



Overview of the HOMEBUILDERS ® Model

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What is Homebuilders?

Homebuilders is an intensive in-home family treatment program designed to strengthen families, keep children safe and prevent unnecessary out of home placement, and safely reunify children and families.



Applications of the Homebuilders Model

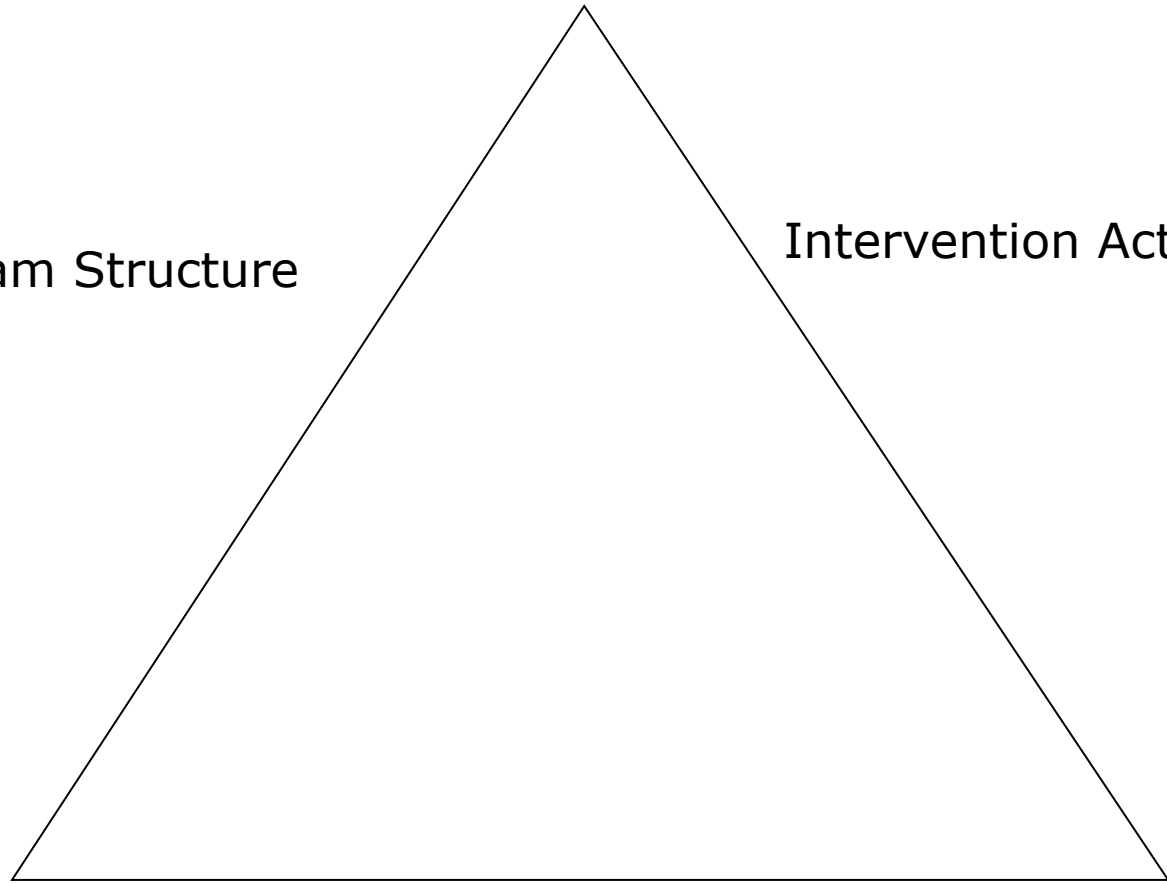
- Placement Prevention
- Reunification
- Adoption and Foster Care Stabilization

Program Model

Program Structure

Intervention Activities

Values and Beliefs





Homebuilders Structural Components

Program Structure is designed to minimize barriers to service:

