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Walden University

College of Health Sciences and Public Policy

This is to certify that the doctoral study by

Tami Corine Soper

has been found to be complete and satisfactory in all respects,
and that any and all revisions required by
the review committee have been made.

Review Committee
Dr. Victoria Landu-Adams, Committee Chairperson, Public Policy and Administration Faculty
Dr. Michael Brewer, Committee Member, Public Policy and Administration Faculty

Chief Academic Officer and Provost
Sue Subocz, Ph.D.

Walden University
2023

Abstract

Evaluating Safety, Permanency, and Well-Being Outcomes for Adolescents in Family Home Program Care

by

Tami C. Robinson Soper

MA, Doane University, 2010

BA, Doane University, 2009

Professional Administrative Study Submitted in Partial Fulfillment

of the Requirements for the Degree of

Doctor of Public Administration

Walden University

November 2023

Abstract

Policy decision makers have significantly restricted the use of residential behavioral health services for youth involved in the child welfare and juvenile justice systems, threatening their existence. Family Home Program (FHP), an evidence-based, family-style residential model, is an example of a quality program at risk of extinction because of negative characterization. While in-home, community-based, and foster care levels of child welfare services are assessed for conformity with federal outcomes using the federal Child and Family Services Review (CFSR), residential care does not receive this review. The purpose of this study was to bridge the evaluation gap between in-home and community-based child welfare programs and the FHP residential model. Utilizing an input-process-outcome conceptual framework, the relationship between the program participants, implementation of program components, and program outcomes was assessed. The primary research question focused on measuring FHP performance using the CFSR tool for equitable comparison to other levels of care. Secondary data from a sample of 311 FHP participants were collected. A Kruskal-Wallas H statistical test was employed to analyze variances between male and female outcome frequencies to assess for differences. Two variables indicated statistically significant gender differences, both within permanency outcome measures, implying an opportunity to improve gender equity in implementation. Results indicated FHP attains safety, permanency, and well-being for participants at of rate of at least 90% per performance measure. Implications for positive social change include policy and funding decisions that support the sustainability of FHP, and continued availability of the model for at-risk youth in need of this level of care.

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I would be remiss to not acknowledge the time, tears, and self-talk that I summoned to finish this Professional Administrative Study for the degree of Doctor of Public Administration. There were times when I felt that this project would never be completed, but then I remembered who’s I am. It is my hope that this accomplishment serves as an example to the women in my life that we can do hard things.

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Section 1: Introduction to the Problem

Introduction

Residential group home care for children with serious behavioral health challenges is one of many interventions in the continuum of care available to help youth involved in the child protective services and juvenile justice systems (Boys Town, 2020). While frequently lumped into one category, generally referred to as congregate care settings, not all models of residential behavioral health care are the same (Casey Family Programs, 2018). The Teaching-Family Model (TFM) program is a trauma-informed and evidence-based residential intervention for children and youth that is designed to address the behavioral and emotional needs of males and females between the ages 10–18 in family-like settings using trained and certified married couples as practitioners. The client is one of 25 organizations nationwide accredited with certified practitioners who deliver this model to fidelity (Teaching-Family Association, 2021). Their program, entitled Family Home Program (FHP) is an approved adaptation of TFM developed by the client. The enhanced FHP adds community connections and relative relationship building to the evidence based TFM.

In this section of the study, I introduce my client, a national youth care and health care organization, and describe the challenge that their FHP is facing. The research problem, the purpose of this professional administrative study (PAS), and the research questions are also provided. Additionally, I discuss the nature and significance of the study to the client and other practitioners in the field of residential care as well as describe the potential for social change.

The client organization is a national nonprofit organization that provides a robust array of youth care and health care, including an integrated continuum of services targeted at meeting the

needs of children with serious behavioral health challenges and their families (Boys Town; 2021d). Firmly committed to a belief that, “There are no bad boys; There is only bad environment, bad training, bad example, bad thinking,” (Boys Town, 2023, quote 3) the organization’s founder, an Irish immigrant, established the organization in 1918 (Boys Town, 2021a). The organization originally opened its doors in Omaha, Nebraska and, shortly thereafter, relocated to the square mile footprint that is now the incorporated Village of Boys Town, Nebraska.

The founder, recognizing the gravity of the homelessness problem that was brought about by the depressed economic climate and its impact on children from impoverished homes, so he set out to change the way the United States cared for these abandoned boys (Boys Town, 2021a). The organization’s mission statement is, Changing the way America cares for children and families (Boys Town, 2021a). It was established for the purpose of providing residential care to all at-risk boys regardless of race, religion, or ethnic background and began serving female youth in 1979 (Beck, 2006). This founding program evolved over time to become the FHP.

Today, in addition to family-style residential care, the organization operates a robust portfolio and boasts a nationally recognized children’s research hospital, a translational research center, inpatient and outpatient pediatric psychiatric services, and a range of other quality pediatric and youth care offerings (Boys Town, 2021a). Their footprint extends beyond their village campus to include youth care programming at nine sites, located in Washington, D.C., and six states across the country. Still, the flagship FHP remains the cornerstone of the organization and is implemented in seven of their sites, with the largest on their headquarters’ campus in Nebraska, serving an average of 350 male and female youth annually.

Concerningly, in recent history, the value and merit of residential programs have been called into question. Out-of-home placements, often referred to simply as congregate care facilities, are being criticized by national children and youth advocates, and notably, by federal gatekeepers that regulate and provide funding to such child caring organizations (Annie E. Casey Foundation, 2018). Residential care models, including FHP, are service-intensive interventions, thus more costly than many other out-of-home placements (Huefner, Ringle, Thompson, & Wilson, 2018). While the cost of residential care is central to the argument against these services, concerns about the psycho-social impact that congregate care has on its residents also echoes in both policy and regulatory discussions (Annie E. Casey Foundation, 2018). This national debate threatens the foundation of the client agency and endangers other residential care programs and providers.

The client organization subscribes to the philosophy that children grow best in family settings, if such settings are safe and have the capacity to meet the needs of each individual child; however, the organization also recognizes that the unique needs of children are variable, and as such, may require differing remedies (Boys Town, 2021a). Furthermore, they acknowledge there will always be children and youth who have emotional and behavioral challenges that necessitate more intensive services than can be provided through home-based interventions. Quality, evidence-based residential programming is a valuable and critical component in an integrated array of services for caring for these high-risk youth (Boys Town, 2021c).

