June 30, 2008

Stephanie Lee
Steve Aos
Marna Miller
Washington State Institute for Public Policy
110 Fifth Avenue Southeast, Suite 214
Olympia WA 98504-0999

Dear Authors,

Your recent interim report on "Evidence-based programs to prevent children from entering and remaining in the child welfare system" is commendable due to your rigorous methodology and objectivity. The final report will have the potential to influence policy decisions in many states. In addition, it increases our knowledge of the relative strengths that programs have demonstrated to date.

As we know, research on child maltreatment prevention is still a relatively young field with many unanswered questions. Further, economic analysis is limited in its utility for decision-making. We are writing to encourage you to consider a few points that we feel would strengthen the report by making policy makers and other readers more aware of the complexities of the current research in this arena.

Programs differ in ways that may impact this analysis. Healthy Families America (HFA) research suggests that differences in *who is offered home visitation services* may account for the difference in program outcomes.[1] Healthy Families New York, a program credentialed by HFA, found the greatest impact on first-time, low-income mothers enrolled prenatally, the same characteristics of families served by Nurse Family Partnership (NFP). Such research demonstrates that HFA and NFP can achieve similar outcomes within the same population. In contrast, HFA programs with randomized control evaluations in California, Georgia, and Hawaii did not enroll families prenatally, which may have limited their impacts. ***We recommend that the final report acknowledge that we are still learning about the factors which impact home visiting effectiveness, in light of these recent findings.***

Among home visiting models, programs differ in the number and breadth of intended outcomes. The present cost study considers only a few of the intended outcomes for most home visiting programs. Yet it makes statements *implying* that the total benefit of these programs was assessed, such as "we found that some prevention and early intervention programs produce positive returns to taxpayers, while others fail to generate more benefits than costs." (p. 2), and "Exhibit 2 summarizes our estimates of the *total* benefits and costs of each program in our analysis (italics added)" (p.10).

For accuracy, we recommend that the report should clearly reflect that only selected program benefits were considered each time such statements are made.

In addition, the present cost study includes some outcomes that are not directly related to child welfare involvement (e.g., crime and substance abuse by parents and children). The explanation given for including these additional outcomes is simply because some program evaluations have measured them and they are outcomes of monetary benefit to society. This strategy would appear to give some advantage to programs with a longer tenure (because child outcomes relate to long-term benefits) or simply those with a particular type of research. ***We recommend that the decision to include such outcomes should be evaluated to determine its impact on the study's conclusions regarding impact on child welfare system involvement.***

Even among sites implementing the same program model, there are important differences in implementation and outcomes. HFA permits greater flexibility for communities than NFP, in areas such as program eligibility criteria and staff qualifications, within the parameters laid out by HFA's model. These differences present a challenge for generalizing the results of one evaluation to other sites. As summarized by Gomby,[2] even NFP cost-effectiveness results vary across sites, suggesting that one result or study may not be representative across sites. ***We recommend that the report clarify that one study may not be representative of an entire model.***

Programs also differ on the research available: The results of this cost-benefit study are greatly impacted by differences in the available research, independent of program effectiveness. The availability of research on long-term benefits is the most critical difference between HFA and NFP. This type of research is very costly and time-consuming, and few community-driven programs possess the resources to undertake such a study. Long-term follow-up examinations of the Elmira NFP trial showed that it took four years just to recover program expenses, and as long as 15 years to generate benefits over and above program costs[3]. HFA got its start about a decade after NFP, and research is still accumulating on its effectiveness. A study of the long-term benefits of HFA is currently underway, and there is no evidence suggesting that HFA is *not* cost-effective in the long-run. The difference in the research available at this point presents an uncertain foundation for decision-making. ***We recommend that the report acknowledge that there are important differences in the available research that are independent of program effectiveness, most notably the availability of research on long-term benefits, and that this difference greatly influenced the study results.***

Changes in programs and social factors effect benefits*:* HFA's results have grown stronger over time. Since its inception, HFA leaders have promoted evaluation and used research to improve programs[4]. While two early studies showed few impacts, more recent efforts demonstrate much stronger outcomes. For example, a rigorous evaluation of Healthy Families New York earned the program the highest ranking of effectiveness from the RAND Promising Practices Network[5]. Other programs have similarly worked to ensure quality,

with new rigorous evaluations underway in Arizona, Hawaii, Indiana, Massachusetts, and North Carolina.

