

Vermont Results First
Inventory and Benefit-Cost Analysis

The Department for Children and Families
Intensive Family Based Services (IFBS)

Final Report

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Vermont Results First – Department for Children and Families (DCF) Program Inventory and Benefit-Cost Analysis of Intensive Family-Based Services (IFBS)

Introduction

A program inventory and benefit-cost analysis are intended to help policymakers at all levels of government identify evidence-based programs and make data-driven budget decisions.

This report on Vermont’s Intensive Family-Based Services (IFBS) program differs from previous Results First reports produced by Crime Research Group (CRG) in that it focuses on just one program, rather than assessing the evidence base of all programs operated in a policy area or agency.¹ Due to this single program focus, this report instead assesses variation in implementation of IFBS across multiple Department for Children and Families (DCF) providers. Consequently, it became important to review the research on the programs that most closely resemble IFBS. Homebuilders is the one program that stood out for its positive results and cost effectiveness. Because of this we used Homebuilders as a benchmark to compare to the DCF Handbook and Contract, and to the key program elements implemented by the local providers.

If the IFBS report proves useful, DCF may then choose to evaluate additional child welfare programs.

Summary and Recommendations

Crime Research Group (CRG) serves as Vermont’s Statistical Analysis Center. The Vermont Results First initiative is a project of Vermont’s Joint Fiscal Office and CRG, with technical support from the Pew Charitable Trusts and additional funding from the Bureau of Justice Statistics. CRG inventoried and conducted a benefit-cost analysis of the Vermont Department for Children and Families’ (DCF) Intensive Family Based Services (IFBS) program. CRG surveyed contracting agencies to obtain information about their IFBS program, compared IFBS characteristics to those of the evidenced-based Homebuilders program, and conducted a benefit-cost analysis.

- Although outcomes from IFBS cannot be directly compared to Homebuilders because statistics for the two programs are compiled differently, the IFBS 2016 Out-of-Home Placement (OOHP) avoidance rate at discharge is promising at 91%.
- Collect IFBS OOHP avoidance statistics by family so that the outcomes can be compared to Homebuilders.
- Review the categories under reasons for discharge so time in IFBS is recognized to ensure an accurate calculation for those who were actually served by IFBS for a substantial period of time.
- Additional recommendations are to determine the most appropriate way to evaluate the efficacy of IFBS (e.g., pilot Homebuilders at some sites and compare outcomes to other sites; establish a control group that is not exposed to IFBS but match IFBS families on key characteristics; use statistical methods to evaluate the impact of IFBS characteristics on outcomes), and to adhere consistently and with fidelity to that model across provider agencies.
- If any changes are implemented, review a longer period of time to see if the 91% avoidance rate holds six months post-program and repeat the benefit-cost analysis.

¹ CRGs Results First inventory of criminal justice programs can be accessed at : <http://www.leg.state.vt.us/jfo/reports/VT%20Results%20First%20Program%20Inventory%20Final%20Draft%20~%20March%202016.pdf>

National Research on Intensive Family Preservation Services

Research on the effectiveness of Intensive Family Preservation Services programs has been mixed with some studies showing effectiveness, others inconclusive, and some even harmful. In some, findings likely reflect targeting in some programs,² and/or differences in interventions and evaluation research design.³ The Washington State Institute for Public Policy (WSIPP), the forerunner in using the Results First Model, conducted a systematic review of the Intensive Family Preservation Services programs and concluded that Homebuilders is distinct enough to separate from the rest of family-preservation programs. Homebuilders is a model program for comparison because rigorous studies have shown it to be effective at reducing child abuse and neglect, stabilizing families, and reducing or avoiding OOHP. By comparison, research on other family-based preservation programs that do not meet the intensity of Homebuilders has shown these to be uncertain in their effectiveness.

Intensive Family-Based Services (IFBS) in Vermont

IFBS falls under the umbrella of Intensive Family Preservation Services, which is a broad category of programming that intends to prevent child maltreatment and avoid out-of-home placement (OOHP). Vermont's IFBS program is designed to prevent OOHP, work with families during the reunification process, and support stability in foster home placements. Priority is always given to the most at-risk families.

