

Houston/Harris County Children's Mental Health Grant Program

Building Bonds

An evaluation report by Family Services of Greater Houston

**Submitted to Hogg Foundation for Mental Health
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Building Bonds Annual Evaluation Report

For

Family Services of Greater Houston

By

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Our clients are very well served by Building Bonds.

Building Bonds Referral Contact

INTRODUCTION

Building Bonds, a program provided to families in Houston's Spring Branch area, brings much-needed mental health services to parents (primarily mothers) of children 10-years-old and younger. It is the only program like it in the area, and it complements children's services provided by DePelchin Children's Center. Building Bonds activities fall into four areas:

Promotion & Outreach: Building Bonds depends on a stream of referrals from the community and a number of activities were undertaken in the first few years to educate parents and staff at potential referral agencies about maternal depression and the services available through Building Bonds. Focus groups were conducted in the first year, and group meetings with parents of young children and agency staff trainings were held every year.

Referral: The caseload for Building Bonds comes from several referral sources, but the majority of clients are referred by one organization - Memorial Assistance Ministries.

Screening & Assessment: Building Bonds is focused on serving families of 1) young children, 2) living in the Spring Branch area, and 3) experiencing either parent or child mental health problems. These three criteria are used to screen referrals to the program. The Building Bonds counselor uses her experience and judgment to assess clients and, after assessment, some clients or family members are referred to other services when they can be better served there. To make participation easier, those that are served by Building Bonds can be counseled in their homes (about 35% of all counseling sessions took place in the home). The program has a part-time office at the non-profit service provider that refers the majority of the clients.

Treatment: The Building Bonds interventions consist primarily of family and individual counseling sessions. There is no cost to families for treatment. The first half of the initial session is used to gather intake data and provide information about the service. This introduction is followed by a shortened counseling session. The clinician uses one of several approaches:

Cognitive Behavior Therapy (CBT) is an intervention that helps parents change their dysfunctional emotions, behaviors and cognitions. In 2011, the Building Bonds clinician was trained in trauma-focused CBT, which now enables her to help children who have experienced sexual abuse or other severe trauma.

Parent Child Interaction Therapy (PCIT) is an intervention aimed at improving the quality of the parent-child relationship by changing interaction patterns between parent and child. In the course of treatment parents are taught how to create a nurturing and secure relationship with their child.

The clinician has also been trained in *Zero to Three*, an approach that helps give parents knowledge and skills to nurture cognitive, physical, social, emotional, and moral development as well as to prevent child abuse and neglect.

Logic Model

To aid the evaluation, a logic model was created for Building Bonds and is included as **Appendix A**. The model describes the chain of resources, activities and outcomes that lead to the goals of the program.

Staff

Staffing for Building Bonds is provided by Family Services of Greater Houston (FSGH), the grant recipient. The primary staff for Building Bonds is Ms. Jackeline Hurtado, a licensed professional counselor (LPC) hired specifically for the project. Ms. Hurtado is trained and supervised by Ms. Arlene Fisher, FSGH Senior Vice President for Behavioral Health Services. Ms. Fisher is responsible for all aspects

of the implementation of Building Bonds. Mr. Tim Louis, FSGH Senior Vice President for Quality Management, oversees monitoring and reporting for the project.

Building Bonds Clinician: Ms. Hurtado works full-time in the program and has years of experience in working with the families in the Spring Branch area. She was previously employed at two of the community-based organizations that have provided referrals to the program in the past. The population served is primarily Hispanic and Ms. Hurtado is bilingual and brings strong cultural knowledge and sensitivity to her work; strengths noted by numerous community-based organization staff interviewed over the past four years.

EVALUATION

The evaluation of the Building Bonds program includes both process and outcome components. It is guided by a logic model (**Appendix A**) that describes the program activities and shows graphically how the program works to help adults and children.

Process Evaluation

Building Bonds is comprised of a set of activities aimed at improving the mental health of parents and children. The process evaluation documents the occurrence of these activities and the number of individuals or units of service involved in each.

Process Goals:

1. Document the activities planned in order to implement the program.
2. Count the program's outputs, including the number of meetings, clients, and units of service provided.
3. Provide feedback on the implementation and progress to aid in program management and improvement.