Further, Gomby's report states that the time limits imposed by welfare reform may limit today's programs from achieving the same cost savings seen in the NFP study conducted in the 1980's. Macro-level social changes, including the downturn in the U.S. economy, may impact study results in other ways, such as increasing the social stresses that can lead to child maltreatment, and thereby changing the context for many programs. ***We recommend that the cost-benefit report acknowledge that ongoing research could produce new results that would change the outcomes of the current study. We also recommend noting the potential impact of major social change on indicators of program cost-effectiveness.***

Good policy decisions require meaningful, reliable, and valid measurement. The present cost-benefit study uses reports or substantiated cases of child maltreatment as the only indicator of program impact on child maltreatment, arguing that measures such as parent self-report of abuse and neglect "do not provide concrete information about the level of involvement in the child welfare system" (p. 2). This is a rational argument, yet it begs the question of whether programs are trying to impact child maltreatment or merely involvement in the child welfare system. These are two very distinct goals.

Further issues with the exclusive reliance on reported or substantiated child maltreatment relate to the reliability and validity of this measure itself. We suggest that child abuse & neglect (CAN) reports are not a reliable measure of program impacts on child maltreatment, as cases with identical characteristics may be substantiated in some communities but not in others, due to differences in legal definitions, staff training, differences in supervisory oversight, and resources, among other factors. CAN reports are not a valid measure of maltreatment, as only a small portion of maltreated children come to the attention of CPS. CAN reports are particularly misleading as indicators of program impact due to surveillance bias in home visiting programs. Surveillance bias increases detection of maltreatment among home visited families but not comparison families. The developers of NFP have written about the same problems with CAN reports.[6] They attribute their model's impact on CAN reports in the Elmira trial to unusually high community rates; subsequent NFP trials omitted this measure altogether due to the difficult of detecting significant differences with a low base rate problem such as CAN. Despite the study's focus on child welfare expenditures, limiting outcomes to highly biased reports of child maltreatment is a disservice to children and families. Reliable and valid parent self-report measures provide a more accurate measure of program impact[7]. Indeed, there is a cost to child maltreatment aside from child welfare expenditures[8]. ***We recommend that the study examine alternative measures of child maltreatment, or at a minimum, acknowledge the problems with reported and substantiated cases as a measure of program impact.***

Cost-benefit analysis is useful but limited. The increasing availability of program evaluation information both in academic journals and on the web is

daunting. Tools such as meta-analysis and cost-benefit analysis offer a way to boil down large amounts of complex and varied information into a few standardized numbers for easier understanding and comparison among programs. However, the accuracy of conclusions drawn from meta-analytic and cost-benefit studies is limited by several factors.

- First, meta-analysis and cost-benefit analysis involve numerous judgments to calculate and adjust program effects, costs, and benefits. For example, Gomby writes that "estimates of costs may also be too high or too low. At least some of the costs for the home visiting programs…do not reflect the costs of the programs as they were implemented but rather are more general cost estimates based on examination of the web sites for the national program offices or conversation with staff from the national offices. The budgets for programs as actually implemented probably differed from the national averages" (p. 38).[2] These judgments influence the study results, for better or worse.
- Second, the utility of meta-analysis and cost-benefit analysis are limited by the quality of the "ingredients" – that is, the validity and quality of the evaluation studies themselves. The present cost study includes both published and unpublished studies, which has both advantages and disadvantages. It avoids the potential bias of studies with positive results being more likely to be published. On the other hand, there is less confidence in the quality of research that has not successfully undergone the double-blind peer review process conducted by scholarly journals.