The Primary and Secondary Goals⁴ of IFBS include:

- a. Assess current family behavior and risk level;
- b. Prevent children coming into custody and/or out-of-home care due to abuse and neglect and/or severe emotional disturbance;
- c. Prevent re-abuse of children;
- d. Reunify children with their biological families; and,
- e. Improve family functioning:
 1. Helping families identify and learn skills which will improve their ability to protect and nurture their children;
 2. Increase families' ability to effectively utilize available community resources.

IFBS began in the early 1990s, and resembles Homebuilders—a trademarked program that, like IFBS, falls under the category of Intensive Family Preservation Services. Components of the Homebuilders program were used in the development of Vermont's IFBS program, but the full

² For example, not delivering the program to the appropriate population or using control groups that include families that are not high risk.

³ For a review of research on the effectiveness of IFPS and Homebuilders, see Schweitzer, Don D. et al. 2015. "Building the Evidence Base for Intensive Family Preservation Services," *Journal of Public Child Welfare*, Vol. 9:423–443.

⁴ Department of Children and Families Intensive Family Based Services Handbook

Homebuilders program was never implemented because it was cost probative to do so for DCF and the programs providing the service.

While IFBS is comprised of some program elements that are similar to Homebuilders, this program inventory and benefit cost analysis seeks to impartially determine whether IFBS as implemented in Vermont is an optimal/evidence-based choice as compared to Homebuilders.

Program Inventory Findings

To conduct the IFBS program inventory, CRG collected survey data from the ten agencies that contract with DCF to operate the program in Vermont. The survey requested information for Fiscal Year 2016, including program characteristics, number of people served, annual capacity and cost of the program. CRG also obtained information from DCF's Intensive Family-Based Services Handbook and its current provider contract. Table 1 on the following page summarizes some of the key components of:

- The evidence-based, trade-marked Homebuilders program (which is not currently operating in Vermont);
- DCF's IFBS program as outlined in its handbook and provider contract, and;
- The ten IFBS programs as implemented throughout Vermont.

The key components in Table 1 include the timeframe for initial contact with families in crisis; where treatment takes place; how available therapists are; average length of the treatment in days and average hours per week; caseload size; credentials of those providing service; whether research-based treatments are used; and the types of services offered to families.

TABLE 1: CHARACTERISTICS OF HOMEBUILDERS AND VERMONT DEPARTMENT FOR CHILDREN AND FAMILIES INTENSIVE FAMILY BASED SERVICES

PRIMARY TARGET POPULATION: Families with children facing high risk of out-of-home placement (OOHP) or those whose children are being returned from OOHP.¹

KEY PROGRAM COMPONENTS									
	Intervention at Crisis Point ²	Treatment in Natural Setting	Accessibility & Responsiveness ²	Intensity (number of days)	Intensity (number of hours of direct contact)	Low Caseload	Provider Credentials	Research-Based Interventions	Flexibility
Homebuilders (Model Program, not operated in Vermont)³	Families seen within 24 Hours	Almost all services take place in home or community	Therapists on call 24/7	4-6 weeks (30-45 days)	3-5 2-hour sessions/week; average 8-10 hours/week of face-to-face contact; phone contact between sessions	2-5	Therapist- MA in psychology, social work, counseling, or a related field, or BA in same fields +2 years exp. working with families. Supervisor: MA in same fields, or BA in same fields +2 years exp. providing the program, +1 year supervisory exp.	Research-Based Interventions including crisis intervention, motivational interviewing, parent education, skill building, and cognitive behavioral therapy	Wide range of services offered ("concrete" and clinical)
DCF's IFBS Handbook and/or Contract	Admit within 48 hours if eligible (handbook); Admit asap, not longer than 5 working days (contract)	Primarily in family's home or other familiar setting (Handbook); primarily in home (contract)	Emergency services available 24/7	Unspecified length of services (intended to be short-term)	Unspecified hours of direct service (based on assessment), but to provide face-to-face contact 45% of 40 hour work week (contract)	Caseloads not specified	Graduate degree in human service field, exp. in appropriate field, exp. working with substance abuse and addictive behavior. BA +4 years exp.; other substitutions as per contractor	Unspecified; some risk assessment inventories included in Handbook (e.g., CAGE, UNCOPE)	Clinically-focused services; skill-building; increase access to community resources
Laraway (Lamoille Co.)	As required by DCF	Home/Community	As required by DCF	90 days	Varies- 1-5 or 6 times based on intensity/need (# hours not specified)	Not provided	MSW	Not provided	Range of services provided
CFSNH (Hartford Area)	As required by DCF	Home/Community	As required by DCF	90 days	Unknown	Not provided	One MA, one in graduate school and one BA	Research-Based Interventions	Range of services provided

