

LFD REPORT: THE PEW-MACARTHUR RESULTS FIRST INITIATIVE

**A COLLABORATION BETWEEN THE MONTANA LEGISLATIVE
FINANCE COMMITTEE AND THE MONTANA DEPARTMENT OF
PUBLIC HEALTH AND HUMAN SERVICES**

A Report Prepared for the
Legislative Finance Committee

By
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1. INTRODUCTION

This report summarizes the cross-branch project to utilize the Pew-MacArthur Results First Initiative (RFI) framework to analyze in-home child welfare services in Montana. The next section summarizes the RFI approach and the specifics of this project as well as the nature of evidence-based policy in Montana. Section 3 briefly examines child welfare outcomes in Montana - both rates of child abuse and neglect (CAN) and out of home placement (OOHP) for those children who are victims of abuse or neglect. Section 4 details the scope of this project, while Section 5 discusses project results: the program inventory and research matching performed by DPHHS (with RFI support) and the benefit-cost modeling performed by LFD (with RFI support). Finally, Section 6 concludes by summarizing the outputs and potential impacts of this project and makes recommendations.

2. THE RESULTS FIRST APPROACH AND EVIDENCE BASED POLICY

The Pew-MacArthur Results First Initiative (RFI) is intended to advance “the use of innovative, evidence-based policymaking to drive government investments in proven policies and programs.” The RFI’s goal is to *build the capacity* in member jurisdictions to use the findings of high-quality research to inform budgetary and policy decisions. In working with the RFI partner states learn to:

- Create an inventory of currently funded programs
- Review which programs are proven effective based on high-quality research
- Conduct benefit-cost analysis to compare programs’ likely return on investment
- Use evidence to inform spending and policy decisions

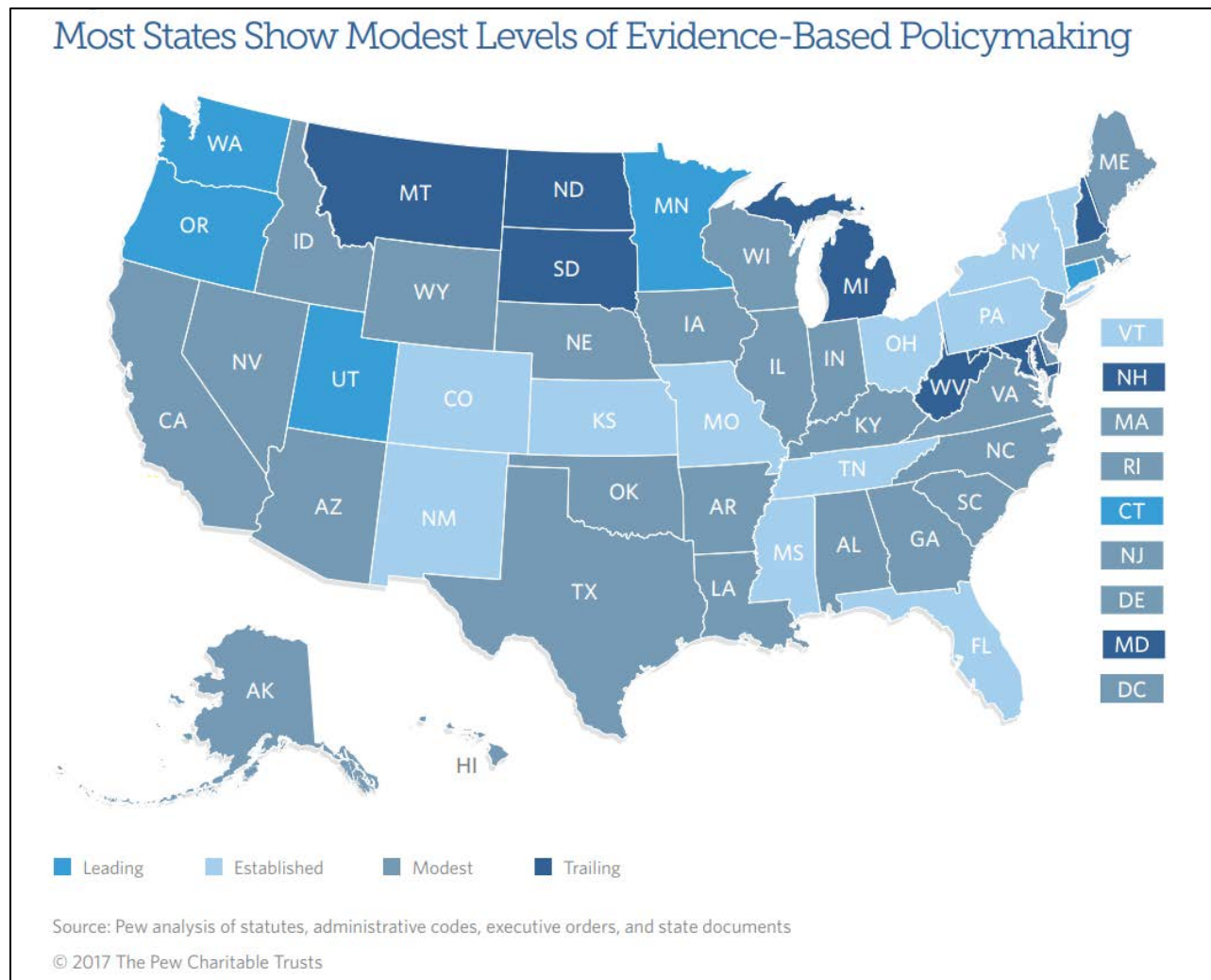
The Legislative Finance Committee (LFC)/Legislative Fiscal Division (LFD) collaborated with the Department of Public Health and Human Services (DPHHS) in order to apply the Results First methodology to certain types of child welfare services offered by the Child and Family Services Division (CFSD) within DPHHS. The RFI team (Nick Dantzer, Mara Weinstein, Mike Wilson, and Ashleigh Holand) played, and continues to have, a critical advisory role in this partnership.