In 2000, the Children's Bureau, an Office of the Administration for Children and Families (ACF), within the U.S. Department of Health and Human Services, established a formal process for monitoring state child protective services agencies and their contract providers. This

agency rule requires that child protective service agencies in all 50 states, the District of Columbia, and applicable U.S. territories be assessed for “substantial conformity” with federal requirements (Children’s Bureau, n.d.-b). Each Child and Family Services Review (CFSR) attempts to achieve three goals: (a) to ensure substantial conformity with federal regulations for child welfare, (b) to learn the experiences of children and families while they are engaged in child protective services, and (c) to provide support to states as they work to assist children and families in attaining positive outcomes (Children’s Bureau, n.d.-b). To achieve its goals, the CFSR is used to evaluate child welfare agencies in seven outcome areas (and seven additional systemic factor categories) designed to assess whether children and families that are being served within a given child welfare system attain the composite outcomes of safety, permanency, and well-being within substantial conformity of federal child welfare requirements (Children's Bureau, n.d.-b). Each review’s safety outcome comprises two composite safety outcomes, which are measured by three safety performance items. The permanency outcome in each review has three composite permanency outcomes, measured by a combined total of eight permanency performance items. The well-being outcome contains three composite well-being outcomes that are measured by 10 total well-being performance items. Not all performance item measures are within the scope of organizations outside of the governing child protective services agencies (e.g., Table 2, in Section 4, provides a CFSR data crosswalk illustrating the outcomes and performance items that were utilized in this study). The results of CFSRs are used to shape child welfare and juvenile justice practices and regulations, including the 2018 Families First Prevention Services Act, which prioritizes the settings deemed appropriate for the care and treatment of system involved children (Children’s Bureau, n.d.-a).

Annually, the client organization serves an average of 350 adolescents in the FHP on their home campus in Nebraska, with approximately one third of those youth being referred from the child welfare system (Boys Town, 2021a). While the CFSR is used to evaluate services directly provided by the state and community-based and foster family services provided through third-party agreements, group care programs, such as FHP, are not evaluated as part of the CFSR process; consequently, there is a lack of evidence regarding whether the participants in FHP attain the ACF defined outcomes for permanency, safety, and well-being (Children's Bureau, n.d.-b).

I met with the client’s Youth Care and Transformational Research departments and secured formal agreement to conduct an evaluation of the FHP on their behalf, utilizing applicable ACF CFSR outcome measures. We agreed upon the problem statement, purpose for the research, and the research question that was to be answered through this PAS.

Problem Statement

The problem addressed through this study was the inability to determine whether FHP youth participants attain safety, permanency, and well-being as defined by the federal ACF. This issue has particular importance because recent opposition by national child welfare leaders threatens the future of FHP and other residential group care models (Children's Bureau, n.d.-a). Addressing this problem can demonstrate the value and effectiveness of the FHP and mitigate threats to this service for the client organization and other TFM providers.

Existing research has concluded that FHP successfully addresses behavioral health challenges faced by program residents, resulting in positive outcomes during their participation as well as post discharge (Farmer, Seifert, Wagner, & Burns, 2017). This analysis of whether

youth who receive FHP intervention attain safety, well-being, and permanency in this study could further highlight the value of quality residential programs as a component of the continuum of care for youth in the child welfare system.

Purpose

The purpose of this quantitative study was to examine whether FHP youth participants attain the federal ACF defined safety, permanency, and well-being outcomes. I further evaluated whether both male and female youth participants of FHP attain the federal ACF defined safety, permanency, and well-being outcomes. The following research questions and hypotheses guided this study:

Research Question 1: Do youth participants in the client's FHP (i.e., the independent variable) attain safety, permanency, and well-being (i.e., the dependent variables)?

$H_0 1$: Participants in the FHP do not attain safety, permanency, and well-being.

$H_a 1$: Participants in the FHP do attain safety, permanency, and well-being.

Research Question 2: Among FHP participants (i.e., the independent variable), is there a significant difference between males and females in the attainment of safety, permanency, and well-being (i.e., the dependent variables)?

$H_0 2$: There is not a significant difference in the attainment of safety, permanency, and well-being between male and female participants.

$H_a 2$: There is a significance difference in the attainment of safety, permanency, and well-being between male and female participants.

Nature of the Administrative Study

To address the research question in this quantitative PAS, I conducted a quantitative archival data study utilizing secondary data. The aim of the study was to investigate the relationship between the independent variable, the implementation of the FHP model, and the dependent variables, participants' attainment of safety, permanency, and well-being as defined by ACF. The use of quantitative data offers objective numerical data eliminating potential investigator bias and increasing generalizability(Johnson & Christensen, 2019). Additionally, the use of existing verified data offers more reliability and validity to the variables under examination (Johnson & Christensen, 2019).

I acquired secondary data that had been collected by the client organization to conduct the study. The data included binary responses related to the completion of specific events for individual children and youth within the estimated sample of 300–350 FHP participants from January 2019–December 2019. The intent was to compare data variables that most closely aligned with each of the ACF safety, permanency, and well-being outcome questions posed in the CFSR evaluation tool. This PAS served to bridge the existing gap in evaluation demonstrating that FHP participants attain safety, permanency, and well-being.

Significance

With this study, I aimed to demonstrate the ability of FHP to attain safety, well-being, and permanency for children and youth who receive the intervention. The significance of this study was based upon in its potential to validate the merit and value of FHP for its participants through the achievement of safety, permanency, and well-being. Closing the existing research gap and evaluating FHP against the ACF measures could lead to increased confidence in the

FHP model by child welfare providers seeking out-of-home placements for children and youth in need of intensive behavioral health intervention.

This PAS can assist the client organization by providing evidence that demonstrates whether adolescent participants in their FHP attain safety, permanency, and well-being. The client has one of the largest FHP campuses in the country, which ensured the availability of a meaningful sample size. The sample size of the study was large enough to ensure confidence and allow for meaningful inference (Turiano, 2014). Demonstrating the value and merit of FHP for clients could help to ensure sustainability of the TFM for practitioners. Maintaining family-style residential programs, such as FHP, is particularly beneficial for children and youth with significant behavioral challenges who have not found success in achieving behavioral change through other out-of-home care models (Farmer, Seifert, Wagner, & Burns, 2017). Quality residential programs, such as FHP, offer alternatives to detention facilities for delinquent or antisocial youth in need of intensive emotional and behavioral health care. In FHP, youth participants have the opportunity to develop and strengthen relational, academic, social, and self-governance skills to improve their potential for success and decrease the likelihood of future social disruption (Huefner, Ringle, Thompson, & Wilson, 2018).

Summary

In this section, I presented and supported the assertion that the client, a provider of youth care and health care programs, has a need to secure evidence demonstrating that participants in its residential FHP attain the federal ACF defined safety, permanency, and well-being outcomes. This PAS had the potential to confirm that FHP and other TFM programs have value and merit for their participants, thus offering justification for the continued utilization of this program as a

resource for addressing the needs of at-risk youth in the child welfare and juvenile justice systems. In Section 2, the clients residential program model and the conceptual framework for this study are detailed.

Section 2: Conceptual Approach and Background

Introduction

This study addressed the problem of determining whether family-style residential group home programs, such as the client's FHP, attain safety, permanency, and well-being outcomes, as defined by federal ACF measures. The purpose of the study was to compare data collected from FHP participants to the ACF measures of safety, permanency, and well-being to determine if substantial conformity with the outcome indicators have been attained. The primary research question focused on determining whether youth participants in the FHP attain safety, permanency, and well-being, as defined by ACF outcomes. Additionally, I investigated whether differences exist between male and female participants in the attainment of ACF safety, permanency, and well-being outcomes. In this section, I describe the conceptual framework for the study, my role as the researcher, and the role of the client organization's research team.