HCRS (Springfield)	As required by DCF	Home/Community	As required by DCF	90 days	4-8 hours/week	10-12	BSW	Inconsistent use	Range of services provided
WCMH (Washington Co.)	As required by DCF	Home/Community	As required by DCF	90 days	3-4 hours/week	Not provided	Prefer MA; have one BA with years of experience; one MA student	Research-Based Interventions	Range of services provided
HCRS (Brattleboro)	As required by DCF	Home/Community	As required by DCF	90-180 days	4 hours	12-16	MA level clinician; BA case managers	Not provided	Range of services provided
Sunrise (Bennington)	As required by DCF	Home/Community	As required by DCF	90-180 days	Unknown	Not provided	BA degree in related field +4 years exp.	Research-Based Interventions	Range of services provided
Rutland	As required by DCF	Home/Community	As required by DCF	90-365 days	5.75 hours/week	8-12	Program supervisor and one clinician are LICSW; other two clinicians are MA (one license eligible; other soon)	Research-Based Interventions	Range of services provided
Easter Seals (Newport)	As required by DCF	Home/Community	As required by DCF	90 days	4.4 hours/week	6	Associates degrees with 9+ years of exp. (enrolled in BA program); overseen by LICSW	Research-Based Interventions	Range of services provided
Howard Center (Burlington)	As required by DCF	Home/Community	As required by DCF	90 days	5 hours/week	4	Prefer MA clinicians; some BA clinicians	Research-Based Interventions	Range of services provided
VPI/Becket (state-wide)	As required by DCF	Home/Community	As required by DCF	90 days	3-5 hours/week	Not provided	LICSW, MA, BA	Research-Based Interventions	Range of services provided

¹ Homebuilders and IFBS can also be used for difficult post-adoption situations and foster home placements. All but one IFBS agency indicated that their primary target population is children facing high risk of OOHP. WCMH indicated that their IFBS program primarily targets guardians, parents and/or children referred for risk of child abuse or neglect (CAN). Rutland indicated that their primary target population is children with serious emotional disturbances. Hartford responded that their program also targets guardians, parents and/or children with substantiated CAN, children facing high risk of OOHP, and children with serious emotional disturbances.

² Information for agencies on this component was taken from DCF's Handbook and/or contract (i.e., it was not asked on the survey).

³Information on Homebuilders was obtained from the California Evidence-Based Clearinghouse for Child Welfare (<http://www.cebc4cw.org/program/homebuilders/detailed>), Washington State Institute for Public Policy (<http://wsipp.wa.gov/BenefitCost/Program/78>), and the Institute for Family Development (http://www.institutefamily.org/programs_IFPS.asp).

Program Characteristics

As Table 1 shows, the Homebuilders program is designed to intervene quickly during a crisis (within 24 hours); provide treatment in the familiar settings of home and community; be accessible with therapists available round the clock; and provide intensive intervention of short duration (8-10 hours of face-to-face contact per week, typically for 4-6 weeks). Because of this intensity, therapists carry caseloads of 2-5 families at a time.

Some characteristics of Homebuilders and DCF's IFBS program are the same, including providing services in a familiar setting (most often a family's home) and offering a wide range of services. Of note is that IFBS is the only program funded by DCF that offers in-home services and supports. IFBS differs from Homebuilders in other ways, and differences in IFBS implementation exist across providers as well, as indicated in Table 1. Response to crises may be less immediate for IFBS than Homebuilders.⁵ DCF also does not specify length of time for services. Most programs provide services for 90 days, somewhat longer than Homebuilders at 30-45 days (one agency may provide services for as long as a year). DCF does not mandate the number of direct contact hours, and programs report fewer contact hours per week than Homebuilders (DCF does require that 45 percent of caseworkers' 40 hour work week be direct contact hours, but this does not take caseloads into account). In addition, families may remain in IFBS longer than in Homebuilders because there may not be other available community resources to which to refer families. Fewer contact hours per week and longer service periods for IFBS relative to the Homebuilders program are not surprising given that, among providers that reported this information, caseloads are higher than Homebuilders for all but one agency.