What does “Evidence-Based” Mean?

According to the Results First Initiative an evidence-based program “offers a high level of research on effectiveness, determined as a result of multiple rigorous evaluations, such as randomized controlled trials and evaluations that incorporate strong comparison group designs, or a single large multisite randomized study. These programs typically have specified procedures that allow for successful replication.”

The goal of this cross-branch collaboration was to determine if evidence-based policy and budgetary decisions could be used to improve outcomes for children in Montana who are at risk of abuse/neglect and out-of-home-placement. This report reflects efforts by both the Legislative Fiscal Division (LFD) and DPHHS staff, who worked together over the past year to apply the Results First framework in Montana.

Many states prioritize the use of evidence when making budgetary and policy decisions, but this practice is not widespread in Montana. A [2017 report](#) from the Pew-MacArthur Results First Initiative¹ indicates Montana does not use evidence-based policymaking in a significant manner: in fact, Montana ranked last in the use of evidence to inform policy among all 50 states. The map below illustrates this finding.

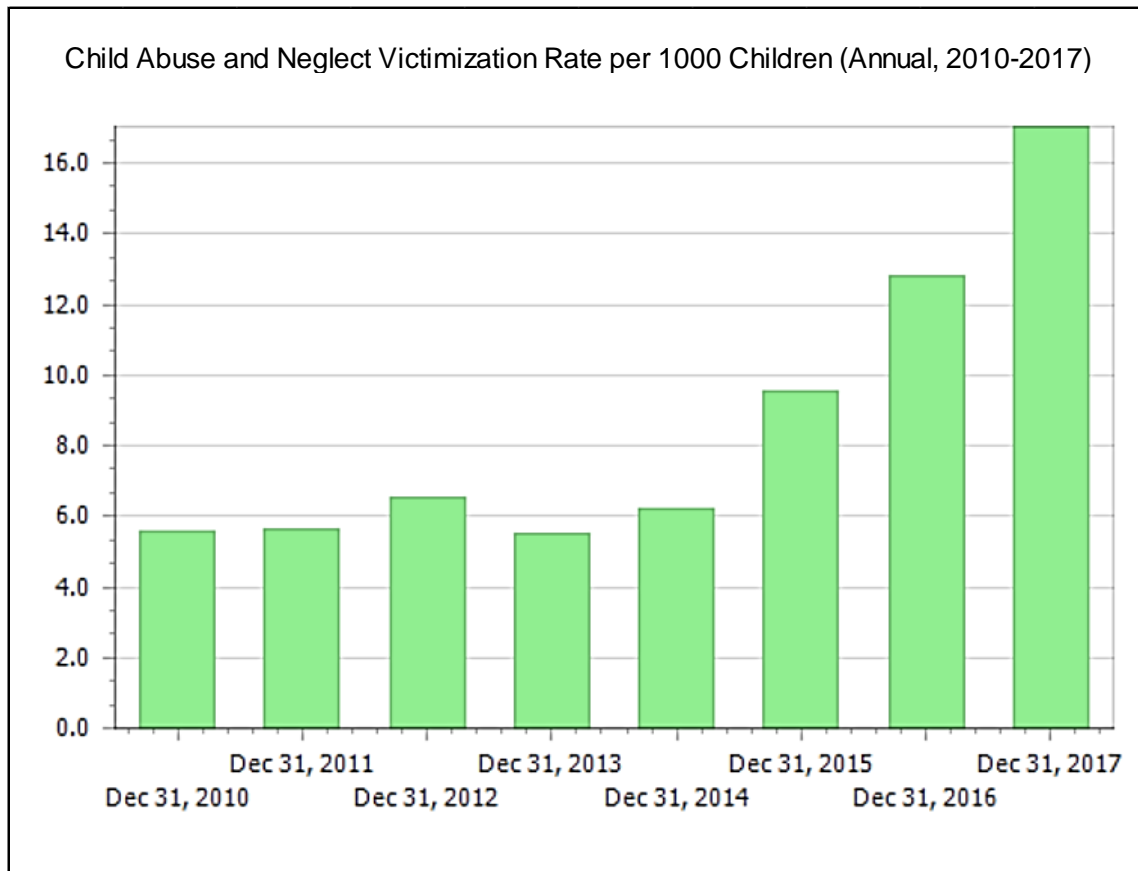


This collaboration between the LFC/LFD and DPHHS represents a significant first step in increasing the use of evidence-based policymaking and budgeting in Montana. Evidence-based policymaking and budgeting can give both executive and legislative decision-makers a greater ability to invest taxpayer dollars wisely: in programs that are proven to work. This framework can be applied to other policy areas in the future.