Conceptual Framework (Concepts, Models, and Theories)

The concepts that supported this study were the existing research and findings for TFM programs, in particular, those specific to the FHP model of residential care for youth placed in out-of-home settings. In this subsection, I also discuss the logical connection between the information presented and the problem, purpose, and methodology used for conducting this PAS.

Families periodically find themselves in situations that challenge the health and/or safety of their children. When this occurs, every effort is made to provide resources and support to the family, while the children remain in the home to mitigate the risks (Boys Town, 2020). When children cannot be maintained safely in the home while abuse, neglect, or governance concerns are addressed, out-of-home placement may be utilized. The goal for professionals intervening in

such child welfare or juvenile justice cases is to ensure that children receive the right care level, at the right time, in the right setting for their needs (Boys Town, 2020).

Out-of-home care includes a continuum of interventions that vary in the level of intensity and restriction, with kinship or foster care being the least restrictive, followed by family-style care, institutional residential care, and detention being the most intensive and restrictive (Huefner & Ainsworth, 2020). Typically, as the level of mental, psychosocial, and behavioral problems and the level of child-parent relational difficulties increases, so too does the intensity and restrictiveness of care (Leloux-Opmeer & Kuiper, 2017). The intentions for children and their families involved in the child welfare and juvenile justice systems are consistent regardless of the level of care required to address the needs of the child and mitigate any risks present. The interventions along the continuum of care all aim to secure and retain child safety and well-being and ensure life stability or permanency.

The determination of whether it is appropriate to help the family while the child remains in home, or if some level of intervention is needed outside of their residence, is variable, and can depend upon several factors, including the family's capacity and the individualized needs of each child (Boys Town, 2020). Researchers examining outcomes for youth with notable behavioral health challenges have concluded that the youth's needs may be met more effectively in residential settings, such as the client's FHP, as compared to services and supports provided in their home of origin (Farmer, Murray, Ballentine, Rauktis, & Burns, 2017). One such study found that, among children in abuse- and neglect-involved families with comparable levels of clinical acuity, the children placed group care settings experienced a reduction in mental health

problems of 50%, while those who remained in their home whose parents received training only experienced a 24% improvement (Conn, Szilagyi, Jee, Blumkin, & Szilagyi, 2015).

The FHP group care model, an approved adaptation of the TFM, differs from institutional style residential care and more closely resembles the family-like care setting that is recommended for reducing child trauma when safety is disrupted in their home or origin (Huefner & Ainsworth, 2020). TFM/FHP is characterized by clearly defined individualized goals for each youth resident, an integrated system of child specific supports and resources, and five core elements: (a) teaching life skills, (b) building healthy relationships, (c) supporting faith connections, (d) creating a positive family environment, and (e) promoting self-governance (Heufner, 2020; Thompson, 2015). Children placed in FHP are kept safe and develop healthy relational attachments in this family-style care while their physical, intellectual, emotional, and behavioral well-being is also strengthened to prepare them for successful permanency (Huefner & Ainsworth, 2020). The five core elements of TFM/FHP are displayed in Figure 1 and can be defined as:

Figure 1

TFM/FHP Characteristics

- Life skills: The life-changing behavioral skills youth are taught in their family home settings are reinforced throughout the residential community environment. Family home parent couples (a.k.a. family teachers), assistant teachers, consultants, and campus support staff are all trained to facilitate youth development and internalization of healthy life skills. Skills for critical thinking, social interaction, and emotional processing prepare youth to cope with future challenges, including negotiating antisocial situations (Prajapati, Sharma, & Sharma, 2017).
- Healthy relationships: Modeling and reinforcement of effective communication skills, healthy personal and adult-child boundaries, and appropriate conflict resolution styles helps children build healthy relationships within their family-home placement. FHP

resources and support also offer the youths' families opportunities to learn effective skills for communicating. These healthy relationship skills strengthen youths' positive interaction with others, including their families and community members. Healthy adult-child relationship skills, such as accepting feedback, accepting "no" for an answer, and showing respect, strengthen youths' self-control, a key component for reducing antisocial behaviors (Nofziger & Johnson, 2020).

- Religious practice and values: The program does not proselytize or require the practice of any specific religion; however, they do create intentional space for youths' exploration of their own spiritual or religious practices and values. This element of the FHP is rooted in research that suggests religion supports moral development, reinforces a sense belonging, improves relational skills, can offer emotional support, and brings meaning to difficult situations youth may face (Pavic, 2021). This theory holds true yet today, while not all voluntary associations have a negative impact on youths' antisocial behavior, voluntary attendance and participation in religion has been found to have a negative correlation to youths' antisocial attitudes (Pavic, 2021).
- Self-governance: Helping youth understand the relationship between their actions and natural consequences empowers these children with internal motivation to make good decisions on their own. The consistent practice of making decisions that lead to positive outcomes helps young people develop confidence in their ability to make appropriate choices, absent the governance of others. Also referred to as self-determination, self-governance is often limited or absent among children with emotional and behavioral disorders (Zirkus & Morgan, 2020). Strengthening self-

determination skills has been found to improve adaptive behaviors and disrupt potential negative outcomes among these youth (Zirkus & Morgan, 2020).

- Family-style care: The FHP is a 24/7 intervention that is implemented by trained married couples, called family teachers, living in family home settings with the youth who are receiving care. The students receive behavioral and life skills training from the family teachers incorporated throughout traditional family interactions, such as shared family meals and celebrations, recreation, homework assistance, and attention to any physical or emotional health needs.

The TFM was first implemented in 1967 in a group home for "delinquent youth" called the Achievement Place Research Project at Kansas University; however, it is best known for being the family-style residential model practiced at the client's headquarters campus (Thompson & Daly, 2015). The FHP is an evidence-based adaptation of the TFM with the addition of increased family and community connections, which was developed by the client organization (Farmer, 2017a). Six to eight youth of the same gender live in each family home, where family-teaching couples are responsible for addressing the youths' daily needs as well as teaching them social, academic, and independent-living skills to achieve the youths' individual goals (Thompson & Daly, 2015). The family-like interaction and other social and relational program elements, while methodically curriculum based, are experienced organically by youth and families in their environment rather than prescriptive. Family-teachers in each home receive 24/7 support from an assistant teacher assigned to their home and a consultant assigned to assist with a designated cluster of homes (Boys Town, 2021c). All staff are certified in the TFM intervention.

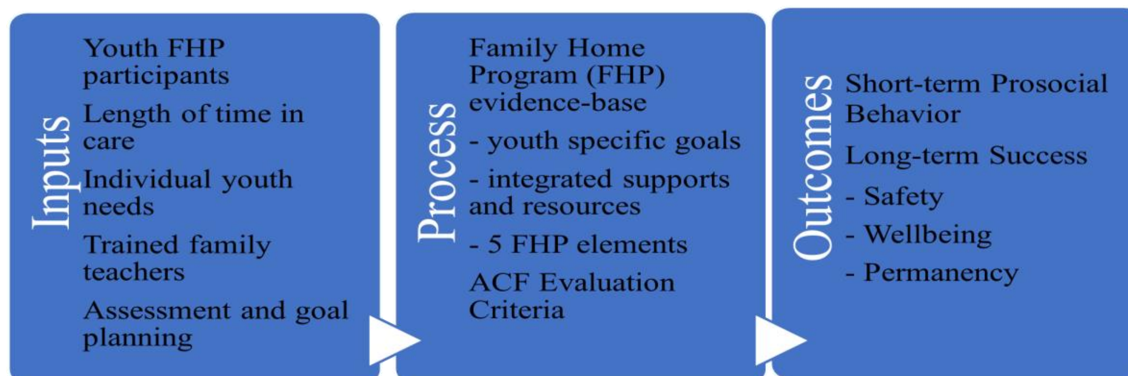
While participating in FHP, children on the client organization's campus attend year-round academic classes in a state-accredited education center (Boys Town, 2021b). Students who leave before graduating high school can transfer academic credits they have earned, including advanced placement courses, to a high school in their community (Boys Town, 2021c). The school staff are trained in the same FTP intervention as the family teachers, including behavioral interventions, to ensure consistent reinforcement of social and independent-living skills and focus on youths' strengths (Boys Town, 2021c).

