prevention

PEI should provide guidance to coalitions in developing objectives and goals into a strategic plan.
Expand data collection to include screening for risk factors
Include questions in quantitative data collection that screen for risk factors grounded in research to be related to child maltreatment.

- Substance abuse
- Parent’s History of Trauma
- Mental Health
- Family Violence

This screening can better help match needs of clients to programs.
Balance
Program Fidelity & Client Needs
• Shift to an evidence-informed framework
• Adjust performance-based contracting requirements

Expand Data Collection
• Screen for risk factors shows to be associated with child maltreatment.

Support and Guidance
Staff, Agencies, & Coalitions
• Staff professional development and training
• Incorporating child maltreatment prevention in community coalition goals
• Technical assistance to agencies during start-up
Open Discussion

• Is there anything we did not capture in the presentation that you would like to know more about?

• Was there anything that surprised you?
Thank you!

Monica Faulkner
mfaulkner@austin.utexas.edu

Beth Gerlach
beth.gerlach@utexas.edu

Swetha Nulu
swetha.nulu@austin.utexas.edu
512.232.7065

- Full Evaluation Report
- Brief of the Evaluation Report
- Blog of Project HOPES’ Evaluation

FOLLOW US
Twitter
Facebook
YouTube