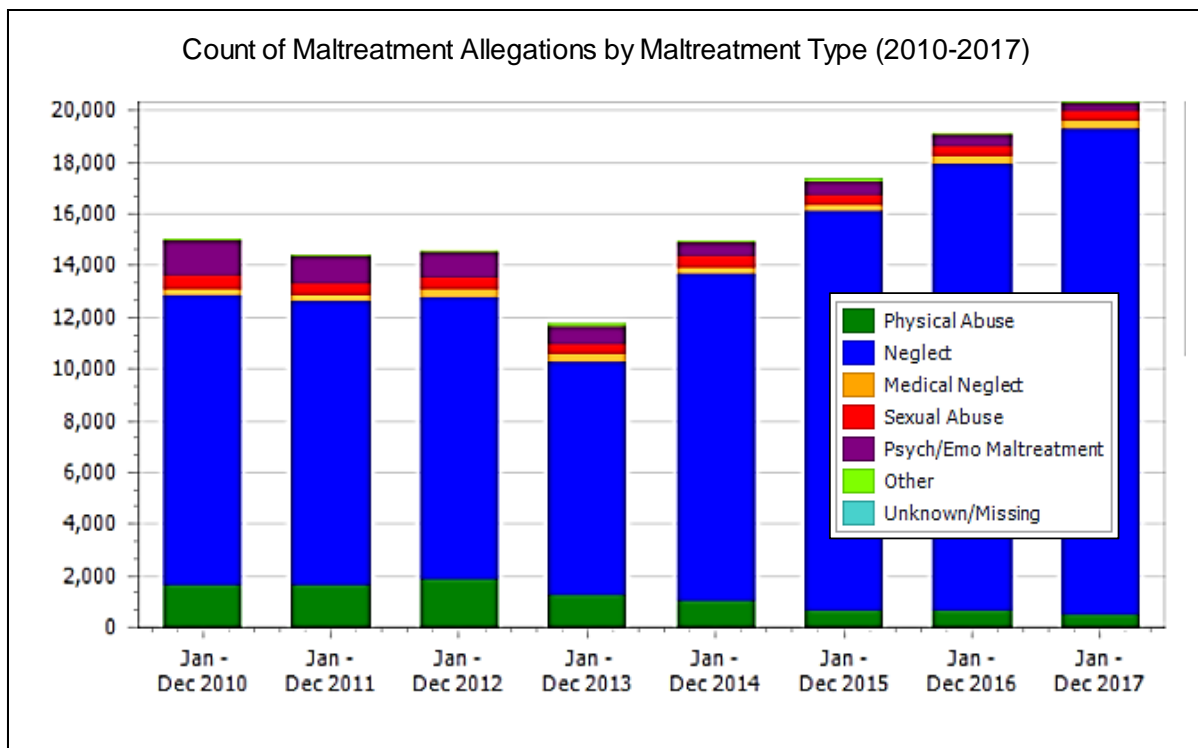
¹ *How States Engage in Evidence-Based Policymaking*, Pew-Mac Arthur Results First Initiative, 2017

3. CHILD WELFARE IN MONTANA

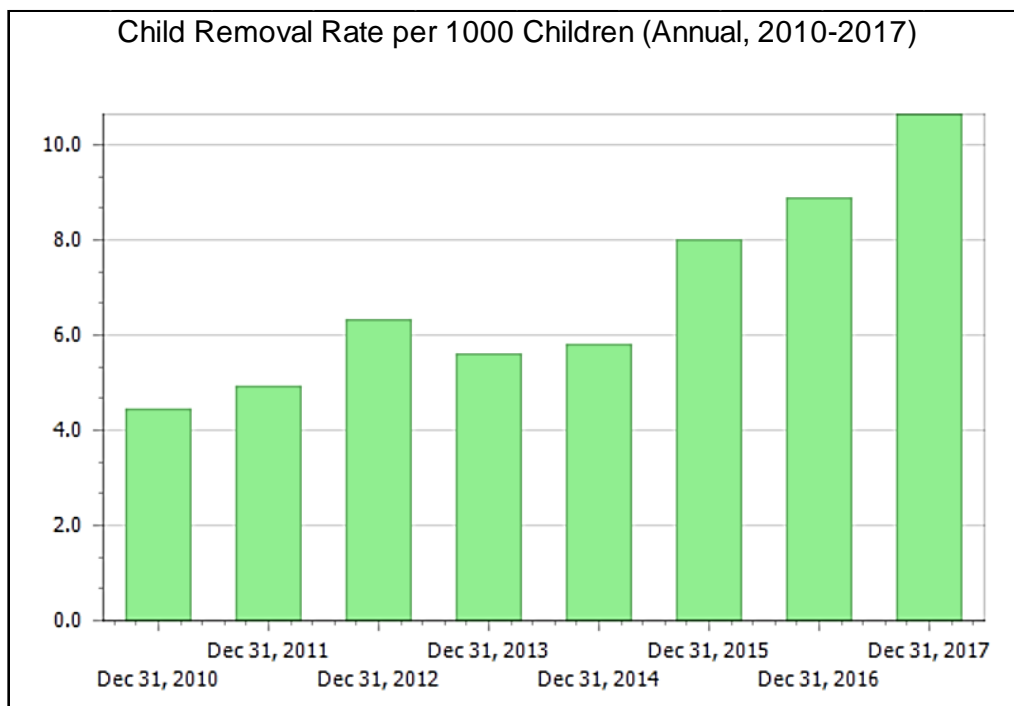
One of the reasons the LFC initiated this project is to help address suboptimal child welfare outcomes in Montana. The state has seen rapidly rising rates of child abuse and neglect (CAN) over the last several years. The graph below illustrates this trend with CAN victimization rates (child victims per 1000 children in a year – for example, in 2016 about 13 out of 1000 children were victimized in Montana).



The graph below provides additional detail on the nature of child abuse and neglect allegations in Montana from 2010-2017. This graph includes both substantiated and unsubstantiated allegations. The large majority of allegations over this time period involve neglect. Neglect has been increasing in real terms over this period as well as when compared to other types of maltreatment (for example, allegations of physical abuse declined in the 2010-2017 period).