Studies focused on TFM and FHP have found positive results in youth behavior both during the process of care and post release (Farmer, Murray, Ballentine, Rauktis, & Burns, 2017). In a comparison study of programs utilizing TFM style residential group care to non-TFM group care models, youth experienced better long-term results in care and prosocial results post care in TFM programs (Farmer, Murray, Ballentine, Rauktis, & Burns, 2017).

A sound body of research indicates FHP is an effective residential behavioral program for children and youth; however, the lack of a formal comparison of FHP evaluative data against the ACF safety, permanency, and well-being outcome measures leaves a gap in the literature that invites questions about the validity and merit of the FHP among child welfare and juvenile justice advocates despite the absence of empirical evidence citing clear benefits of TFM (Farmer, 2017b).

Figure 2

Conceptual Framework for Evaluating Safety, Well-Being, and Permanency Attainment by FHP Participant



In the current study, I have compared secondary data collected from FHP participants to the ACF safety, permanency, and well-being outcomes to measure conformity, this offers a parallel assessment between FHP and other out-of-home and community-based services utilized to care for systems involved youth. This assessment provided an equivalent evaluation from which to draw objective, comparable conclusions.

Relevance to Public Organizations

This PAS could be significant to public organizations that serve youth and families in the child welfare system, including FHP and other family-style group care placements that have faced decreases in admissions referrals, funding, and public support because of outspoken opposition to all congregate care irrespective of the setting or model. Admissions referrals and funding are intersecting challenges for public organizations providing adolescent residential care. In 2018, Congress signed the Family First Prevention Services Act (Family First) into law, with the U.S. Department of Health and Human Services' ACF being designated the regulatory and oversight agency (Children's Bureau, n.d.-a). As the title suggests, the objective of the act was to ensure that families involved in the child welfare system receive services in their family home as

the first option for care. The act has led federal and state children and family services agencies to establish regulations and procedures prioritizing in-home services and decrease their use of out-of-home placements, with emphasis placed on the least restrictive environments. Some jurisdictions have codified such prioritization processes into state statute, all but disallowing the practice of placing youth into group care settings, with strict guidance for exceptions.

The federal agency responsible for overseeing Family First, the ACF, is the same public gatekeeper responsible for evaluating outcomes for government-funded services provided for children and families. In this PAS, I utilized the ACF's evaluation criteria, the CFSR, to assess whether FHP participants attain safety, well-being, and permanency according to the agency's standard of measurement and offer an objective comparison for determining the prioritization of services for children in need of intervention.

While the Family First Act has had a formal impact on recent referrals and funding for youth residential providers, including FHP organizations, program costs have been an ongoing source of criticism for group care (Annie E. Casey Foundation, 2018). Residential care settings are more service intensive and thus more costly; however, economic evaluations of the long-term impact of residential care facilities upon youths' prosocial outcomes suggests the return is worth the investment (Huefner, Ringle, Thompson, & Wilson, 2018). Despite positive outcomes, leading national child welfare advocates have launched campaigns to eliminate all adolescent residential care regardless or quality or model (Casey Family Programs, 2018). Often the catalyst for such calls reference specific bad actors within the broad category of congregate care facilities, and in these instances, institutional-style treatment or care settings that are not family-like are categorized together with family-style programs, such as FHP (Annie E. Casey

Foundation, 2018). Setting, however, does matter; each level of care along the child welfare continuum is designed to achieve a specific objective according to the needs of the children they serve. Programs and services referred to as home-based interventions are designed to address family challenges and prevent youths' entry into out-of-home placements (Huefner & Ainsworth, 2020). While home-based interventions are ideal for reducing child trauma under safe circumstances, not every child or family can effectively mitigate the child safety and well-being risks through this level of care (Huefner & Ainsworth, 2020). In this PAS, I clearly delineated FHP from other models of out-of-home placement and assessed its specific ability to attain safety, permanency, and well-being outcomes.

Organizational Background and Context

The client's FHP is one strategy within a continuum of services provided by the national child-caring organization, both on its home campus in Nebraska and at sites located throughout the country. The organization offers second chances to children and youth who have been failed by other systems of care. The client's incorporated village headquarters is located on 640 acres of land on the west side of Omaha, Nebraska and is one of the largest children's residential care communities in the United States (Boys Town, 2021b). Youth from across the country have come to the Campus since 1917 to benefit from the life-changing care provided in a family-like, quality, residential environment (Boys Town, 2021b). The FHP is flagship program of the organization that now includes a pediatric research hospital, a translational research center, and a wide array of in-home services for families involved in or at risk of becoming involved in the child welfare system (Boys Town, 2020).

The client began utilizing the FHP as its family-style group home model in the 1970's and continues to annually certify its family home teachers in the TFM. While the agency offers a range of supports and services to improve the lives of children and families, it is the family-style residential program that emanated from the work of the organizations founder in 1918 (Boys Town, 2021a). Helping youth overcome their social, behavioral, and emotional challenges to become productive members of society through the FHP is at the heart of achieving the mission (Boys Town, 2021a). The organizational problem central to this study is the validation of the client's FHP.

Role of the DPA Student/Researcher

I am currently an employee of the client organization. I serve as the Youth Care Policy Advocate for all locations across the United States. Since joining the organization in December of 2020, I have learned a great deal about the history of the organization, the FHP residential model, and the wealth of benefits that their programs offer to children and their families.

I was motivated to perform this PAS by the myriad of testimonials I have heard over the years from people with lived experience from the organization's FHP. The study also assisted me in achieving my personal goal of accomplishing my Doctoral degree in Public Administration from Walden University.

My role as a researcher is outside of the scope of work I perform for the organization. I worked with the organization's Translational Research Center (TRC), located on their home campus in Nebraska, to secure the secondary data necessary to complete this study. I then conducted the comparison between the secondary data provided and the ACF measures for

safety, well-being, and permanency. The TRC staff were available to oversee data management, as needed. I did not interact with my direct employment supervisor to complete the study.

Both motiving factors I have shared, my employment with the client organization and my knowledge of persons with positive lived experiences from the FHP serve as potential opportunities for bias. I was able to ensure objectivity by utilizing secondary data, previously collected from the organization, and by comparing the data to a standardized tool developed by a federal agency to evaluate like organizations. Additionally, maintaining a clear separation between my employment responsibilities and my role as a researcher was key to reducing any real or perceived bias.