Following the Homebuilders model, therapists must have a Master's degree in an appropriate field, or a Bachelor's degree with at least four years of experience. Supervisors have these same credentials, plus at least one year of supervisory experience. In 2015, providers asked for flexibility in the education requirements for the field staff and, in response to this request, the State modified the agreement language to allow flexibility in the requirements between levels of education and experience. Because of this flexibility, providers vary in the educational level of IFBS staff between those with graduate degrees and those with bachelor's degrees and at least four years of experience working with children and families. These variations often reflect workforce availability. The staffing structure of each IFBS program also differs based on the approach the agency takes in providing the array of IFBS services.

Seven of ten respondents indicated that their agency must supplement DCF funding to provide IFBS services by securing additional external funding or by absorbing some of the costs. This reflects that the need for services is greater than the funding available and thus programs are serving a greater number of families than are identified in the contracts.

The Homebuilders program uses research-based interventions, such as crisis intervention, motivational interviewing, parent education, skill building, and cognitive behavioral therapy. Although DCF does not require that providers use specific interventions following assessment (DCF requires IFBS programs to

⁵ The IFBS Handbook mandates that families must be admitted to the program within 48 hours, while the contract specifies that families should be admitted as soon as possible, but no longer than five working days.

develop a Plan of Care for each family),⁶ survey respondents reported using a variety of evidence-based therapeutic interventions and training models designed to help families learn new skills related to family interactions, decision-making and problem-solving. These include: cognitive behavioral therapy, dialectical behavioral therapy, the ARC model - to improve attachment, regulation, and competency for children and parents who have experienced trauma, and Life Centered Career Education (LCCE), which infuses academics into the three domains of daily living skills, personal-social skills and occupational skills. In addition to clinical services, the program offers “concrete” assistance (e.g., referrals for substance abuse treatment, housing, and food assistance), with the goal of connecting families to existing community resources.

One respondent said that although staff members have been trained in some evidence-based interventions, these are not used consistently. This respondent expressed an interest in greater consistency in types of interventions used across providers, which is an interest shared by the State.

Outcomes

One of the primary outcome measures for Intensive Family Preservation Service programs generally is the percentage of OOHPs following service provision. The Institute for Family Development Programs reports that six months after termination of Homebuilders services, 86 percent of families avoided OOHP.⁷ DCF provided breakdowns of the number of children discharged from the IFBS program in 2016 by agency and reason for discharge, as well as for all agencies combined. For all agencies combined, 174 children were discharged from the program in 2016. Reasons for discharge included: family stabilization (51.1 percent); family reunification (1.2 percent); children placed (5.2 percent); family refused services (10.9 percent); family moved away (1.7 percent) and “other” (29.9 percent).⁸

The percentage of children placed (5.2 percent) is calculated on a base of all discharges, including children whose family did not appear to participate in the IFBS program. Restricting the OOHP calculation to a base that includes only the 100 individuals whose family participated in IFBS (family stabilization, reunification, and OOHP placement) yields an OOHP rate of 9 percent, meaning that 91 percent of these children avoided OOHP.⁹ This percentage is very promising but it’s important to examine those in the “other” category to distinguish between those who had exposure to the program and those who didn’t. It is unknown how this will affect these statistics. In addition, DCF statistics are for individual children so cannot be directly compared to the Homebuilders’ statistics, for which family is the unit of measure. DCF statistics therefore give more weight to families with more children.

⁶ The Plan of Care must include a DSM-IVR diagnosis or a V-Code diagnosis for the identified high-risk child, goals that reflect the diagnosis, and at least one substance abuse goal if substance abuse treatment is to be provided (the Handbook includes UNCOPE, CAGE, CAGE-AID, Risk Inventory Scales).

⁷ http://www.institutefamily.org/programs_ifps.asp

⁸ “Other” included Assessment complete (3); Waiting for unification date from DCF (1); Lack of Engagement (8); Ongoing reunification (1); No longer pursuing reunification (1); Discontinued reunification (2); Ran out of funding (number not specified); IFBS contract ended (1); Family did not have housing-unable to reunify (1); Referred to alternate program (12); Other supports in place (5); Kinship custody (1); Child moved away with alternate parent (2); No contact/lack of contact with family (5); Child aged out (1); Clinician left IFBS Program (4); Did not “elaborate” (1).

⁹ Among provider agencies, the percentage of children remaining in their home or being reunified ranged from 100 to 67 percent. The number of IFBS enrollees for each agency is small, however, making percentages unreliable.