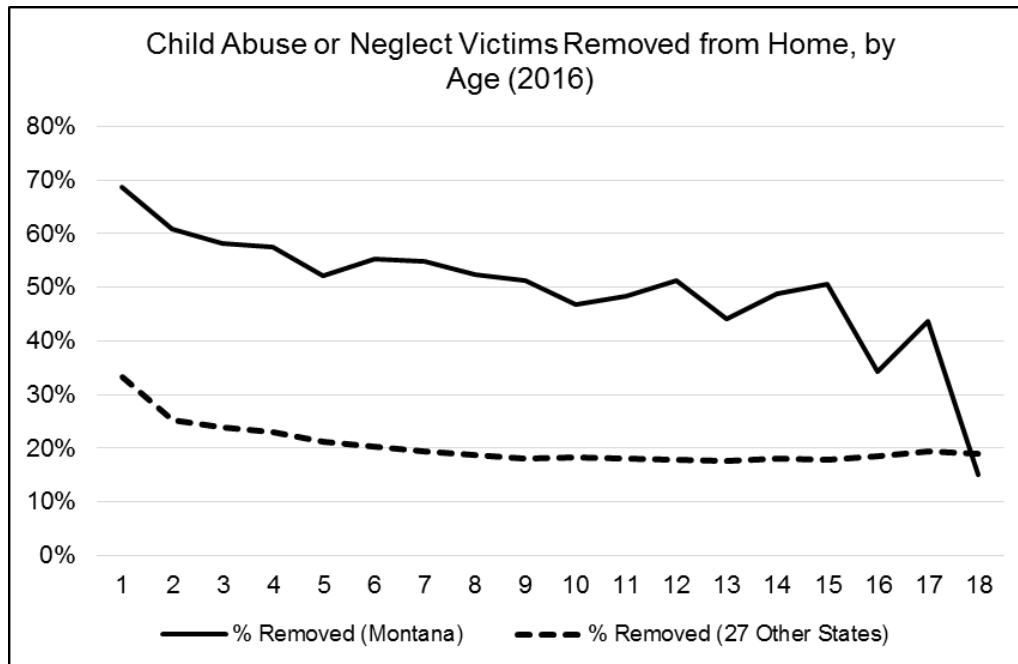


A related trend is the rate at which children who are victims of abuse/neglect are removed from the home. This is generally referred to as “out-of-home-placement” (OOHP) and is an outcome that most research suggests should be avoided whenever possible as it generally has suboptimal long-run impacts on the child. The OOHP rate has been rising in Montana over the past decade or so. The graph below gives the removal rate for children in Montana from 2010-2017.



Montana has a higher removal (OOHP) rate than most other states. The line graph below presents data for Montana and 27 other states in 2016. The benefit-cost model discussed below calculates the monetary value

of reducing the probability that (1) a child is a victim of abuse or neglect and (2) that a child who is the victim of abuse or neglect is removed from the home.

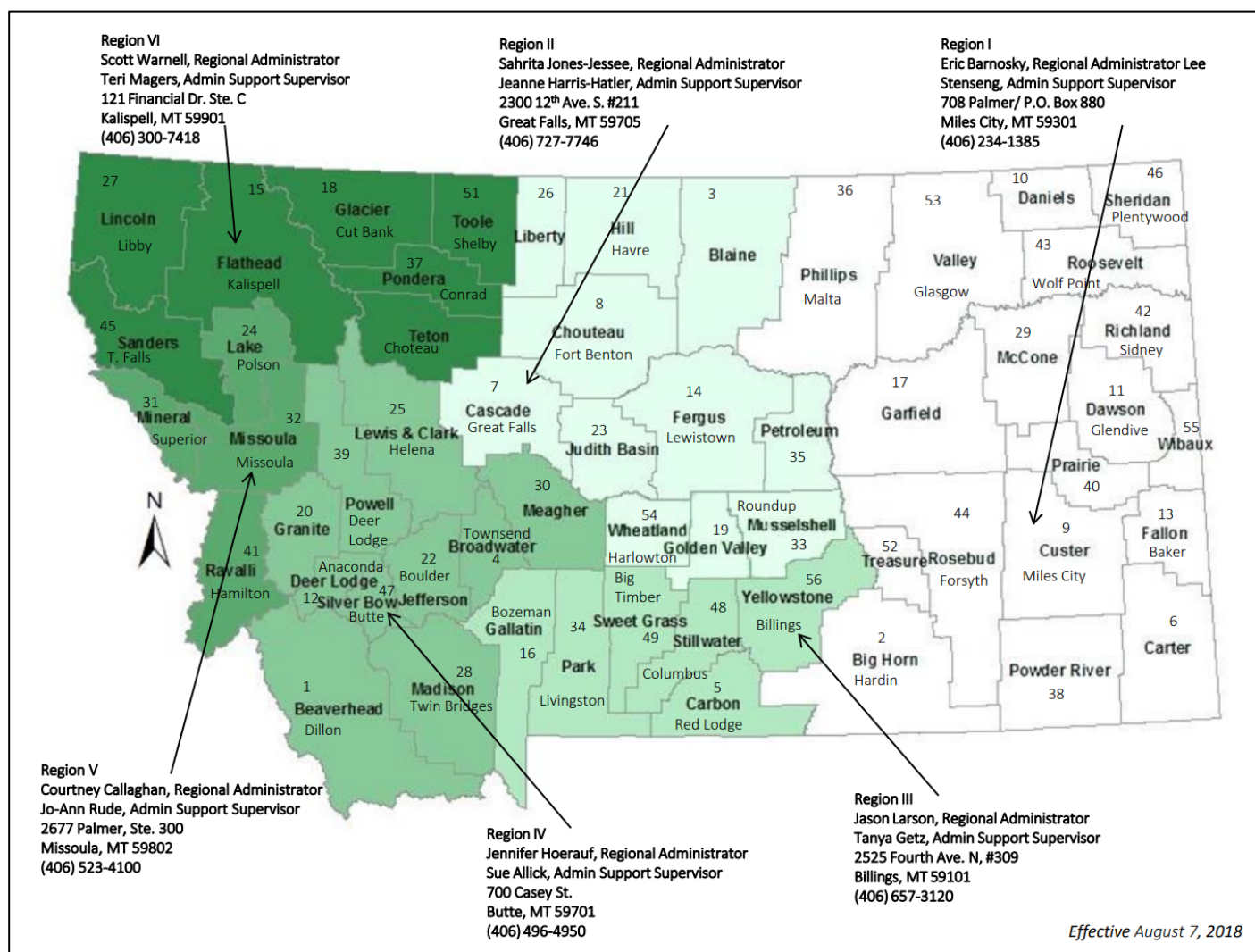


Reducing out-of-home placement rates has two positive impacts. First, out-of-home placements are associated with a higher likelihood of negative long-run impacts on the child. Second, out-of-home placements have large per-child costs: keeping children in the home (when possible) is a more cost-beneficial outcome.