Role of the Project Team

The project team consisted of myself, the director of the client's TRC, and research associates in the TRC. The project team provided assistance by identifying the appropriate secondary data for comparison to the measurement tool. They did not perform analysis, evaluate findings, or author any of the study documents. Details of the research team's specific interactions are provided in Section 3.

Summary

In this section I have described the conceptual framework for this study, which includes existing research and findings on the merit of family-style adolescent residential care facilities as differentiated from other levels of care. I have discussed the connection between the research presented and the proposed study. I detailed the impact of this PAS on public organizations and offered organizational background as context for this study. Lastly, I provided an overview of

my role as researcher and the role of the research team. In the section that follows I have described the data collection and outlined the data analysis process.

Section 3: Data Collection Process and Analysis

Introduction

This quantitative PAS addressed the problem of validating the FHP utilizing the same assessment criteria that is used to measure other out-of-home and community-based placement interventions for youth in the child welfare system. I investigated whether youth participants of evidence-based, family-style residential group home programs, such as the client's FHP, are able to attain safety, permanency, and well-being outcomes, as defined by the ACF. This section contains a discussion of the nature of the practice-focused questions investigated and the method utilized. I also provide descriptions of the sources of evidence, the archival and operational data, and the data analysis and synthesis process.

Practice-Focused Questions

The client organization faces the challenge of needing to demonstrate that participants in their quality, family-style, residential group care model attain safety, permanency, and well-being outcomes as measured by the ACF evaluation tool, the CFSR. The CFSR is used to evaluate other out-of-home and community-based child welfare services (e.g., relative or kinship care, foster care), but does not assess residential care facilities. The growing opposition to the use of residential care interventions, including FHP, are based on generalized concerns about all residential care practice (Annie E. Casey Foundation, 2018). The three consistent arguments about residential care waged by government and philanthropic opponents are that such environments (a) enhance deviancy training (i.e., the influence of negative peer interaction), (b) have low family of origin inclusion, and (c) represent a significantly increased cost of care (Annie E. Casey Foundation, 2018). None of the arguments calling for the elimination of

residential care are specific to FHP or other family-style residential models. Furthermore, this opposition is not based upon the parallel measurement of conformity to the system's recommended safety, well-being, and permanency outcomes.

The purpose of this study was to compare secondary program data collected previously by the client organization against the ACF defined outcome measures to assess whether FHP youth participants attain safety, well-being, and permanency. The following research questions and hypotheses guided this study:

Research Question 1: Do youth participants in the client's FHP (i.e., the independent variable) attain safety, permanency, and well-being (i.e., the dependent variables)?

$H_0$1: Participants in the FHP do not attain permanency, safety, and well-being.

H_a1: Participants in the FHP do attain permanency, safety, and well-being.

Research Question 2: Among FHP participants (i.e., the independent variable) is there a significant difference between males and females in the attainment of safety, permanency, and well-being (i.e., the dependent variables)?

$H_0$2: There is not a significant difference in the attainment of safety, permanency, and well-being between male and female participants.

H_a2: There is a significance difference in the attainment of safety, permanency, and well-being between male and female participants.

Definition of Terms

FHP participant: Any youth placed for care and treatment in a family-teaching home on the client's headquarters' campus during the study sample calendar year.

Permanency outcome: Children have stability and permanency in their living situation and continuity of relationships, and connections with families are preserved as appropriate (ACF, 2016).

Safety outcome: Children are protected from abuse and neglect; this includes maintaining children in their homes whenever possible and appropriate (ACF, 2016).

Well-being outcome: Children have appropriate services to meet their educational needs and adequate services to meet their physical and mental health needs, and families have enhanced capacity to provide for their children's needs (ACF, 2016).

Sources of Evidence

In this study, I quantitatively analyzed the client organization's previously collected FHP data. The aim of the study was to investigate the relationship between the independent variable, implementation of the FHP model, and the dependent variable, participants' attainment of safety, permanency, and well-being outcomes as defined by the ACF. The source data were binary responses to youth life events. Figure 3 shows specific performance items from the ACF CFSR that are used to assess the attainment of safety, well-being, and permanency outcomes. The study sample included all youth participants in the FHP for the calendar year of 2019. The organization served students in 2020; however, due to the infection control protocols required by the COVID-19 pandemic, the numbers of youth served, and interventions provided in this year do not reflect those provided during a typical year of FHP services.

Figure 3

Example of CFSR Outcome Performance Item Assessments

	FHP Youth (All)	FHP Females	FHP Males
CFSR Safety Outcome Measures. Does FHP: 1. Assess and address child risk and safety reports.			
CFSR Permanency Outcome Measures. While in FHP: 1. Child is in a stable placement. 2. Child has a permanency goal. 3. Child has opportunity to visit siblings and parent(s). 4. Child has opportunity to connect with community, school, faith, extended family.			
CFSR Well-being Outcome Measures. Does FHP: 1. Assess and address needs of child and parent(s). 2. Involve parent(s) and child in case plan. 3. Assess and address child educational needs. 4. Assess and address child physical health needs. 5. Assess and address child mental/behavioral health needs.			

Published Outcomes and Research

The existing body of published outcomes and research I reviewed for this study primarily included literature published within the last 5 years. Limited information from older studies was used to provide historical context and detail the evolution of family-style residential care for youth over time. The central databases and search engines used to find outcomes and extant research relevant to the practice problem being studied were accessed through the Walden University Library, Google Scholar search engine, and SAGE publications database. Key search terms used for this project included *teaching family model, family-style residential care, residential care,* and *group care*.

Currently, no research is available that demonstrates the type of out-of-home placement setting that is most effective for youth with significant behavioral or mental health challenges (Leloux-Opmeer et al., 2017). Child welfare advocates have agreed that children generally grow and develop best in families; however, when family safety is challenged, family-like settings, such as those with relatives or kin or foster home placements, are preferred over residential care (Holmes, Connolly, Mortimer, & Hevesi, 2018). Despite evidence that residential care and, in particular, family-style residential care, consistently offers positive long- and short-term quality of life outcomes for youth, Holmes et al. (2018) posited that while residential and family-based care offer differing experiences for youth, additional research is needed to make determinations regarding which placements provide the best opportunity for development and support for those youth who necessitate out of home placement. They asserted that residential and family-based placements are not opposing options but rather both are valuable components of a continuum of care aimed at ensuring the right care for the right child at the right time (Holmes, Connolly, Mortimer, & Hevesi, 2018). The guiding criteria, from a child development perspective, should be based upon which environment enables the child to foster a sense of belonging while addressing their behavioral health challenges (Holmes, Connolly, Mortimer, & Hevesi, 2018).

The TFM, the model used in the client organization’s FHP, is speculated to be the first evidence-based program applied in human services work (Fixen & Blase, 2019). The model boasts a rich history of research testing both implementation and replication of the program, with evaluation-based adaptations being integrated through each iteration (Fixen & Blase, 2019). The model has been credited for being the framework for positive behavioral intervention and supports work performed in other environments to manage change (Pinkelman & Horner, 2019).

