

**HOUSE OF REPRESENTATIVES
COMPILATION OF PUBLIC COMMENTS**

Submitted to the Committee on Human Services
For SB 24

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Hearing Date: April 25, 2023 8:00 AM

Ashley Harris, Director of Public Policy

United Ways of Texas

Austin, TX

We truly appreciate the leadership and longstanding support of Senator Kolkhorst and Representative Frank in prioritizing the strengthening of Texas families, including families with young children and pregnant women. We believe all Texas families -- rural and urban-- should have access to a continuum of family support services, including basic needs supports, childcare, parenting education, workforce education and training, and prevention and early intervention programs as noted in SB 24.

Community-based organizations across the state are excited about future opportunities to better support underserved families through leveraging additional funds through multiple sources, including MIECHV. These resources will be used to support the self-sufficiency and wellbeing of tens of thousands of Texas families and children.

Our communities are stronger when we invest strategically in Education, Financial Stability, and Health and we must do more to scale effective programs that support Texas families.

Jamie McCormick, VP for Public Affairs
Texas Alliance of Child and Family Services
Austin, TX

My name is Jamie McCormick and I'm the VP for Public Affairs with the Texas Alliance of Child and Family Services and am here representing the Alliance, whose network includes prevention and early intervention and family service providers across the State.

I'm testifying on SB 24.

Our interest in this bill relates primarily to the provisions around Prevention and Early Intervention (PEI). Many of our members are PEI grantees who deliver programs and services for families in order to prevent maltreatment, system involvement and generally to help families within their community who may need a range of support.

PEI is a strong, community-based network of grantees that help parents with babies all the way up to school age children and teenagers. I want to take the opportunity that this bill hearing provides to acknowledge that PEI is important and impactful. The only reason we are testifying on and not in support is because we truly do not have a position on where PEI is housed. And we are supportive of enhanced coordination with HHS programs such as Alternatives to Abortion.

PEI has modeled the way for community-based services by using data to develop implementation and expansion strategies; focus on performance and impact, allow for community input and flexibility, and to establish strong community networks to meet an array of family needs. Community organizations can and do select models of support that best meet the needs of the community and the families it serves. And not every family needs ongoing support. Very often it is short-term help. Although the family knows that organization is there if and when the day comes, they do need help.

There is a strong PEI strategic plan in place that has been heavily informed by communities, families, and providers. Families being served need to feel welcomed and be well-served by community family support services and not feel or sense any bureaucratic shifts. We trust the leadership of DFPS and HHSC and believe that should a transition occur; the administrative tasks don't bog down the progress of the plan and hinder advancement of the strategic plan.

TACFS supports advancing the focus of SB 1896, Sb 910 and HSB 3041 from the last session. All these bills, plus SB 24 send a clear signal that supporting families to prevent child maltreatment, the need for initial or ongoing CPS involvement and to focus on supports and services that strengthen families are important. We agree completely and our members are on board and ready to continue to support families in their community.

Angela Coston
Self - Executive Director of For the Sake of One
Texarkana, TX

While I definitely see the merits of establishing the Texas Pregnancy and Parenting Support Network, I have reservations about the bill in its entirety. Please see the list below.

1) It takes out the need for programs funded to be evidence based. In order to receive federal funding and FFPSA funding, programs are required to be evidence based and this could result in losing 50 million in funding for family support services.

2) It deletes sec 137.004 (B)(8) which mandates strategies for increasing the number of families served. With the passage of HB 567 last session, we have seen an extreme drop in the removal rate of children which means that there is an extreme rise in the number of families needing services in homes.

3) It deletes sec 265.007 which requires the HHSC to identify geographic areas that have a high need for services. It is essential to be constantly looking for the areas that need more services, because otherwise some areas become saturated while other areas are drowning.

4) Sec 54.006 should include the need for evidence based programs in order for the state to receive federal funding, thus providing more funds for services to be provided.

5) I would like them to take out sec 54.006 (6) because it is a means to discriminate against certain clients. The goal is to have healthy children raised in supportive families, no matter what those families look like. There should not be priority given to agencies who are promoting marriage for participants.

