
The Washington State Institute for Public Policy Cost Benefit Study
and the Cost Benefit of Healthy Families Florida

Submitted by:

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The Washington State Institute for Public Policy's Cost Benefit Study and the Cost Benefit of Healthy Families Florida

The Ounce of Prevention Fund of Florida and Healthy Families Florida are strongly committed to identifying and promoting evidenced-based programming. However, the Ounce of Prevention Fund and Healthy Families Florida strongly question the use of the Washington State Institute for Public Policy's cost benefit study¹ as a source of information for making conclusions about the cost benefit of Healthy Families Florida.

Washington State Institute Cost Benefit Study and Healthy Families America

The cost benefit study did not include health outcomes that would have increased Healthy Families America's strength in the study.

- The Washington State Institute cost benefit study's purpose was to identify ways for the state of Washington to reduce the impact of costs associated with crime and subsequent incarceration of individuals, as stated in the following quote from their Web site:

Under current long-term forecasts, Washington State faces the need to construct several new prisons in the next two decades. Since new prisons are costly, the 2005 Washington Legislature directed the Washington State Institute for Public Policy to project whether there are "evidence-based" options that can: a) reduce the future need for prison beds, b) save money for state and local taxpayers, and c) contribute to lower crime rates. This report describes our findings and discusses how we conducted the analysis. We review evidence-based adult corrections, juvenile corrections and prevention options and analyze the effects of alternative portfolios of these investments.²

As a result, the Washington State Institute included seven outcomes: reduce crime, lower substance abuse, improve educational outcomes, decrease teen pregnancy, reduce teen suicide, lower child abuse or neglect and reduce domestic violence. The Washington State Institute stated, "For example, we were not asked to assess prevention programs related strictly to public health outcomes such as low birth weight, child injury, immunizations, and obesity; thus, much of the public health area is not covered in the present study."³

The Washington State Institute's cost benefit methodology discounted effect sizes based on design factors.

- As noted in a report produced for the Oregon Healthy Start Coalition by NPC Research from their review of the Washington State Institute's cost benefit study and its implications for Oregon, "Such a methodology assumes that randomized designs produce the best estimates of 'true' effect sizes, which may not necessarily be the case (e.g., McCall & Green, 2004). In fact, a recent meta-analysis of 60 early childhood programs

¹ Benefits and Costs of Prevention and Early Intervention Programs for Youth Summary Report, September 17, 2004.

² <http://www.wsipp.wa.gov/pub.asp?docid=06-10-1201>

³ Benefits and Costs of Prevention and Early Intervention Programs for Youth Summary Report, September 17, 2004, 3.

found that home visiting programs were particularly effective in influencing parenting-related outcomes, even controlling for design factors (Sweet & Appelbaum, in press).⁴

The availability of longitudinal data on program participants many years after they received program services can amplify a program's cost to benefit ratio. However, the absence of longitudinal data should not be construed as a zero dollar benefit, but as an unknown benefit.

- Consistent with most of the programs reviewed, Healthy Families America programs did not have participant longitudinal data, so its cost to benefit comparison could not include high net benefits from outcomes that measured crime and juvenile delinquency. For example, investments in effective programs for juvenile offenders have the highest net benefit. Such programs yield \$1,900 to \$31,200 per youth.⁵ With the assistance of substantial financial resources, the Nurse Family Partnership had longitudinal data on its participants from its Elmira, New York study. Nurse Family Partnership's benefits included longitudinal data on crime and juvenile delinquency. These benefits represented 55 percent of the net benefit. Without the benefits derived from meeting crime and juvenile delinquency outcomes, the program's net cost benefit would have been \$2,704 rather than \$17,180.⁶

A review of the Elmira longitudinal data raises the following concerns:

- The women served by the program in Elmira were first time mothers, 89 percent white and living in a semi-rural community. To generalize the findings represented in this study to a broader population and the families that Healthy Families Florida serves is problematic.
- Data used to support the positive findings related to juvenile delinquency and crime included self-report by the 15-year-olds in the follow-up study.
- At the 15-year follow-up, program youth reported 59 percent fewer arrests and were found to have 90 percent fewer adjudications as persons in need of supervision for incorrigible behavior. Yet, "There were no program effects on other behavioral problems, such as teachers' reports of adolescents' acting out in school; suspensions; initiation of sexual intercourse; and parents' or children's reports of major or minor acts of delinquency."⁷

The Washington State Cost Benefit Study and Healthy Families Florida

HFA Programs in the Washington State Institute Study

Based on available information, the Healthy Families America programs included in the cost benefit analysis were implementations of the Healthy Families America program model prior to Healthy Families America establishing its accreditation process. The Florida Department of

⁴ Green, Mackin, & Tarte, Understanding the Washington Policy Institute Cost-Benefit Study: Implications for Oregon Healthy Start, March 2005.

⁵ Benefits and Costs of Prevention and Early Intervention Programs for Youth Summary Report, September 17, 2004, 4.

⁶ Benefits and Costs of Prevention and Early Intervention Programs for Youth Technical Appendix, September 17, 2004, 105.

⁷ D. Olds, L. Sadler, & H. Kitzman (2007). Programs for parents of infants and toddlers: recent evidence from randomized trials. *Journal of Child Psychology and Psychiatry*, 48:3/4, 379.

Children and Families required Healthy Families Florida to pursue accreditation by Healthy Families America. From its beginning, Healthy Families Florida designed and implemented the program around the research-based critical elements and national standards set forth by Healthy Families America to ensure quality services. Healthy Families Florida became an accredited site in September 2004.