This evidence-based foundation, in concert with the findings of the current PAS, can form a strong basis of support for addressing the practice problem that the client organization and other TFM residential programs face.

Archival and Operational Data

The archival data analyzed in this study are information collected routinely from the client organization throughout the standard implementation of their FHP. Family teaching couples, FHP teaching assistants and consultants, and teachers in the organization's onsite school and medical services record all interactions with youth in a secure, encrypted database maintained by the organization. The client organization reviewed the research questions and data elements requested and agreed to provide me with the secondary data necessary to complete the study. The data are unique to each FHP participant when collected; however, the data were provided to me in aggregate for this analysis so as to protect the anonymity of the organization's clients. The sample was limited to youth participants in the FHP for the 2019 calendar year, which was estimated to be approximately 350 male and female adolescents. This data, while routinely collected by the organization, had not previously been evaluated to address the research questions of the current study.

Analysis and Synthesis

I conducted a quantitative archival data study utilizing secondary data from the client organization to explore the research questions. The use of archival data has become increasingly common as more data are being archived and disseminated, making quality archival data readily accessible (Turiano, 2014). Turiano (2014) cautioned, however, that managing large archival data sets can be difficult and suggested collaborating with parties familiar with the data source. I

received support from the client organization's TRC, and they assisted me with the mitigation of potential data management challenges. I worked with TRC to identify data that captured the response to each subvariable of the dependent variable questions. The TRC extracted and cleaned the data set and provided the data in aggregate form for my descriptive analysis. The study included analysis of the level of conformity with each of the 10 safety, well-being, and permanency performance items for participants as well as an assessment of composite safety, permanency, and well-being attainment by FHP participants. I utilized Statistical Package for the Social Sciences software to perform data analysis and test the hypotheses. The Institutional Review Board approval number is 02-14-23-0991753

To evaluate the primary research question and test the hypotheses, I planned to conduct a probit regression analysis. Youth participation in FHP was the independent variable, and these data were nominal categorical data, which were to be summarized as a count. The dependent variables of safety, well-being, and permanency were also nominal and were presented in cross tabulations of the grouped performance items within each ACF defined category, as identified in Figure 3. I proposed a regression model to predict the value of the dependent variables because the value of the independent variable was known.

I addressed the second research question and the respective hypotheses by utilizing the Kruskal-Wallis H Test. Kruskal-Wallis is used to test the difference between independent groups within the same independent variable when the data are nonparametrically distributed (MacFarland & Yates, 2016). The Kruskal-Wallis is similar to the analysis of variance; however, the test measures whether there is a difference in ranked sums in each group rather than the differences in means (MacFarland & Yates, 2016).

Summary

In this section, I discussed the methodological components of this study and detailed the data analysis process. In this study I gathered the necessary data elements and analyzed the FHP interactions and experiences of youth participants. The client organization's robust data and sufficient sample size allowed for more than sufficient information to be collected to thoroughly assess the attainment of safety, well-being, and permanency outcomes. I also analyzed the data to determine whether there are gender differences among the participants in the attainment of such outcomes. In Section 4, I will present the data inferences and their implications.

Section 4. Results and Recommendations

Introduction

In this quantitative data analysis study, I explored whether youth participants in the FHP model of residential youth care attain safety, permanency, and well-being outcomes as defined by the federal ACF’s CFSR. The study was also conducted to explore whether there are any significant differences in the attainment of safety, permanency, and well-being between male and female youth participants.

When children cannot remain safely in their homes due to abuse or neglect, the options for intervention include at-home family services, community-based services, or out-of-home placements. For children with serious behavioral issues, residential out-of-home is often an effective intervention to help the youth learn to manage their behaviors and improve their relationships with family and community. The client organization for this PAS implements a residential out-of-home model entitled the FHP. In recent history, all out-of-home placements for youth care have been scrutinized, and residential programs have been particularly criticized as being too restrictive for youth and too costly. Not all residential programs, however, are the same. The purpose of the study was to evaluate the effectiveness of the FHP approach in attaining participant safety, permanency, and well-being,

In this section, I present the data collection and analysis processes, share findings from the qualitative analysis of secondary data provided by the client organization, and make recommendations regarding future implementation of FHP. I also discuss the implications for the client organization and broader society as well as the strengths and limitations of this study.

Data Collection

The quantitative data utilized in this study was collected by the client organization through initial intake assessment, ongoing client evaluations of needs and resources, and incident documentation. I worked with the client organization's TRC to develop a crosswalk between the CFSR outcome performance items and the client data variables that aligned with each performance item to create the data set for this study. The client's TRC extracted and cleaned relevant data from the client's national database and sent it to me in aggregate. The participant sample for the study was 311 youths between the ages of 11–18 years old who participated in the client's FHP during the 2019 calendar year. I selected the calendar year of 2019 because this was the last year full year of program participation following the commencement of the study that was unaffected by the COVID-19 pandemic. The variables included in the data set were those that most closely reflected the CFSR performance item measures for the defined composite safety, permanency, and well-being outcomes. Utilizing this information as a framework, I developed Table 1 to illustrate the alignment between each CFSR outcome, its composite outcomes, and the measured performance items with comparable variables from the secondary data set for the sample population.

Table 1

CFSR Data Crosswalk

CFSR outcome	Composite outcome	Composite outcome description	CFSR performance item	Client variable data
Safety	Composite Safety Outcome 1	Children are, first and foremost, protected from abuse and neglect.	Agency's responses to child maltreatment reports initiated, and face-to-face contact with the child made, within policy & statute. Timeframes	a) Child Protective service (CPS) b) Stakeholder abuse/neglect reports
	Composite Safety Outcome 2	Children are safely maintained in their homes,	Not applicable – only a government child protective services agency can execute.	Not applicable.
Permanency	Composite Permanency Outcome 1	Children have permanency and stability in their living situations.	Child is in stable placement; changes made are in the best interests of the child and consistent with permanency goal.	A) Short intervention/assessment b) Psych hospital c) Detention/jail
			Agency established appropriate permanency goals for the child in a timely manner.	Intake service plan w/in 3-days of admission.
	Composite Permanency Outcome 2	The continuity of family relationships and connections is preserved for children.	Agency made efforts to ensure visitation between child and mother, father, and siblings was of frequency and quality to promote relationships.	A) Family contact away from program b) Family contact
			Agency made efforts to preserve child's connections to neighborhood, community, faith, Tribe, school, and friends.	Data not captured
Well-being	Well-Being Outcome 1	Families have enhanced capacity to provide for their children's needs.	Agency made efforts to involve the parents and children (if appropriate) in case planning process on an ongoing basis.	Team meeting
	Composite Well-Being Outcome 2	Children receive appropriate services to meet their educational needs.	Agency made efforts to assess children's educational needs, and address identified needs in case plans/case management.	Intake service plan w/in 3-days of admission
	Composite Well-Being Outcome 3	Children receive adequate services to meet their physical and mental health needs.	Agency assessed and addressed the physical health needs of the children, including dental health needs.	Any medical/dental visits during admission.
			Agency assessed and addressed the mental/behavioral health needs of the children.	a) Mental health services b) Mental health therapy

Data Analysis

Primary Research Question

The primary research question for this study was: Do youth participants of the client's FHP (i.e., the independent variable) attain safety, permanency, and well-being (i.e., the dependent variables). The null hypothesis was: Participants in the FHP do not attain safety, permanency, and well-being. The alternative hypothesis was: Participants in the FHP do attain permanency, safety, and well-being.