Brandon Logan, Dr.
One Accord for Kids
Midland, TX

I am the Executive Director of One Accord for Kids, which serves as a community development non-profit serving Midland and the Permian Basin. Our mission is to strengthen families and connect communities, specifically to increase services and improve outcomes for children and families involved in the child welfare system. Our work includes supporting the entire continuum of child welfare interventions from prevention through post-adopt services.

SB 24 provides much-needed assistance for Texas families across the full spectrum of pregnancy support, maternal health, child development, family formation, and relationship dynamics. Texas has a unique opportunity to strengthen fragile families to avoid more costly and intrusive interventions by the state's child protection apparatus.

Following Dobbs and related changes in state law, the state can reasonably expect thousands of additional full-term pregnancies and live births each year. Of these, fewer than 9 percent will choose adoption (Sisson, Ralph, Gould, & Foster, 2016). Most of these women will choose motherhood, child-rearing, and family life, a decision that should be celebrated and supported. However, some of these families will need assistance to avoid poor health outcomes and ensure positive child and family development. SB 24 provides that assistance by creating a full continuum of support – from pregnancy through family instability.

Currently, more than a third of all children in the state's largest counties will be subjected to a child abuse and neglect investigation by age 18 (Edwards, Wakefield, et al., 2021). DFPS investigations disproportionately punish Black children and families. Half of all Black children in Texas' largest counties will be subjected to a DFPS investigation by age 18 (Id.). SB 24 provides a system of family support that prevents the traumatic and costly intervention by the state's child protection force.

Currently, the state's family support programs are spread across various state agencies and lack coordination. DFPS prevention and early intervention services seek to promote positive health outcomes and juvenile behaviors. Those public health programs are similar to programs at HHSC with the same goals. DFPS serves as the state's child protection police force, with expertise in abusive and neglectful parenting practices. Family support services in the absence of abuse and neglect are inconsistent with DFPS's mission. Families are reluctant to seek support from the state agency with the power to separate families (Fong, 2019).

SB 24 consolidates and expands support services to families along the continuum of pregnancy, parenting, and family instability. It aligns the goals of positive health outcomes and child development within the existing HHSC population health framework. It provides actual support to fragile families that they are more likely to seek out and utilize.

For these reasons, One Accord encourages the Committee to favorably report SB 24.

Taylor Trevino
self
Austin, TX

I strongly urge legislators to OPPOSE this bill. This state already does enough to restrict safe abortion access and we don't need to waste taxpayer dollars on facilities that will misinform pregnant people and coax them into having unwanted pregnancies. These types of crisis pregnancy centers already exist, and funding more of them will not help Texans, it will only hurt them

Jerry Strickland

Triple P - Positive Parenting Program

Austin, TX

Submitted for Bradley Thomas, CEO, Triple P on SB24

Thank you for your commitment to protect Texas children and families. Triple P—Positive Parenting Program— provides services in Texas and around the world to parents who seek practical strategies to help build strong, healthy family relationships that in turn lead to better outcomes in school, less justice-system engagement, and reduced foster care placements.

SB24, as currently passed in the Senate, strikes evidence-based program language from statute. We write to urge this committee to keep “evidence-based program” language in statute. Through our more than three decades of work, we know evidence-based programs provide better outcomes for families and a better return on investment for taxpayers. Federal funds to Texas for services for maternal, infant and childhood programs could also be in jeopardy, as they require evidence-based programs as a condition for receiving millions of dollars in federal funds.

To understand why voluntary evidence-based programs are crucial to providing the best possible services to families, it’s important we provide our experience in Texas. Instead of layering on another provider, Triple P works with communities to find local, trusted partners, training them to serve families and then supporting those community leaders. This is effective as we are creating community-wide change by providing parents with concrete strategy options and empowering the parent to make their own decisions of how best to parent their children.

Triple P is the most well-researched parenting program with over 380 published evaluations, including 180 randomized control trial studies where the results of Triple P are compared to services parents would otherwise receive (often not evidence-based programs). Of these reviews, 95% of the studies show positive impact for families that complete Triple P. Specific to Texas, local evaluations have found that parents who completed Triple P are more consistent and follow-through with their parenting practices with their children while decreasing hostility and over-reactivity. In one local evaluation 93% of parents who completed Triple P reported a decrease in their children’s behavior problems and an increase in their children’s positive behaviors; in another 99% reported an increase in their family functioning and resiliency. These changes strengthen children, families, and communities and reduce risk for maltreatment, foster care placement, juvenile justice involvement and community violence. Furthermore, cost/benefit analyses have found that for every \$1 spent on Triple P, benefits of \$7.78 accrue.