Measures:

1. Reports and other documents that detail program activities
2. Interviews with FSGH staff and referral agency personnel

Outcome Evaluation

The outcome component of the evaluation focuses on expected improvements in presenting problems. Several outcomes, including gains in parenting knowledge and skills, the ability to nurture effectively, and increases in parent-child bonding follow from the use of the *Zero to Three* and *Parent Child Interaction Therapy* approaches and have been documented in earlier studies. The outcome measures below are routinely collected as services are delivered.

Global Assessment of Functioning (GAF): The GAF score is on a scale from 1 to 100 and represents an assessment by the clinician that is completed at intake and repeated at discharge. Improvement is the difference between the two scores.

Wellness Assessment: The Wellness Assessment is a 2-page survey used to measure competency to manage future problems. It is administered at intake and a one-page follow-up version is administered at the 4th counseling session and again at discharge.

Client report: This is a self-report of improvement in presenting problems. It is obtained (verbally) by the clinician as a numerical response along a 5-point scale (1-Much Improved to 5-Much Worse) at discharge.

In addition to the quantitative measures described above, the program's clinician is interviewed by the evaluator once or twice during the year to get her general assessment of how clients have fared following treatment.

Reporting

Two reports are generated by the evaluation to aid planning, monitoring, program improvement and accountability.

1. Monthly Status Report. This report presents monthly counts related to key program activities. The report is designed for FSGH Staff and the Building Bonds Project Monitoring Group.

2. Annual Evaluation Report. The annual report summarizes the data collected during the year and its analysis. The report is designed for FSGH staff and the Hogg Foundation.

A six-month progress report, presenting mid-year counts, interview responses, and a summary of progress and achievements, was prepared in each of the first three years.

Monthly Status Report

The monthly status report, which summarizes activities for the year to-date, is sent to program staff in the first week of each month. Data is obtained by the evaluator from staff and then entered into an Excel spreadsheet that sums monthly figures and calculates progress towards goals and objectives. **Figure 1** shows the Building Bonds Status Report distributed for July 2013.

BUILDING BONDS STATUS REPORT - YEAR 4

July 2013

	2012					2013							Total		
	8	9	10	11	12	1	2	3	4	5	6	7			
PROMOTION/OUTREACH															
Brochures Distributed	0	0	30	0	0	0	0	0	0	0	0	0	0	30	
CBO Trainings Held	0	0	0	0	0	2	0	0	1	0	0	0	0	3	
CBO Trainees	0	0	0	0	0	50	0	0	28	0	0	0	0	78	
Group Meetings	0	0	1	0	0	0	0	0	0	0	0	0	0	1	
Attendees	0	0	42	0	0	0	0	0	0	0	0	0	0	42	
REFERRALS/SCREENING															
CBO Referrals	11	16	22	16	10	22	17	18	19	20	27	11	209		
Self-Referrals	0	3	0	0	4	0	1	0	0	0	0	1	9		
Clients Screened	9	10	16	12	11	14	13	15	17	14	25	10	166		
Clients Assessed	7	5	7	9	6	9	9	9	5	12	15	4	97		
Clients Referred Out	0	0	3	2	3	0	0	4	6	0	4	3	25		
TREATMENT: Individuals															
Adults	7	5	7	8	4	7	8	8	4	10	11	4	83	184%	45
Children	13	10	15	19	16	19	17	17	12	28	27	16	209	232%	90
Children 0 - 10	10	8	10	14	14	17	13	10	7	18	15	9	145		
Children 11 and older	3	2	5	5	2	2	4	7	5	10	12	7	64		
Sessions	45	43	51	54	34	33	36	43	35	53	50	43	520		

% is percent of goal completed 8/19/13

Figure 1: Building Bonds Status Report for 2012-2013

SERVICE RECIPIENTS

Families

Building Bonds clients are families in the Spring Branch area with young children (10 years old or younger). The families are low-income, primarily Hispanic (93%), and the adult recipient of the counseling services is almost always the mother (81%). More detailed demographic information on ethnicity, marital status, and age is included in the annual report from Family Services of Greater Houston.