The absence of control group data from FHP nonparticipants rendered the independent variable constant because there was no way to determine its comparable influence upon the dependent variables of safety, permanency, and well-being. Variables are characteristics that are described, examined, analyzed, and interpreted, in a study; and they are called variables because their value varies among the subjects in a study (Andrade, 2021). As a result, I revised the primary research question to: What is the rate of attainment of safety, permanency, and well-being of youth participants of the FHP?

To answer this question, I performed frequency tests on the variables that aligned with each CFSR composite outcome's performance item(s) within the defined safety, well-being, and permanency outcomes (see Table 1). For performance items that aligned with more than one client variable, I identified the mean frequency for all variables to determine the composite outcome frequency for the specific performance item. The frequency percentages of the seven composite outcomes for safety, permanency, and well-being were then compared to the federal targets for substantial conformity to determine whether the FHP attained safety, permanency, and well-being for participants and if they did so with substantial conformity of federal requirements.

The CFSR tool contains seven composite outcomes that are used to assess safety, permanency, and well-being, respectively. The composite outcomes are measured through evaluation of specific performance items that each have a binary response. The frequency of response determines whether the performance item(s) and subsequent composite outcome have met substantial conformity with federal child welfare requirements. Not all performance items are applicable to community-based providers, like the client organization; some performance items are only executed by the government child protective service agency.

Each reviewee's performance items must demonstrate substantial conformity with federal child welfare requirements to pass the CFSR. The federal substantial conformity threshold for all performance items, except for two, is a frequency of 90%. The two exceptions are Composite Safety Outcome 1 and Composite Well-Being Outcome 2 because each of these outcomes are measured by evaluation of only one performance item. The Composite Safety Outcome 1 permanence item of "Timeliness of Initiating Investigations of Reports of Child Maltreatment" and the Composite Well-Being Outcome 2 performance item of "The agency made concerted efforts to assess children's educational needs at the initial contact with the child and appropriately address identified needs in case planning and case management activities," each have a substantial conformity threshold of 95% (Administration for Children and Families, 2016).

Safety Outcome Measures

I measured safety by one composite safety outcome, which was comprised of only one performance item. The second composite safety outcome was not applicable to the FHP. The Composite Safety Outcome 1 performance item measure was: "Agency's responses to all

accepted child maltreatment reports initiated, and face-to-face contact with the child(ren) made, within time frames established by agency policies or state statutes.” Two data set variables shared traits related to this question: (a) Child Protective Services (CPS) report and (b) the stakeholder-initiated abuse or neglect report.

Table 2 shows that there were 311 valid responses and no missing data for these variables. The frequency of “no” responses to CPS reports is 90%, and the frequency of “no” responses to stakeholder-initiated abuse/neglect reports is 100%. The mean outcome for this these variables is 95%, which met the federal substantial conformity target of 95% for this performance item.

Table 2

Safety: Composite Safety Outcome 1 (Absence of Maltreatment) Performance Item

Statistics			
		Child protective services	Stakeholder abuse/ neglect report
N	Valid	311	311
	Missing	0	0

Child protective services					
		Frequency	Percent	Valid %	Cumulative percent
Valid	0 – no	280	90.0	90.0	90.0
	1 – yes	31	10.0	10.0	100.0
	Total	311	100.0	100.0	

Stakeholder abuse or neglect report					
		Frequency	Percent	Valid %	Cumulative percent
Valid	0 – no	311	100.0	100.0	100.0

Permanency Outcome Measures

Permanency was evaluated based upon the performance items of two composite permanency outcomes. Each of the two composite permanency outcomes, (a) placement stability and (b) continuity of family relationships, has two performance items. The first performance item to assess Permanency Outcome 1: Stability of Placement was: “Is the child in foster care in a stable placement and were any changes in the child’s placement in the best interests of the child and consistent with achieving the child’s permanency goal(s)?” Three variables from the data set aligned with this performance item, and I frequency tested them to determine the rate of conformity: (a) transfer to detention or jail for law violation, (b) short-term intervention and assessment facility transfer for behavioral intervention, and (c) psychiatric rehabilitation treatment facility transfer for acute mental health/behavioral health crisis. The data in Table 3 shows that there were 311 valid responses and no missing data. The frequency of “no” responses

for the variable of detention or jail was 99.7%, the frequency of "no" responses for the variable of short-term intervention and assessment was 97.1%, and the frequency of "no" responses for variable of transfer to psychiatric hospital was 96.8%. I calculated the mean frequency for these variables for comparison to the performance item and found the mean frequency, 97.87%, which exceeds the 90% federal target for substantial conformity for this performance item.

Table 3

Permanency: Composite Permanency Outcome 1 (Placement Stability) Performance Item

Statistics

		Detention or jail	Short-term Intervention and Assessment	Psychiatric hospital
N	Valid	311	311	311
	Missing	0	0	0

Detention or jail

		Frequency	Percent	Valid %	Cumulative percent
Valid	0 – no	310	99.7	99.7	99.7
	1 – yes	1	.3	.3	100.0
	Total	311	100.0	100.0	

Short-term intervention and assessment

		Frequency	Percent	Valid %	Cumulative percent
Valid	0 – no	302	97.1	97.1	97.1
	1 – yes	9	2.9	2.9	100.0
	Total	311	100.0	100.0	

Psychiatric hospital

		Frequency	Percent	Valid %	Cumulative percent
Valid	0 – no	301	96.8	96.8	96.8
	1 – yes	10	3.2	3.2	100.0
	Total	311	100.0	100.0	

The second performance item measured for Composite Permanency Outcome 1 was: "Did the agency establish appropriate permanency goals for the child in a timely manner?" This performance item aligned with one data set variable: service plan within 3 days of admission.

The client organization reported that the identification and documentation of a permanency goal is a required component of service plan completed upon client admission. Table 4 indicates a valid sample size of 311 responses, with no missing data. The data show that 94.2% of youth participants had a service plan, equivalent to a documented permanency goal, identified within 3 days of admission to the FHP. This variable frequency exceeds the 90% threshold of substantial conformity set by ACF for the aligned performance item.

Table 4

Permanency: Composite Permanency Outcome 1 (Permanency Goal) Performance Item

Service plan within 3 days of admission					
		Frequency	Percent	Valid %	Cumulative percent
Valid	No service plan within 3 days	18	5.8	5.8	5.8
	Service plan within 3 days	293	94.2	94.2	100.0
	Total	311	100.0	100.0	

The first performance item evaluated for Composite Permanency Outcome 2 was: “Did the agency make concerted efforts to ensure that visitation between a child in foster care and his or her mother, father, and siblings was of sufficient frequency and quality to promote continuity in the child’s relationships with these close family members?” Two data set variables aligned with this performance item: (a) family contact away from program, which includes scheduled visits and/or meetings in which youth and families were both present and (b) contact with family, which includes all contact, written, audio, video, and/or face-to-face, between participants and families.