Taken together, the above factors strongly suggest that the results of cost-benefit analysis are tentative at best, **and the need for cautious conclusions.** We concur with Gomby's assessment that *"In sum, these analyses should be considered starting points in assessing the costs and benefits of home visiting programs and not the final word on the subject. In future, more careful assessment of costs as programs are ongoing and a more comprehensive cataloguing of benefits might be helpful."* (p. 38). The intended audience for this report – i.e., policy makers – is not typically familiar with the limitations and complexities of research. Overreliance on this cost study could unnecessarily limit community choices and/or limit services to a small subgroup of families. Further, the present cost study report should clarify that many of the programs reviewed cover a much broader range of goals than considered in the present cost study because of their recognition of the many inter-connected pathways that lead to child maltreatment. Policy decisions need to take this into account and adopt a broad view of the needs of children, families, and society, rather than address individual needs in a singular fashion. The latter can lead to duplicative or even contradictory efforts. Instead, programs should be reviewed and compared to each other across the full range of outcomes achieved, to ensure a valid, consistent, and comprehensive approach. ***We recommend that readers be reminded that the available research requires cautious interpretation, and, at a minimum, that a brief statement in the executive summary, introduction, and pertinent sections of the report, as well as any research briefs or other summary documents developed, indicate the concerns presented in this letter.***

In closing, we wish to stress that it is our intent to provide constructive and objective feedback that we hope will be useful to you in finalizing the study report to be released in July. We believe that many programs in addition to our own could be jeopardized if policymakers are not aware of the complexities present in this research. We greatly appreciate your responsiveness to our inquiries and feedback in the past, and look forward to receiving your comments on our letter. Please let us know if you have any questions regarding HFA.

Best regards,

James Hmurovich
CEO

Kathryn Harding, M.A.
Principal Analyst

Lisa Schreiber, M.A.
Director, Healthy Families America

---

[1] DuMont, K., Mitchell-Herzfeld, S., Greene, R., Lee, E., Lowenfels, A., Rodriguez, M., & Dorabawila, V. (2008). Healthy Families New York (HFNY) randomized trial: effects on early child abuse and neglect. *Child Abuse & Neglect, 32*, 295–315.

[2] Gomby, D. S. (2005). *Home Visitation in 2005: Outcomes for children and parents*. Invest in Kids Working Paper No. 7. Washington, DC: Committee for Economic Development. Retrieved September 26, 2005, from www.ced.org/docs/report/report_ivk_gomby_2005.pdf

[3] Nurse Family Partnership (2007). Costs and benefits: the economic return on investment. Accessed 6/19/08 at http://www.nursefamilypartnership.org/resources/files/PDF/Fact_Sheets/Cost-BenefitOverview.pdf

[4] Oshana, D., Harding, K., Friedman, L., & Holton, J. (2005, March). Rethinking Healthy Families: A continuous responsibility. [Letter to the editor] *Child Abuse & Neglect*, *29*, 219-228.

[5] See http://www.promisingpractices.net/newsletters/news0601.asp

[6] Olds, D., Eckenrode, J., & Kitzman, H. (2005). Clarifying the impact of the Nurse-Family Partnership on child maltreatment: response to Chaffin (2004). *Child Abuse & Neglect, 29*(3), 229-233.

[7] English, D. (1998). The extent and consequences of child maltreatment. *The Future of Children, 8*(1), 39-53.

[8] Felitti, V. J., Anda, R. F., Nordenberg, D., Williamson, D. F., Spitz, A. M., Edwards, V., Koss, M. P., & Marks, J.S. (1998). The relationship of adult health status to childhood abuse and household dysfunction. *American Journal of Preventive Medicine*, *14*, 245-258.