Adults

Parents receive treatment for depression and other mental health issues with the goal of strengthening the emotional parent-child connection that promotes

positive mental health in children. Eighty-three (83) adults were served by the program in its fourth year (this does not include adult clients carried over from the third year) and almost 300 adults have received services through Building Bonds since its inception in 2009.

Children

Although the direct service recipients of Building Bonds are often adults, the primary targets are the children. **Table 1** shows the numbers of children in the families that were served during the fourth year. The numbers do not include children of clients carried over from the third year.

Children	N	%
0 – 10 years	145	69%
11 years or older	64	31%
TOTAL	209	100%

Table 1: Children in Building Bonds Families

Since the program’s inception in 2009, 731 children have benefited from Building Bonds.

OUTPUTS

Staff and the committee monitoring the program have set general objectives for tracking progress for Building Bonds activities and those are monitored with the monthly status report (**Figure 1**).

Promotional Activities

In the early phase of Building Bonds’ implementation several activities were undertaken to promote the services and get input from the community. These include distributing a colorful flyer, training staff of potential referral agencies, and holding group meetings for parents.

Brochures: A multi-colored flyer has been created to promote Building Bonds. The brochure explains the program to young parents and provides contact information by phone or through the FSGH website. The benefits of the counseling, as well as the fact that services are free, are emphasized. Although only 30 were given out in the fourth year, since Building Bonds' implementation over one thousand (1,019) brochures have been distributed.

Trainings: Three trainings were held during the past 12 months, informing 78 agency staff and parents about the signs and effects of maternal depression and other mental health problems. The trainings are summarized in **Table 2** below.

Date	Location	Topic	N
January 2013	Memorial Assistance Ministries	<i>Importance of the Mother/Child Attachment</i>	15
January 2013	Texas Healthy Start Alliance Conference	<i>Understanding Attachment Theory</i>	35
April 2013	Memorial Assistance Ministries	<i>Strengthening Parent-Child Relationships</i>	28
Total:			78

Table 2: Community-Based Organization Trainings

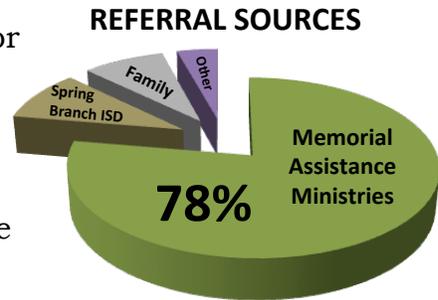
The training aids agency staff in determining if the families they see are good candidates for Building Bonds. Since 2009 228 staff (or parents) have attended the 20 trainings that were held.

Group Meetings: There was one group meeting with 42 attendees held during the past year. Over the 4 years of Building Bonds there were 14 group meetings with more than 340 parent attendees.

Referrals

Referrals for Building Bonds have come from several sources but the large majority (73) in the fourth year came from Memorial Assistance Ministries. Other

sources included Spring Branch schools (9), family or friends (8) and Neighborhood Centers, Inc. (3). Other FSGH staff (not directly involved in Building Bonds) made one (1) referral. **Table 3** shows the distribution of the referral sources for the 94 cases opened during the third year.



Distribution of Building Bonds Referral Sources 2012-13

Referral Source	N	%
Memorial Assistance Ministries *	73	78%
Spring Branch ISD School *	9	10%
Family or Friend	8	9%
Neighborhood Centers, Inc.	3	3%
Family Services Staff	1	1%
TOTAL	94	100%

Table 3: Building Bonds Referral Sources and Number of Referrals
(* Staff at these organizations were interviewed)

Referral Contact Interviews

Two contacts at different referral agencies (Memorial Assistance Ministries and Spring Branch ISD) were interviewed to get their perceptions and assessment of the program. Asked to rate Building Bonds services, each gave the program high marks. Both indicated that Building Bonds helped their agency fulfill its mission and also helped them personally carryout their role within their organization.

Asked what referred parents would do if there was no program, interviewees said they would have to look elsewhere but that other services would likely require travel which would discourage their clients. One noted she is working with Family Services to find other funding for Building Bonds services.

We feel this is a valuable program (Building Bonds).