Child welfare services (case investigation, foster care, guardianship, and subsidized adoption) are provided by the Child and Family Services Division (CFSD) within Montana DPHHS. The provision of these services is shared between the centralized intake staff, who receive and prioritize information about potential cases of CAN, and regional (region map below) CFSD social workers, who investigate these claims and take action as deemed appropriate.

CFSD also contracts with providers to offer in-home services to families. In-home services are intended to prevent the removal of children from the home and/or the need for future involvement with child protection services. Many of these services are eligible to be funded (at least in part) with federal IV-B funds (IV-B refers to title IV-B of the Social Security Act). According to the U.S. Department of Health and Human Services (HHS) IV-B funds are intended to fund “services and programs which:

- Protect and promote the welfare of all children
- Prevent the neglect, abuse, or exploitation of children
- Support at-risk families through services which allow children, where appropriate, to remain with their families or return to their families in a timely manner
- Promote the national goals of safety, permanence and well-being of children in foster care and adoptive families
- Provide training, professional development and support to ensure a well-qualified workforce
- Promote and support adoption”



4. PROJECT SCOPE

The collaboration between the LFD, DPHHS, and the Pew RFI team focused on in-home services and programs that are funded with these IV-B dollars. This choice was made for two primary reasons: first, capacity at both LFD and DPHHS did not permit a comprehensive review of all child welfare programs to be completed in one interim's time. Second, in-home services are in large part intended to reduce the risk of OOHP. Given the state's relatively high OOHP rate and the negative consequences that result from OOHP concentrating attention in this area may maximize the impact of a project of this type. As discussed in the June DPHHS program inventory report in-home services are an ideal starting point for "creating a culture of evidence and evaluation."

5. PROJECT RESULTS

This section discusses the results of this project, which was conducted by applying the Results First framework:

1. **Inventory programs and compare to research** – conducted by DPHHS with support from the RFI team

2. **Conduct benefit cost analysis** – conducted by LFD with support from the RFI team
3. **Use your results** – results have already been used to make some changes within DPHHS and may be used by legislative and executive decision makers in various ways in the upcoming legislative session and beyond

5.1. Program Inventory

DPHHS/CFSD worked on the program inventory step of this project over several months with the support of outside experts and the RFI team. They presented their results at the June 2018 LFC meeting. A copy of their report is appended to this report. DPHHS/CFSD staff conducted a survey of currently contracted providers of IV-B funded in-home services in order to determine the programs and services these providers were using with Montana children and families. This process was beneficial to DPHHS/CFSD as it gave them detailed information on practices by currently contracted providers that they did not previously possess. DPHHS/CFSD and outside experts worked with 11 different providers of IV-B funded in-home services and identified 43 different programs offered by these providers (see table from the DPHHS report to right).

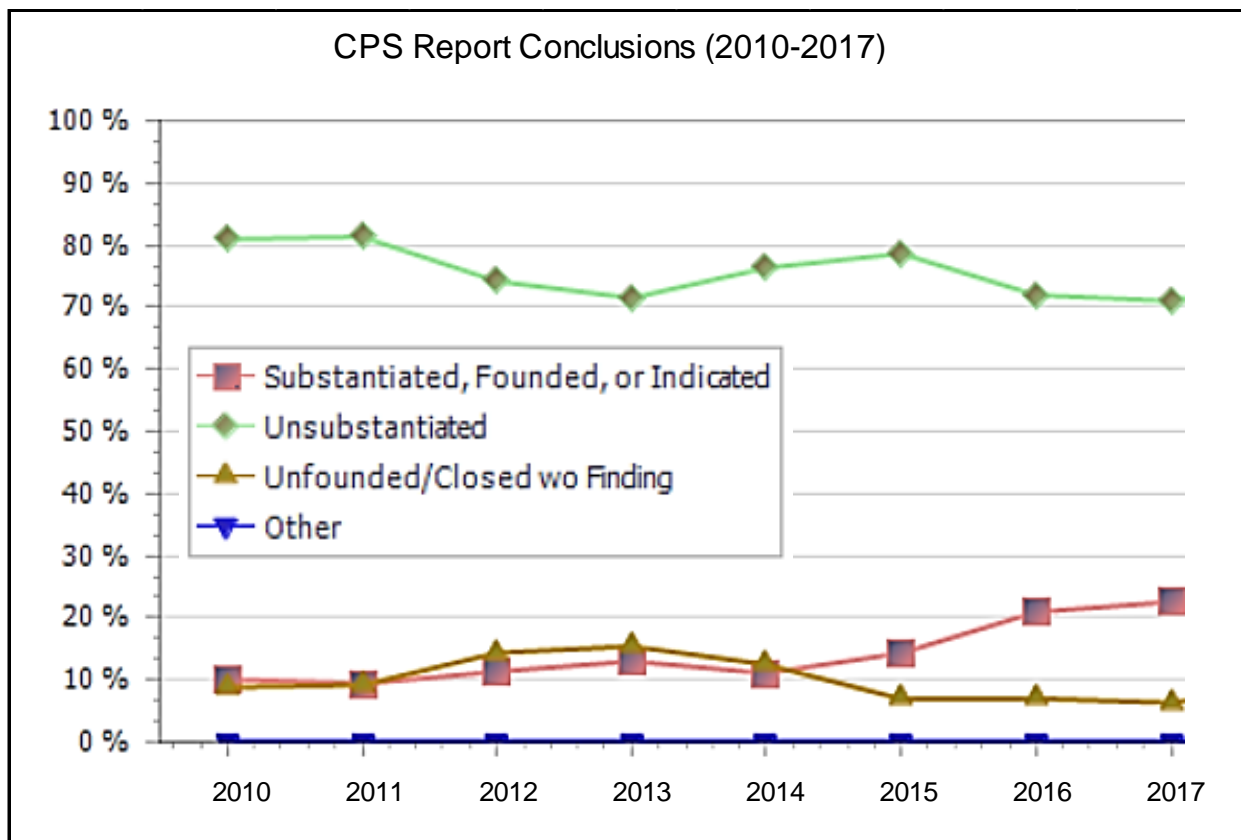
WHO WAS INVOLVED IN THE STUDY	
Number of Providers	11
Number of Programs	43
Number of Communities	Statewide
Number of Children	>2000

