

## Intensive Family Preservation Services (HOMEBUILDERS®) for youth with serious emotional disturbance (SED)

### Children's Mental Health: Serious Emotional Disturbance

Literature review updated July 2018.

As part of WSIPP's research approach to identifying evidence-based programs and policies, WSIPP determines "what works" (and what does not work) to improve outcomes using an approach called meta-analysis. For detail on our methods, see our [Technical Documentation](#). At this time, WSIPP has not yet calculated benefits and costs for this topic.

**Program Description:** Intensive Family Preservation Services are short-term, home-based crisis intervention services that emphasize placement prevention. The original program, HOMEBUILDERS®, was developed in 1974 in Federal Way, Washington. The program emphasizes contact with the youth's family within 24 hours of the crisis, small caseload sizes, service duration of four to six weeks, 24-hour staff accessibility, and provision of intensive, concrete services and counseling. This model is intended to prevent removal of a child from his or her biological home, or to promote his or her return to that home, by improving family functioning.

For this analysis, youth are identified as emotionally disturbed and at imminent risk of psychiatric hospitalization. These youth receive either Home-Based Crisis Intervention (HOMEBUILDERS®) or Enhanced Home-Based Crisis Intervention, which is HOMEBUILDERS® with additional services. These additional services include individualized parent support from a consultant with cultural competence and an average of \$100 of service money per family to meet individual needs (e.g., respite care).

#### Meta-Analysis of Program Effects

Outcomes measured	No. of effect sizes	Treatment N	Adjusted effect size and standard error			Unadjusted effect size (random effects model)	
			ES	SE	Age	ES	p-value
Disruptive behavior disorder symptoms	2	175	0.116	0.147	12	0.116	0.429
Internalizing symptoms	2	175	0.457	0.148	12	0.457	0.002
Hospitalization (psychiatric)	2	175	-0.238	0.224	12	-0.238	0.288

Meta-analysis is a statistical method to combine the results from separate studies on a program, policy, or topic in order to estimate its effect on an outcome. WSIPP systematically evaluates all credible evaluations we can locate on each topic. The outcomes measured are the types of program impacts that were measured in the research literature (for example, crime or educational attainment). Treatment N represents the total number of individuals or units in the treatment group across the included studies.

An effect size (ES) is a standard metric that summarizes the degree to which a program or policy affects a measured outcome. If the effect size is positive, the outcome increases. If the effect size is negative, the outcome decreases.

Adjusted effect sizes are used to calculate the benefits from our benefit cost model. WSIPP may adjust effect sizes based on methodological characteristics of the study. For example, we may adjust effect sizes when a study has a weak research design or when the program developer is involved in the research. The magnitude of these adjustments varies depending on the topic area.

WSIPP may also adjust the second ES measurement. Research shows the magnitude of some effect sizes decrease over time. For those effect sizes, we estimate outcome-based adjustments which we apply between the first time ES is estimated and the second time ES is estimated. We also report the unadjusted effect size to show the effect sizes before any adjustments have been made. More details about these adjustments can be found in our [Technical Documentation](#).

## Citations Used in the Meta-Analysis

Evans, M.E., Boothroyd, R.A., Armstrong, M.I., Greenbaum, P.E., Brown, E.C., & Kuppinger, A.D. (2003). An experimental study of the effectiveness of intensive in-home crisis services for children and their families: Program outcomes. *Journal of Emotional and Behavioral Disorders*, 11(2), 92-102.

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