Building Bonds Referral Contact
(referring to their options without Building Bonds)

FSGH staff were reported to be friendly and helpful and explained the program and referral criteria well to the referral contacts. The clinician, with whom agency staff has the most interaction, has been repeatedly noted as culturally sensitive and skilled by many agency staff and families over the past four years.

Screening and Assessment

Referred clients are screened by the Building Bonds clinician to ensure they meet the criteria for the program. Those criteria include that the family must reside in the geographic area of service and have children 10 years old or younger. During the fourth year, 209 families were referred and, of these, 166 were screened. Ninety-seven (97) passed the screening and were assessed by the clinician while twenty-five (25) were referred to other services.

Treatment

Counseling begins on the first visit for families passing screening and assessment. There were a number of presenting problems but depression, anxiety, a combination of the two, and parent-child interaction were reported by the largest numbers of clients. **Table 4** shows the distribution of presenting problems among the 94 cases opened during the fourth year.

Presenting Problem	N	%
Anxiety	33	35%
Depression	27	29%
Parent-Child Interaction	9	10%
Depression & Anxiety	7	7%
Relationships	6	6%
Grief	4	4%
Other	8	9%
TOTAL	94	100%

Table 4: Presenting Problems for Cases Opened in 2012-13

“Other” problems included phase of life (2), academics, ADHD, adjustment DO, and conduct.

Sessions

Each client or family served receives one or more counseling sessions. Sessions are either individual (one adult and the clinician) or family (one adult and one or more children or a spouse). The total number of sessions (for all cases handled in year 4) was 520.

OUTCOMES

Four outcome measures are collected in the evaluation. Three of the measures are assessed at discharge and the other, a general subjective assessment, is collected as part of a client interview with the Building Bonds clinician.

Clients Completing Treatment

Of the 302 Building Bonds cases served since the program’s inception, 252 (83%) were closed. To be counted as “completed treatment” clients must have attended at least two (2) treatment sessions. During the past four years a total of 205 (81% of closed cases) client families met this criterion. The findings below include all closed cases since 2009.

Client Improvement Rating

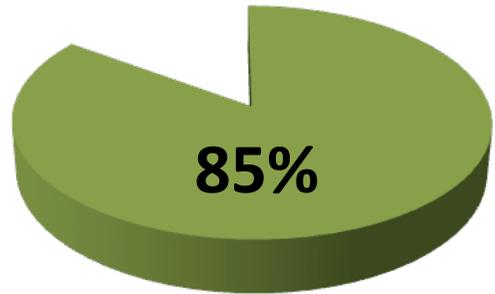
The 205 clients who completed treatment were asked for a self-report on the how much their presenting problem had improved. Of those responding, 174 (70%) reported that their presenting problem was somewhat better or much better. The other clients reported no improvement. In the 4th year, 95% reported improvement.

Wellness Assessment

The Wellness Assessment is given to clients at intake, at the 4th counseling session, and again at discharge (if they have attended at least 5 treatment sessions). It measures competency and ability to handle problems.

Not all clients attend 4 sessions and not all are present at discharge. During year 4, twenty (20) clients who attended 4 or more sessions were administered a second Wellness Assessment. Of these, 17 (85%) showed an improvement compared to their intake score (the other 15% reported no change). This is comparable to the improvement rate for the previous three years.

WELLNESS ASSESSMENT



Proportion of Clients with Improved Wellness Assessment Scores 2012-13

Global Assessment of Functioning Scale

The clinician assesses each client at intake on the Global Assessment of Function Scale (GAF). The client is reassessed at discharge if they have attended at least two treatment sessions. Of the 205 clients who completed treatment during the past 4 years and thus had both an intake and discharge GAF, 172 (68%) were assessed with a higher score on discharge. In the 4th year, 95% of discharged clients had a higher score on discharge and the difference between the pre- and post-treatment score (59.4 and 62.7, respectively) was significant at the .001 level (paired t-Test).

Overall Clinician Assessment

The Building Bonds clinician, Jackeline Hurtado, was interviewed at the end of year 4 get her perspective on the program. This was the last of seven interviews over the years. She reported that the program has grown to the point that, during most of the 3rd and 4th years, marketing and outreach efforts were significantly

reduced in order to devote more time to serving the growing numbers of client families. Her observations match comments by referral source interviewees who report that the program is highly thought of and many new clients are referred by previous ones.