DPHHS staff utilized the [Results First Clearinghouse Database](#) and support from Results First staff to match the programs offered by these providers to the existing research base on child welfare programs. The comprehensive results are appended below. Of the 43 programs matched to the research base 12 are considered “proven effective” and 8 are considered “promising” while the remainder are “theory based,” meaning that they have not been extensively evaluated. Of course, just because a program or intervention has not been rigorously evaluated does not mean that it isn’t valuable – just that such evidence does not yet exist.

5.2. Benefit-Cost Model

The RFI project has developed a benefit-cost model which is made available to partner jurisdictions. This model “estimates the monetary value of changes in substantiated child abuse or neglect (CAN) cases and out-of-home placements (OOHP).” The outcome of interest (or dependent variable) in this model is the *propensity rate* of either CAN or OOHP. Thus, the goal of this modeling exercise is to identify interventions (programs) that can lower the risk of either CAN or OOHP in a cost-beneficial manner.

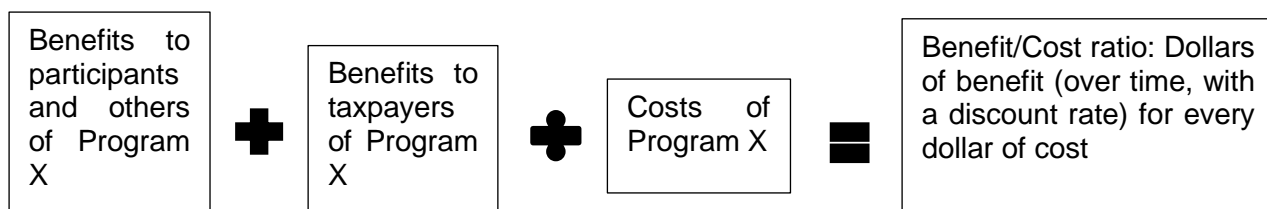
To help visualize this goal consider the graph below, which presents data on child welfare cases in Montana. The red line represents substantiated (or founded) cases of abuse. As discussed above, around 50% (on average) of those substantiated cases result in OOHP for the children involved. This is a much higher OOHP rate than the national average and there would likely be benefits associated with reducing this rate.



Reducing the propensity of both (1) child abuse and neglect (CAN) and (2) OOHP generate positive impacts for both potential victims and society. The impact of these programs on the propensity of CAN and OOHP is gathered through examining rigorous, high-quality research studies on these programs. The “child welfare” intervention body of research is unfortunately not as large and well developed as research in other areas (criminal justice, K12 education, etc.) which does limit the number of child welfare programs which can be evaluated with the RFI benefit-cost model.

Monetary impacts are generated from reduced levels of CAN and OOHP. For example, the likelihood that children who are not victimized will, on average, go on to have higher lifetime earnings and be less likely to commit crimes. These impacts have positive implications for society as well as for children, along with the lower immediate costs to taxpayers resulting from fewer need for child welfare investigations, foster care caseload, judicial processes, and so on. The graphic below illustrates how the benefit-cost model works to come up with a cost benefit-ratio for a specific program.

What is the impact of Program X?



The RFI benefit-cost model permits evaluation of several programs offered through CFSD, two of which are IV-B-funded in-home services (SafeCare and Parents as Teachers) and one of which is not (Nurse-Family Partnership). Note that the benefits in the table below are calculated, in part, with data from Washington state as the time and capacity did not exist to collect Montana-specific data for each variable needed to conduct benefit-cost analysis. Values from Washington state are also used for program cost data as this data is not readily available in Montana. Thus, the specific dollar values given below for these programs are not entirely Montana-specific.

	SafeCare	Parents as Teachers	Nurse-Family Partnership
Benefits to Participants	\$1,187	\$1,092	\$7,611
Benefits to Taxpayers	\$1,194	\$739	\$7,103
Total Benefits	\$2,517	\$1,970	\$20,828
Costs	\$2,124	\$2,719	\$12,070
Benefit/Cost Ratio	\$1.18	\$0.72	\$1.73
Evidence of Impact	Proven Effective	Promising	Proven Effective

Two of these three programs are cost beneficial. All three programs also have been evaluated to be considered at least “promising,” with the SafeCare and Nurse-Family Partnership programs having strong evidence of impact. While these programs are a small subset of all programs offered by IV-B funded CFSD providers of in-home services, estimating their impact is an important step in moving towards a culture of evidence in the child welfare policy area.

6. CONCLUSION AND RECOMMENDATIONS

This cross-branch collaborative project has produced several positive outcomes.