- **Focus on a Specific Target Population**
Children at imminent risk of out of home placement, foster care or adoption disruption and children in placement who are at the point of reunification
- **Immediate Availability and Response to Referrals** Referrals are accepted 24 hours a day, 7 days a week. The Homebuilders therapist meets with the family as soon as possible and no later than 24 hours after the referral is received



Homebuilders Structural Components

- **Services Provided in the Natural Environment**
We work with families in their homes and communities, where the problems occur
- **Intensity and Caseload**
Typically, 8-10 face to face hours/week; average caseload of 2 families
- **Brevity of Services**
4-6 weeks; extensions and booster sessions available



Homebuilders Structural Components

- **Twenty-Four Hour a Day Availability to Clients**
Primary therapist and supervisor (back up)
available to families 24/7
- **Single Therapist Operating within a Supervised Team**
Assures consistency, enhances engagement,
minimizes duplication of services and increases
accountability



Homebuilders Structural Components

- **Supervision and Consultation** Supervisor available 24/7; weekly group and individual consultation
- **Training and Quality Enhancement (QUEST)** Involves training, ongoing telephone consultation, record reviews, on-site visits and fidelity/data reports



Fidelity Measures: Immediate Availability and Response to Referrals

- **Indicator:** Provider agency does not maintain a waiting list.
Performance Measure: When provider agency has an announced opening, eligible referrals are assigned to a therapist on the day of referral.
- **Indicator:** Therapists meet with families within 24 hours of referral.
Performance Measure: 75% of families receive their first face-to-face visit within 24 hours of referral; 85% of families receive their first face-to-face visit no later than the end of the day after the referral. If intake is NOT achieved within 24 hours, 95% of those records document the reason for not achieving this standard as being due to the family's situation/schedule.



Homebuilders Intervention Component: Promoting Safety

Throughout the intervention, the therapist assesses child, family and therapist safety; and develops safety plans, structures the environment to prevent and reduce harm, and uses clinical strategies to promote safety.



Fidelity Measures: Promoting Safety

- **Indicator:** Family safety is increased during the intervention
- **Performance Measures:** When the NCFAS family safety domain is rated below baseline at intake, at least 80% of interventions show an increased rating in this domain at service closure; on the *Homebuilders Referent Feedback Survey*, therapists receive an average rating of 4.0 or higher on the question: “How satisfied were you that the therapist adequately addressed safety issues?”



Homebuilders Intervention Component: Individually Tailored Services

Services and teaching strategies are “tailored” to the family’s needs, goals, values, learning styles and specific circumstances. The therapist flexibly schedules sessions with family members, based on the family’s schedule, identified problems and the situation.



Homebuilders Intervention Component: Engagement and Motivation Enhancement

The therapist develops and maintains a positive, collegial working relationship with family members and assumes responsibility for motivating the family.

Uses reflective listening, motivational interviewing, and other engagement skills (e.g. showing respect and interest, asking permission, “chit chat”).



Homebuilders Intervention Component: Comprehensive Assessment

The therapist conducts a behaviorally specific, interactive, ongoing, and holistic assessment, which includes information on family strengths, problems, needs, values, and potential barriers to goal attainment.

Uses listening and observational skills, open ended questions and behavioral analyses.



North Carolina Family Assessment Scale (NCFAS)

- NCFAS: Assessment of family functioning on 5 domains
 - Environment
 - Parental Capabilities
 - Family Interactions
 - Family Safety
 - Child Well-Being



Homebuilders Intervention Component: Goal Setting and Treatment Planning

The therapist collaborates with family members and referring workers in developing two to four behaviorally specific, measurable intervention goals, and clear, specific treatment plans, which focus on skill development and behavior change.

Primary Activities: Early Sessions

Therapist Skills & Knowledge:



**Engaging
and
Motivating**

A Venn diagram consisting of four overlapping circles. The top-left circle is labeled 'Engaging and Motivating'. The top-right circle is labeled 'Collaborative Assessment and Goal Setting'. The bottom-left circle is labeled 'Concrete Services'. The bottom-right circle is labeled 'Structuring for Safety'. All circles overlap in a central area.