Because families referred to IFBS services are considered high-risk for child neglect or maltreatment, there is an expectation that sometimes through working with an IFBS provider OOH placements will occur. Having a provider in the home regularly provides an important perspective on the safety of the children in the family, which sometimes, appropriately, results in OOHs. It would be an unhealthy and unwise expectation that families served by IFBS would never experience an OOH.

Even if programs adhere to an evidence-based model such as Homebuilders, it is important to evaluate their effectiveness to ensure that expected outcomes are being achieved and to assess implementation to verify that the program is being delivered with fidelity to the model. While IFBS has not had a rigorous evaluation, the State utilizes quarterly reports and referral and discharge data to track the outcomes of the program. The survey responses indicate that the provider community did not universally see the reports and other data as tools in tracking the program outcomes. Asked whether their program has been evaluated, five survey respondents (50 percent) said that it had, although three of the five said that the state did the evaluations, one pointing to required reports. Two respondents indicated that their agencies conducted internal evaluations. Three respondents said that no evaluations had been done and two did not know. None of those who indicated that their program had been evaluated provided a citation to a report.

Benefit-Cost Analysis

The Washington State Institute for Public Policy (WSIPP) classified Homebuilders as evidence-based and cost-effective, with a benefit-cost ratio of 6.18 and a 99 percent chance that such savings will occur in Washington State.¹⁰ In other words, each dollar spent on Homebuilders in Washington State avoids \$6.18 in costs.¹¹ WSIPP's benefit-cost analysis also determined that non-Homebuilders Intensive Family Preservation Services programs cost more than they save, with a benefit-cost ratio of negative 1.38 and zero chance that benefits will exceed costs.¹²

For this benefit-cost analysis Vermont data was used including care and neglect prevalence rates, OOH rates, and Vermont costs.¹³ If a recount is done using the family as the unit rather than the individual child, and the IFBS program has outcomes similar to Homebuilders, the benefit-cost ratio would be \$2.23 and would have an 84% chance of being cost effective. The benefit cost analysis on IFBS also has a chance of resulting in a similar benefit-cost ratio as the non-Homebuilders programs which is -.61 with a zero percent chance that benefits would exceed costs. The studies on Other Family Preservation Services - non-Homebuilders programs - include a variety of approaches that include

¹⁰ For WSIPP's Child Welfare program inventory (July, 2015), see http://www.wsipp.wa.gov/ReportFile/1610/Wsipp_Updated-Inventory-of-Evidence-based-Research-based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems_Inventory.pdf. For WSIPP's cost-benefit analysis (updated May, 2017), see <http://www.wsipp.wa.gov/BenefitCost?programSearch=Homebuilders>.

¹¹ The California Evidence Based Clearinghouse (CEBC) gives Homebuilders a rating of "2," meaning that it is supported by research evidence, with studies published in peer-reviewed journals.

¹² <http://www.wsipp.wa.gov/BenefitCost?programSearch=non-Homebuilders>.

¹³ Costs of delivering IFBS per family varied widely in the counties from \$3,000 to close to \$6,000. Some counties supplement DCF funding with outside sources. For the benefit-cost analysis an hourly rate of \$71 X 16 hours per month X 3 months was used. Two counties reported an hourly rate of around \$71, 4 hours per week of contact/work was the median of the responses, and 3 months was the most common duration which equaled the duration of Home Builders. Using this method, the cost of serving a family is \$3,408. The cost of Homebuilders is \$3,491 per family in Washington State.

home and family based services, but none of them are the systematic, intense design of Homebuilders. Collectively, the study results in the meta-analysis are largely inconclusive of their impact, but the direction of the effect favors the comparison groups with a chance that these programs could cause harm (increased CAN). The results on OOHP are also inconclusive, though very marginally favoring the treatments to suggest they could still reduce placements. Without the IFBS statistics on families (vs. children), it's difficult to determine whether IFBS is realizing positive or negative effects.¹⁴

Recommendations

In this brief IFBS is being compared to Homebuilders because Homebuilders is the one Intensive Family Preservation Program that has shown positive outcomes and cost effectiveness. Because the statistics for IFBS are collected for the individual child and not the family, as in Homebuilders, and because we are unclear about whether the individuals in the "other" category were served by IFBS for any length of time, it is challenging to determine whether IFBS is realizing outcomes similar to those of the Homebuilders program and whether or not it is cost effective as compared to Homebuilders. We offer the following recommendations:

- 1) From the data received from DCF, it appears that the IFBS program for 2016 realized a 91% avoidance of OOHP at discharge which is very promising. DCF could consider a these strategies if the State's goal is to be able to compare this program to Homebuilders:
 - a. Compile statistics for families in addition to individual children so that statistics are not affected by family size and can be readily compared to the evidence-based Homebuilders program outcomes and benefit-costs;
 - b. Review discharge statistics at six months after discharge for an accurate comparison to Homebuilders; and,
 - c. Review the IFBS statistics for a longer period of time (2-3 years) to determine if the 91% avoidance rate holds.
- 2) Determine what criteria should be applied in calculating exposure to the program. If the statistic uses individuals/families that were exposed to or completed the program, decide what length of time constitutes exposure (e.g., for families that moved away or dropped out). Determine at what point in time a benefit should have been realized.
- 3) Create new discharge categories from the case data gathered from those currently in the "other" category (30 percent of discharges in 2016). Examine subcategories to be sure that families exposed to the program are not included in this category and whether some subcategories merit a stand-alone category.

¹⁴ The citations for the Other Family Preservation Services outcomes are listed in WSIPP's review here: <http://wsipp.wa.gov/BenefitCost/Program/96>; the citations for Homebuilders are listed here: <http://wsipp.wa.gov/BenefitCost/Program/78>. For a review of research on the effectiveness of IFPS and Homebuilders, see Schweitzer, Don D. et al. 2015. "Building the Evidence Base for Intensive Family Preservation Services," *Journal of Public Child Welfare*, Vol. 9:423-443: https://www.researchgate.net/publication/283200330_Building_the_Evidence_Base_for_Intensive_Family_Preservation_Services

- 4) Currently, DCF is using the referral and discharge form to obtain some program measurements. The Results-Based Accountability model is being used for the new contract and includes improving data reporting and documentation. We recommend continuing the process to improve data collection and reporting requirements to address Recommendations 1-3 and provide technical assistance to the providers that need it. A few providers indicated they would like additional support in this area, along with more communication/collaboration between agencies. Additionally, the State should be clearer with providers about the current data collection processes and the outcomes data being tracked centrally.
- 5) DCF updated the IFBS Handbook in 2016. If more work is needed on the Handbook to reflect policy and other needed changes, our recommendation would be to continue to do this and at the same time eliminate any inconsistencies between the Handbook and contract.
- 6) Consider evaluating the local IFBS programs and comparing them to each other to determine which specific program characteristics are associated with improving IFBS goals. This can be done using existing program data and a multivariate statistical design. Another option is to use a control group that does not receive IFBS but is matched for key characteristics to those who receive IFBS. This will show the impact on desired outcomes of receiving services relative to not receiving services. Since IFBS services are not required to operate consistently across agencies, understanding the effects of specific characteristics calls for one of these approaches.
- 7) If any of these changes are implemented, the benefit-cost analysis could be repeated in 2-3 years to see if the improvements led to improved outcomes and cost effectiveness.
- 8) If the State decides that the goal is for IFBS to align more closely with Homebuilders, determine what changes might be feasible so that the program can achieve that goal. For example:
 - a. Requiring that families be seen within 24 hours may be more feasible than requiring lower caseloads (note, however, that because families move through the program quickly in Homebuilders, case workers may manage the same number of families during a year as programs that have higher caseloads but longer program duration).
 - b. Alternatively (or in addition), DCF could pilot Homebuilders at one or more sites to compare outcomes to those of IFBS programs.
- 9) Part of this analysis would need to include the costs associated with these changes and whether such alignment would warrant the reduced number of families served as there are no more additional funds available for this program. It's important to acknowledge that moving to new ways of collecting and analyzing data often have a cost for the administrators of a program and the providers.

The Results First Approach: The Pew-MacArthur Results First Initiative, a project of The Pew Charitable Trusts and the John D. and Catherine T. MacArthur Foundation, works with states and localities to develop the tools policymakers need to identify and fund effective programs that yield high returns on investment. Using innovative and customizable methods, Results First partners learn to:

- Create an inventory of currently funded programs;
- Review which programs work;
- Conduct benefit-cost analysis to compare programs' likely return on investment; and
- Use evidence to inform spending and policy decisions.

Taken together, these efforts have helped leaders make more informed decisions, and ensure that resources are directed toward effective, cost-beneficial approaches.