The program inventory adds value for DPHHS/CFSD. The completion of a program inventory helped DPHHS “understand what IV-B programs are being offered through CFSD to support families in their homes.” (DPHHS Program Inventory Report, June 2018). The program inventory could be used to fine-tune provider offerings of in-home services in the future. While in-home services are only one part of the service array offered by CFSD (and DPHHS) the completion of the program inventory in this area provides an example of a valuable undertaking that can be applied in other areas of CFSD.

The benefit-cost model analysis provides detailed analysis of several of the programs offered by providers through CFSD. All three of the evaluated programs have some level of support in the research, and two of three are considered cost-beneficial. The benefit-cost model developed by the RFI can also be used for further study of the child welfare policy area in the future or to assess programs in other policy areas (adult criminal justice, juvenile criminal justice, K12 education, etc.).

This project has also had some additional positive impacts internal to CFSD. DPHHS project members indicated they have changed their provider contract and RFP language to include information on the evidence-based nature of proposed interventions. DPHHS has also indicated the Results First project has helped them develop an evidence-based component for the CFSD strategic plan they are completing at the direction of HB 517 (2017 regular session).

This project is not only an example of cross-branch collaboration, it provides a framework for an evaluative process that can be expanded to other areas of CFSD/DPHHS as desired. Similarly, this framework can also be applied to other policy areas across state government in the future. The LFC/DPHHS Results First collaboration is a first step toward building a culture of evidence-based policymaking and budgeting in Montana.

APPENDIX – JUNE 2018 DPHHS PROGRAM INVENTORY REPORT



|| RESULTS FIRST

OVERVIEW

Legislative Fiscal Services Division (LFD), and the Pew-MacArthur Foundation partnered to engage in the Pew-MacArthur “Results First” initiative, with a focus on child welfare policy. At the request and encouragement of the Legislative Finance Committee, the Department of Public Health & Human Services joined the partnership to apply the Results First framework to Title IV-B funded prevention and preservation (in-home) services in the Child & Family Services Division (CFSD).

This cross governmental team:

- 1) Created an inventory of Title IV-B funded in-home programs;
- 2) Reviewed all programs identified in the inventory process; and,
- 3) Compared current programs against national clearinghouses of evidenced based practice.

The LFD is currently conducting a benefit-cost analysis to compare each programs’ likely return on investment. Data from this initiative will be available to inform spending and policy decisions.

This report presents the preliminary results of the Results First approach: the creation of a comprehensive program inventory to understand what IV-B programs are being offered through CFSD to support families in their homes. These programs can then be matched against the clearinghouse to determine whether they are likely to be effective.

Focus on Title IV-B of The Social Security Act: Family In-home Services

Title IV-B of the Social Security Act is a federally matched program specifically designed to promote state-wide child and family services to ensure that all children are raised in a safe loving family. Increasing the capacity of families to keep children safe in their own homes is a primary goal of the Department, making Title IV-B services a primal focus area. With the recent years’ growth in foster care placements, the emphasis is on maximizing all efforts to contribute to the reduction of these numbers. The Administration for Children and Families Children’s Bureau defines these services as “funds that are available to utilize community-based agencies, family support services, family preservation services, adoption promotion and time limited family re-unification services”.

WHO WAS INVOLVED IN THE STUDY	
Number of Providers	11
Number of Programs	43
Number of Communities	Statewide
Number of Children	>2000

The focus on in-home services is particularly important with the recent passage of THE FAMILY FIRST FAMILY PRESERVATION ACT P.L. 115-123 as part of the Bipartisan Budget Act on February 9, 2018. Through passage of this law, Congress has indicated support of states working to strengthen families with preventive evidence based or evidence influenced services that will reduce reliance on foster care and congregate living settings.

Definition of Evidenced Based

An important result of this effort is to forward the discussion and understanding of evidenced-based principles. It is not the goal nor the belief that only services with the most rigorous of research and design will be most effective in Montana. Rather, it's about creating a culture of evidence and evaluation where we can know if a certain intervention/program (or one operated similarly) will achieve its intended outcomes with a level of certainty.

We have begun this by inventorying our programs/interventions and utilizing national clearinghouse databases to determine which programs have been evaluated and are supported by rigorous evidence. Those that do not meet the criteria to be deemed evidenced-based or influenced are not necessarily lacking in benefit to the children and families served, but require additional evaluation to better understand the level of effectiveness. It is not believed nor recommended that every program meet certain or required evidence standards or be informed by an evidence clearinghouse. The results of the program review can be found in the attached table.

To gather additional information and facilitate understanding of evidence based or evidence informed services, CFSD has utilized clearinghouses to creating formal definitions of evidence and embedding these definitions in Title IV-B service contracts. This will help clarify expectations of provider organizations and government officials. When feasible, contracts specify sources, such as nationally recognized research clearinghouses, where providers can find information on a wide range of programs that meet a given standard. In other circumstances, clearly delineated outcomes and successes specific to Montana communities and programs may also inform us of effectiveness of programs.

It is important to better understand what services have been proven to be effective, are based in reasonable theory, and demonstrate promising results towards defined outcomes. A specific goal of the Results First design is to help generate a culture where we are better equipped to understand the value of our investment, but not to discourage innovation or successful programs that have been designed to meet the unique and specific needs of Montana.