The scope of the evaluation in the three programs included in the cost benefit study consisted of 1-2 sites in each program. By contrast, the Healthy Families Florida evaluation included 37 sites in 49 of the 67 counties in Florida. From inception, Healthy Families Florida has promoted a strong collaboration between individual sites and the central office that provides technical assistance, quality assurance and training for ongoing quality improvement and data management services that support program performance in achieving program outcomes.

Healthy Families Florida and Its Cost Benefit

Healthy Families Florida does not currently have a cost benefit study because longitudinal data on participants several years after they are served is not currently available. However, the strength of the evaluation findings related to child maltreatment for Healthy Families Florida indicate that there is a financial benefit associated with Healthy Families Florida. In addition, the associated benefits related to maternal and child health and self-sufficiency outcomes would add to the benefit to cost ratio.

Healthy Families Florida's significant impact on preventing child abuse and neglect also has implications for benefits beyond those immediately associated with child maltreatment such as costs associated with child protective services and foster care. As part of their justification for calculations of benefits, the Washington study found significant associations between preventing child maltreatment and several other factors (lower crime, higher high school graduation rates, lower K-12 grade repetition, higher K-12 test scores, lower alcohol use and illicit drug use).

Healthy Families Florida Five-Year Evaluation

Healthy Families Florida chose to use an independent evaluator to evaluate the program from its inception to determine whether the program makes a difference. To emphasize an important point that is often overlooked, the use of an independent evaluator brings greater credibility to any program evaluation. It removes potential conflicts of interest that the evaluator may have to detect and promote positive results.

Healthy Families Florida, in consultation with the Florida Department of Children and Families, made a conscious decision to use a strong quasi-experimental design with appropriate controls because of the critical safety factors associated with preventing child maltreatment. The choice of a randomized control trial would have intentionally put children and families not receiving services in the control group at higher risk for child abuse.

Key Program Factors

Healthy Families Florida is a comprehensive model that serves a diverse and complex population:

- Participants are at a high risk of child maltreatment as determined by a validated assessment tool prior to enrollment.
- The program includes participants of all ages.
- First time mothers as well as mothers with other children are served. Research has documented a significant relationship between child abuse and neglect and families with more than one child under the age of five.
- Though it is preferable for participants to enroll during pregnancy, mothers can also be enrolled for up to 3 months postnatal.

Measuring Child Maltreatment

There are different ways to measure child maltreatment (e.g. state child abuse and neglect records, parent self-report, and hospital medical records). Healthy Families Florida and the Department of Children and Families made the decision to use state child abuse and neglect records and determined that a very rigorous child maltreatment outcome would be required for the Healthy Families Florida program. Put simply, the measure holds Healthy Families Florida accountable for any report of child abuse and neglect on target and non-target children that has a finding of “verified” or “some indication.” Healthy Families Florida is accountable for an occurrence of child maltreatment regardless of whether the program participant is the perpetrator, excluding only institutional occurrences of child maltreatment.

Healthy Families Florida Evaluation Findings

The Healthy Families Florida five-year evaluation conducted by Williams, Stearn & Associates found a number of significant findings:

- Child Maltreatment Findings
 - Children whose families received no Healthy Families Florida services were 4 times more likely to have been victims of maltreatment during the first two years of their lives than those children whose families completed Healthy Families Florida.
 - Children whose families received very little Healthy Families Florida service (< 3 months) were 3 times more likely to have been victims of maltreatment during the first three years of their lives than children whose families completed Healthy Families Florida.
 - Children whose families received no Healthy Families Florida service were nearly twice as likely to have been victims of maltreatment during the first two years of their lives as children whose families received intensive services over a three-year period.
 - Children whose families received very little Healthy Families Florida service (< 3 months) were twice as likely to have been victims of maltreatment during the first three years of their lives as children whose families received intensive services over a three-year period.
- Maternal and Child Health Outcomes
 - Healthy Families Florida exceeded its 80 percent target with 92 percent of mothers not having a subsequent pregnancy within two years. Mothers with less frequent

pregnancies have fewer pregnancy-related complications and are less likely to give birth to low-birth-weight and premature babies.

- Healthy Families Florida exceeded its goal for childhood immunizations (90 percent) with 93 percent of children enrolled fully immunized by age two. This exceeded the 2003 immunization rate of Florida as a whole (77 percent) and that of the U.S. (76 percent).
- Self-sufficiency Outcome
 - Eighty-one percent of participants completing the program improved their education level, received job training or acquired employment while enrolled in the program.
 - Those who stayed in the program and completed were 1.5 times more like to be employed at 36 months than the group receiving little or no service.
 - Of the Completers, 50 percent were employed at 36 months compared to 40 percent of the Comparison group.

Conclusion

The Washington State Institute cost benefit study is a questionable source of information for drawing conclusions about the cost benefit of Healthy Families Florida for the following reasons:

- Healthy Families Florida was not included in the cost benefit study.
- Early implementations of Healthy Families America were used in the study that were not accredited programs at the time of their evaluation.
- Discounting effect sizes based on research design factors is not necessarily valid.
- Benefits associated with health outcomes were excluded.
- Longitudinal data to determine the impact of Healthy Families America programs on juvenile delinquency outcomes were not available. Unavailability of longitudinal data does not mean the absence of long-term benefits.

Based on its strong evaluation findings, the Ounce of Prevention Fund and Healthy Families Florida are confident that Healthy Families Florida provides a substantial benefit to the parents and children it serves and to the state of Florida.