As this committee and state leaders address the challenges of providing quality services to all communities in Texas, including rural communities, we strongly urge you to keep evidence-based program language in statute. Striking evidence-based language would reduce the effectiveness of programs and ultimately outcomes for children and families.

Shanice Brim

self

Austin, TX

Oppose because public funds should not go to misleading and traumatizing Texans. Support full access to reproductive care and birth control to prevent unwanted pregnancies. End abstinence only education to prevent unwanted pregnancies. Expand postpartum care under medicaid.

Clayton Travis
Texas Pediatric Society
Austin, TX

Thank you for the opportunity to submit written testimony on behalf of the Texas Pediatric Society, statewide professional nonprofit organization which represents more than 4,800 pediatricians, pediatric subspecialists, residents, and medical students across our state.

We appreciate Representative Frank and Senator Kolkhorst's efforts to support prevention and early intervention programming. While we agree there could be some benefit in coordinating efforts for programs that were previously separated between different agencies, we'd like to highlight a few principles lawmakers should strive to uphold as these programs evolve.

We praise your effort to incorporate evidence-based practices into strategic development going forward. In line with this goal, we would also ask that you retain the previous language requiring that not less than 75% of funded programs be evidence-based. Eliminating the evidence-based program requirement could risk the federal funding that Texas receives, since several funding sources require states to comply with evidence-based standards to receive federal financial backing. Reestablishing this particular requirement would also support another one of the stated goals of this bill, which is to the greatest extent possible seek federal, governmental, and private funding to supplement and match funding provided through the network. By protecting and prioritizing evidence-based standards for most family support programs, as is currently done, we can ensure eligibility for federal funds (i.e., MIECHV) and reaffirm our commitment to efficacious and evidence-based policy initiatives.

Another stated goal of this bill is to provide greater accountability for family support services to demonstrate the impact or public benefit of a program. This would allow us to be more thoughtful in our approach to distributing limited resources to obtain maximal impact for our communities in need. To ensure this accountability and encourage action when needed, we would hope the agency's biannual report to the legislature would remain as a standard communication method.

Finally, we would hope to clarify that by eliminating the requirement for the state to contract with institutions of higher education and adjusting language to encompass more nebulous external third party contractors, the committee's intent is not to insinuate that higher education institutions would no longer be appropriate contractors to evaluate family support programs. Additionally, in recognizing that these contractors currently have no framework with which to focus these analyses, we should establish more standard guidelines as to the measurable outcomes that matter most to the legislature and the families they serve.

As clinicians, we rely on evidence to help us provide the best care possible for our young patients and urge members of the committee to consider some of the language associated with SB 24. Thank you again for the opportunity to submit written testimony.

Jessica Luckey
United Way for Greater Austin
Austin, TX

Prioritizing evidence-based programs is important because we know these programs have proven positive outcomes for families in Texas, and we want to continue to ensure that taxpayer dollars are used for program that have proven efficacy. Home visiting providers in Texas have put significant time and financial investments into implementing evidence-based programs. These programs are also proven to promote maternal and child health and reduce child abuse and neglect. Examples of evidence-based home visiting programs in Texas include Parents as Teachers, Triple P, NFP, and Family Connects.

We understand the need for flexibility, especially in rural areas or with programs that have good outcomes but have not been able to go through the more rigorous process to become evidence-based yet. However, we believe it is important to prioritize investment in expanding programs we know are working and have proven outcomes for families.

Texas currently receives federal funding for family support programs through the MIECHV (Maternal, Infant, Early Childhood Home Visiting Program) funding stream. The MIECHV funding stream requires states to implement evidence-based and promising programs for families. Protecting the use of evidence-based programs is necessary to ensure Texas continues to be eligible for these federal funds, as Texas could risk losing more than \$50 million in federal dollars for FY24-25 if evidence-based programs are not prioritized.

We respectfully recommend adding evidence-based requirements back into the bill or adding language to ensure continued prioritization of evidence-based programs.