SUMMARY

Building Bonds has had four successful years and FSGH staff, community agency personnel and hundreds of clients are pleased with the program's accomplishments. The primary staff for the Building Bonds, the program's clinician, Jackeline Hurtado, is bilingual, culturally sensitive and is well-respected in the community served by Building Bonds. In the fourth year she again received high praise from the staff of agencies referring clients to Building Bonds.

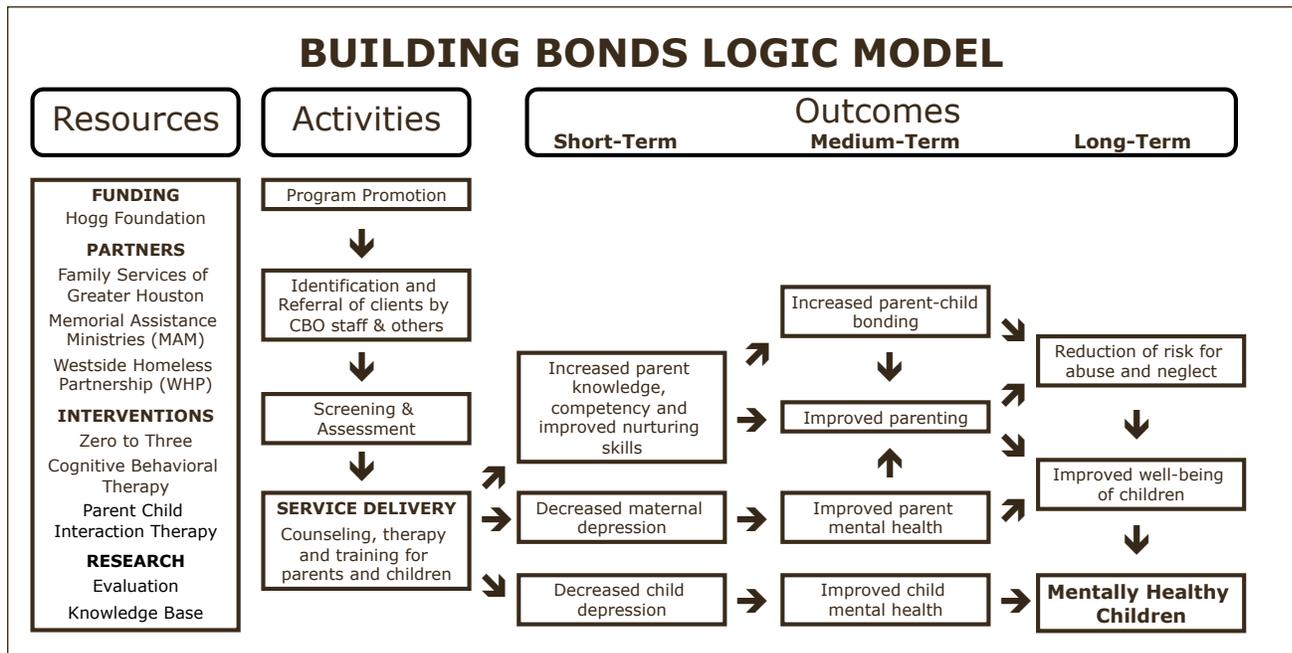
The program has been well promoted in the Spring Branch area and, as a result, was referred a large number of clients during 2012 – 13. The large caseload has allowed the program staff to greatly reduce marketing and outreach efforts and devote most of their time and resources to serving families. The numbers of parents and children served during the fourth year greatly exceeded the goals for the program as it has done in previous years.

During 2012-13, the outcome assessments for the clinical services provided by the program were very positive. The majority of clients showed improvement on one or more of the outcome measures. Anecdotal reports from agency referral contacts over the years have been consistent with the positive quantitative outcome findings. The Building Bonds program has done an excellent job of delivering much needed services to underserved families in the Houston area.

*The program has worked wonderfully – we have met all of our goals
– I wish we could have done more.*

Family Services Staff

APPENDIX A



Building Bonds Logic Model