PRELIMINARY FINDINGS

- The Results First effort provided insights demonstrating strategies for improved data recording or tracking at provider level. The partnership with PEW provided considerations, and technical assistance to develop strategies for successfully and appropriately embedding evidence and data requirements into service delivery. Additionally, CFSD formally incorporated evidenced-based focus in the RFP process for the Title IV-B contract renewals, effective July 1, 2018;
- Familiarization of evidence-based policy framework and five key components:
 - **Program assessment.** Systematically reviewing available evidence on the effectiveness of public programs.
 - **Budget development.** Incorporating evidence of program effectiveness into budget and policy decisions.
 - **Implementation oversight.** Creating a full program inventory and reviewing all programs and how they are delivered.
 - **Outcome monitoring.** Create a culture for routinely measuring and reporting outcome data to determine whether interventions are achieving desired results.
 - **Targeted evaluation.** Creating contractual mechanisms and a framework for the ongoing evaluation of services;
- Understanding evidence-based principles (i.e. defining levels of evidence, including “evidence-based” vs “theory-based”, promising practices, practice-based outcomes, as described above) and nationally recognized programs and clearinghouses to reference for information and guidance;
- Assessment of existing Title IV-B in-home services in Montana, and their place along the “evidenced-based” spectrum; and
- Building staff knowledge and capacity through focused trainings and technical assistance to better understand the above concepts, create capacity to expand the work to other programs/policy areas, build a network of national peers, and communicate to policymakers the importance and primary considerations of evidence-based policymaking.

MONTANA INVENTORY

Category	Service Provider(s)	Service/Practice	Target Population	Impact on Outcomes
Counseling/Skills Development/Therapy	Anaconda PCA	Nurturing Parent Program (NPP)	up to grade school, but mostly serve younger clients. Up to the 8th grade	Proven Effective
	Center for Mental Health - Great Falls	Nurturing Parent Program (NPP)	Parents of children all ages	Proven Effective
	Center for Mental Health - Great Falls	Wraparound Model	All ages	Promising
	DEAP	123Magic	0-adult	Proven Effective
	DEAP	Safe Care	CFSR referrals confirmed 0-5	Proven Effective
	Evolution	Family and Dyadic Therapy	Families	Theory-based
	Evolution	Visit Coaching	At risk or high risk families, any age children	Theory-based
	Evolution	Compliance Coaching	Parents involved with CFS	Theory-based
	Family Support Network-Billings	Nurturing Parent Program (NPP)	children age 0-teen	Promising
	Family Support Network-Billings	Safe Care	Ages 0-5	Proven Effective
	Butte 4 'C's and sub contractor AWARE	Safe Care	0-5 children	Proven Effective
	Butte 4 Cs	Conscious Discipline	0-8 but can be to all different ages	Theory-based
	Hi-Line Homes	Transition living services	14-24 years old	Theory-based
	Families United	In Home Family Services	0-18	Theory-based
	Families United	Supervised Visitation	0-18	Theory-based
	Sunburst	Parents as Teachers	Children ages 0-5	Promising
	Sunburst	Safe Care	Ages 0-5	Proven Effective
Family support	YDI	TFC	foster care kids	Theory-based
	YDI	Supported Independent Living	foster kids of transitional age	Theory-based
	YDI	Mentoring	SED kids	Theory-based
	YDI	SAFE CARE	CFS kids	Proven Effective
	Youth Homes -Helena, Missoula	In-Home Reunification and Preservation	families with children in states custody	Theory-based
	Youth Homes -Helena, Missoula	In-Home Support and Therapy	2-18 years for family support services	Theory-based
	Butte 4 'C's	Supervised Visitation Program	Depends, ranges from 0-18	Theory-based
	Butte 4 C's	Best Beginning Child Care Scholarship	Parents with children 0-12 (18 years if they have special needs)	Theory-based
	Hi-line Homes	Child and Adult Food Program	Actual licensed daycare providers	Theory-based
	YDI	Respite	Foster kids and SED	Theory-based

Parent Education	Anaconda PCA	Common Sense Parenting	up to age 8	Promising
	DEAP	All Babies Cry	Parents with newborns	Promising
	DEAP	Parents as Teachers (Sprouts)	Pregnancy to 5 years	Promising
		Circle of Security (COS)	families with children younger than 6 yrs. old in high-risk populations such as child enrolled in Early Head Start, teen moms, or parents with irritable babies	Theory-based
	Evolution			
	Butte 4 'C's	Positive Parenting	0-18 children	Theory-based
	Butte 4 'C's	Circle of Security	0-5 children	Theory-based
	Butte 4 'C's	Circle of Parenting	No limit, they serve adult children	Theory-based
	Hi-Line Homes	Common Sense Parenting	younger parents, low income, school drop-out, child age 5-13	Promising
	Hi-line homes	Active Parenting	Children 0-8	Proven Effective
	Families United	Love and Logic	These classes are geared toward children 3-18	Theory-based
	Sunburst	Active Parenting	parents with children up to 12 years old	Proven Effective
	Sunburst	Circle of Security (COS)	parents with children 0-5	Theory-based
	YDI	Parenting Training	foster, SED kids, At risk kids	Promising
	Youth Homes -Helena, Missoula	Circle of Security (COS)	All youth and families	Theory-based
	Youth Homes -Helena, Missoula	Parent Management Training	all parents	Proven Effective
Therapy	Youth Homes -Helena, Missoula	Trauma Focused Cognitive Behavioral Therapy (TF-CBT)	children of any age that experience trauma	Proven Effective

Proven Effective

Programs that are “proven effective” are the highest rated. This requires one to two evaluations that: a) use the strongest research designs, including randomized control trials or high-quality quasi-experimental designs; and b) show that the intervention had a statistically significant positive impact.

Promising

Programs that are “promising” have been evaluated with less rigor. Typically, an evaluation has used a quasi-experimental design or otherwise document some level of outcomes demonstrating the intervention had a positive impact.

Theory-Based

Theory-Based interventions have not been evaluated in a manner that demonstrates statistically significant effects. These programs may be in the process of being evaluated or based on proven or promising practices but have not been proven in and of themselves. In some cases there may be at least one evaluation that used a randomized control trial or a quasi-experimental design but it has not been replicated.