**Collaborative
Assessment
and
Goal Setting**

**Concrete
Services**

**Structuring
for
Safety**

Reflective Listening
Motivational Interviewing
Observational Skills
Behavioral Analysis
Critical Thinking



Homebuilders Intervention Component : Cognitive & Behavioral Approach

Homebuilders therapists utilize research-based cognitive and behavioral interventions to facilitate behavior change in children, youth and parents/caregivers, including REBT/CBT, behavioral parenting skills, positive behavior support, and relapse prevention strategies.



Homebuilders Intervention Component: Teaching and Skill Development

Therapists use a variety of teaching methods including;

- direct teaching
- role playing/practice
- coaching and prompting
- audio/visual and written materials
- homework/practice between sessions



Common Skills Taught to Parents

- Effective praise and positive attention
- Giving clear instructions
- Planned ignoring
- Time out
- Contingent consequences
- Active listening
- I messages
- Assertive and advocacy skills
- Developing daily routines
- Problem Solving/Decision Making
- REBT/CBT -emotion management
- Relapse Prevention



Common Skills Taught to Children

- Following instructions
- Accepting “no” for an answer
- Asking permission
- I messages
- Negotiation
- Problem Solving/Decision Making
- STOP (stop, think, plan)
- REBT/CBT- emotion management
- Relapse Prevention

Primary Activities: Behavior Change

Therapist Skills & Knowledge:

Direct Teaching

Coaching and Reinforcing

Motivational Interviewing

Reflective Listening

Critical Thinking

**Teaching
Skills**

**Cognitive &
Behavioral
Interventions**

**Collaborating
With Other
Providers**

**Evaluating
Progress**

**Concrete
Services**



Homebuilders Intervention Component: Provision of Concrete Services

The therapist advocates for and provides concrete good and services including transportation, food, clothing and accessing “flexible” funds to pay for rent, utilities etc, which are directly related to achieving the family’s goals.



Homebuilders Intervention Component: Collaboration and Advocacy

The therapist collaborates and advocates with formal and informal community services, resources and systems, while teaching family members to advocate and access services and supports for themselves.

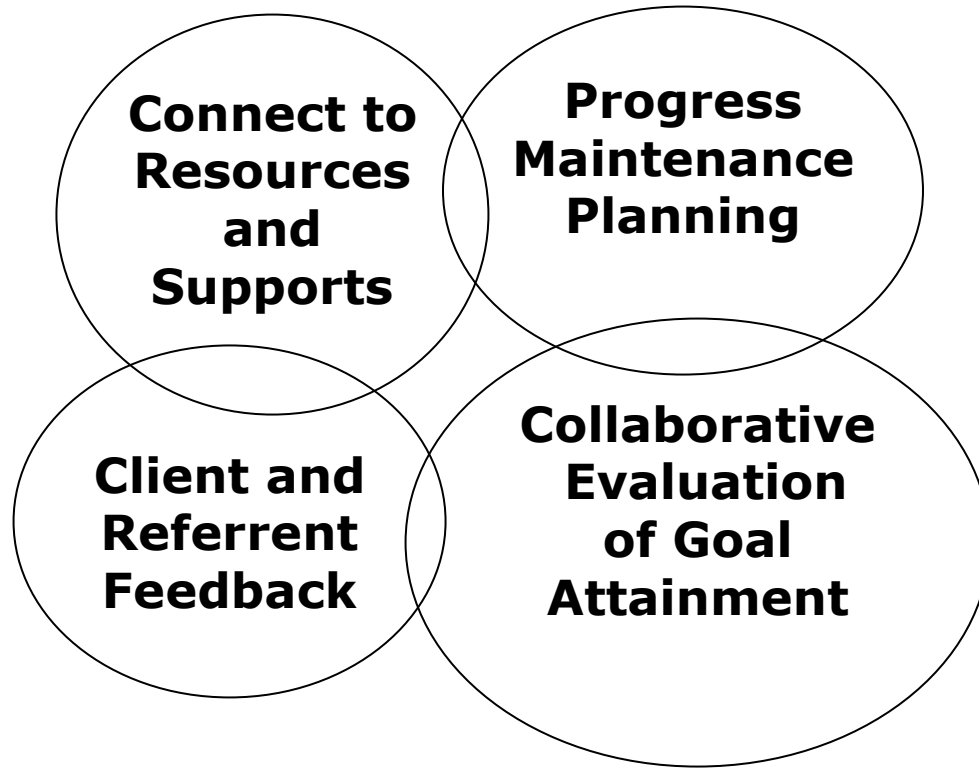


Homebuilders Intervention Component: Transition and Closure

Prior to the conclusion of services, the therapist and family assess goal attainment, plan for the maintenance of progress, and collaborate with the referring worker and other organizations and resources to access and address ongoing service needs.

Primary Activities: Closure

Therapist Skills & Knowledge:



Reflective Listening
Familiarity with Community Resources
Identification of Barriers to Progress
Relapse Prevention
Strategies for Maintenance and Generalization



Program Evaluation and Outcome Measures

- Placement Prevention/Reunification Rates
- North Carolina Family Assessment Scale (NCFAS) Changes
- Behavior Change Measures
- CPS/CAN Re-referrals
- Consumer/Family Satisfaction
- Referring Worker Satisfaction



Site Development and Implementation Activities

Initial Program Start Up

- Provider agency TA, including staff selection
- Identifying referral pathways and educating referents
- Initial training and consultation with Homebuilders Consultant, including approval of referrals, clinical paperwork reviews – “Scaffolding” Approach



Site Development Activities

Ongoing Training, Consultation & QA

- Training workshops
- Weekly team & individual consultation
- Fidelity Reviews and Site Visits



Outcomes at Closure

- Placement Prevention (n=787)
 - 92% remained in the home
- Placement Stabilization (n= 36)
 - 92% remained in the home
- Reunification (n= 172)
 - 93% reunified



Results of Meta Analysis of Homebuilders Model

Review and analysis of all rigorous evaluations of Intensive Family Preservation Services (IFPS) programs. WSIPP sorted these evaluations based on fidelity to the Homebuilders model.

Findings 2006-2017

- IFPS programs that adhered closely to the Homebuilders model significantly reduced out-of-home placements and subsequent abuse and neglect. Estimated that such programs produce \$2.54 of benefits for each dollar of cost.
- Non-Homebuilders programs produced no significant effect on either outcome.
- **In 2017 Benefits to Cost Ratio = \$4.73**

From: Intensive Family Preservation Programs (Homebuilders). February, 2006, 2016, 2017. www.wsipp.wa.gov



What We Have Learned

- Implementation of the Homebuilders Model isn't easy and program development takes time and resources
- Public and private agency support are critical to successful program implementation
- Payment systems can support or hinder successful implementation
- Ongoing training, consultation and quality enhancement are essential to long term success



What We Have Learned

- Staff selection is critical – there must be a “job fit” with program values and cognitive & behavioral intervention strategies
- Supervisors are a key to successful implementation
- A focus on maintenance of changes is critical – no one program can be successful without other community supports and resources
- Successful programs can easily be dismantled or diluted



Keys to Successful Program Development and Implementation

- Obtain wide-spread support
- Ensure adequate funding and effective payment systems
- Choose provider agencies with congruent values, policies and capabilities to provide needed support to program staff
- Develop effective referral pathways and processes to ensure that adequate and appropriate referrals are made
- Provide on-going training and consultation to public and private agency staff
- Collect and review program implementation and outcome data and focus on quality enhancement



To learn more....

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