The data in Table 5 indicates a valid sample size of 311, with no data missing. The percentage of the sample that had contact with their family away from the FHP is 83.9%, and

98.1% of youth report having (any) family contact. The mean frequency for these two variables was 91%; this frequency exceeds the 90% federal target for substantial conformity for this performance.

Table 5

Permanency: Composite Permanency Outcome 2 (Family Visits) Performance Item

Statistics

		Family contact	Family contact away from program
N	Valid	311	311
	Missing	0	0
M		.98	.84
Sum		305	261

Family contact away from program

		Frequency	Percent	Valid %	Cumulative percent
Valid	0 – no	50	16.1	16.1	16.1
	1 – yes	261	83.9	83.9	100.0
	Total	311	100.0	100.0	

Family contact

Valid		Frequency	Percent	Valid %	Cumulative percent
	0 – no	6	1.9	1.9	1.9
	1 – yes	305	98.1	98.1	100.0
	Total	311	100.0	100.0	

The second performance item for Composite Permanency Outcome 2 was: “The agency made concerted efforts to preserve the child’s connections to his or her neighborhood, community, faith, extended family, Tribe, school, and friends.” No data were captured that aligned with this performance item. There was no data captured for community outings separate from the documentation of visits with family (or kin) away from the program. The client organization did report that faith practice is encouraged and cited that one of the FHP core components is the belief that every child should choose their own spiritual path, but each child

should have a spiritual foundation; but" (Boys Town, 2020). There is no data available to determine frequency or federal conformity for this performance item.

Well-Being Outcome Measures

I assessed well-being through evaluation of three composite well-being outcomes. The Composite Well-being Outcome 1, "Families have enhanced capacity to provide for their children's needs," has one defined performance item of "The agency made concerted efforts to involve the parents and children (if developmentally appropriate) in the case planning process on an ongoing basis." One variable in the data set aligned with this performance item: team meetings. Team meetings are regular, ongoing meetings, with all parties that have interest in a youth's service plan goals (i.e., family, case managers, probation officers, educators, therapists, etc.) as applicable. The purpose of the meetings is to assess progress towards goals and address any new or persistent needs for each participant. Based upon the data displayed in Table 6, the number of valid responses was 311, with no missing data. The frequency of parents and children involved in the youth's team meetings and case planning process was 98.7%. This performance item exceeds the 90% federal target for substantial conformity.

Further, four additional data set variables contribute information regarding the inclusion of youth and families in ongoing case planning, (a) family contact-away from program, (b) school meeting, (c) probation meeting, and (d) agency meeting. While these meetings are not consistently scheduled for each FHP participant, each variable does include data values indicating whether the parent and child were included in these case planning and progression steps.

Table 6

Well-Being: Well-Being Outcome 1(Family and Child Involvement) Performance Item

		Team meeting			
		Frequency	Percent	Valid %	Cumulative percent
Valid	0	4	1.3	1.3	1.3
	1	307	98.7	98.7	100.0
	Total	311	100.0	100.0	

Composite Well-Being Outcome 2, "Children receive appropriate services to meet their educational needs," was measured by the performance item, "Did the agency make concerted efforts to assess children's educational needs, and appropriately address identified needs in case planning and case management activities." The data set variable that best aligned with this performance item was, service plan within 3 days of admission. The client reported that educational assessment and planning is a required component of intake service planning upon admission. No variable documented the number of individuals in need of special educational accommodations, however supplemental data detailing the frequency of youth who have individualized education programs or other accommodations was provided.

According to Table 7, with 311 valid responses and no missing data, the frequency of service plans completed within 3 days of admissions is 94.2%. This frequency falls short of the federal substantial conformity target of 95% for this performance item. While no data were collected that identify the proportion of youth in need of special education services, nearly 48% of the 311 student participants were identified as being provided with special education services and have Individualized Education Plans in place (see Table 8).

Table 7

Well-Being: Composite Well-Being 2 (Education) Performance Item Frequency

Service plan within 3 days of admission					
		Frequency	Percent	Valid %	Cumulative percent
Valid	No service plan within 3 days	18	5.8	5.8	5.8
	Service plan within 3 days	293	94.2	94.2	100.0
	Total	311	100.0	100.0	

Table 8

Well-Being: Composite Well-Being 2 Supplemental Education Accommodation Information

Youth identified as special education					
		Frequency	Percent	Valid %	Cumulative percent
Valid	No	175	56.3	56.3	56.3
	Yes	136	43.7	43.7	100.0
	Total	311	100.0	100.0	

Composite Well-Being Outcome 3. is, “Children receive adequate services to meet their physical and mental health needs,” which is measured by two CFSR defined performance items. The first performance item is, “The agency addresses the physical health needs of children, including dental health needs.” The data set did not include a specific variable that aligned with this performance item. However, the client reported that it is their policy to provide physical examinations to all youth participants within 30 days of admission. Based on a manual count of participant’s medical records, 302 of the 311-youth sample, or 97.1%, received health and dental services within the first 30 days. Nine youth who did not receive such services were discharged from the program within the first 20 days. The 90% federal target for substantial conformity was exceeded for this performance item.

The second CFSR defined performance item for assessing Composite Well-Being Outcome 3. is, "The agency addressed the mental/behavioral health needs of children." The client's FHP is a model of youth behavioral health intervention, behavioral health challenges are the eligibility for participation based upon the model design. Subsequently, 100% of participants attain this performance item and the respective well-being outcome. Two other data set variables also aligned with this performance item, (a) mental health service, and (b) mental therapy. The results in Table 9 show 311 valid responses with no missing responses. The frequency of youth receiving mental health services is 92.9%, and the frequency of youth receiving mental health therapy is 93.6%; with a combined mean frequency of 93.25. Both the FHP model description and the mental health aligned variable frequencies, exceed the 90% federal threshold for substantial conformity set for this performance item.

Table 9

Well-Being: Composite Well-Being Outcome 3 (Mental Health/Behavioral Health Needs) Performance Item

		Statistics			
		Mental health service		Mental health therapy	
N	Valid	311		311	
	Missing	0		0	
		Mental health service			
		Frequency	Percent	Valid %	Cumulative percent
Valid	0 – yes	289	92.9	92.9	92.9
	1 – no	22	7.1	7.1	100.0
	Total	311	100.0	100.0	
		Mental health therapy			
		Frequency	Percent	Valid %	Cumulative percent
Valid	0	291	93.6	93.6	93.6
	1	20	6.4	6.4	100.0
	Total	311	100.0	100.0	

Secondary Research Question

The secondary research question I studied was, among FHP participants is there a significant difference between males and females in the attainment of safety, permanency, and well-being? This question was answered, and the null hypothesis was tested utilizing the Kruskal-Wallis H Test. The null hypothesis for the secondary question was, there is not a significant difference in the attainment of safety, permanency, and well-being between male and female participants. Kruskal-Wallis tests for differences between independent groups within the same variable with nonparametrically data distribution (MacFarland & Yates, 2016). The Kruskal – Wallis is similar to the analysis of variance; however, it measures whether there is a difference in each groups ranked sum, in this instance, males and females, versus differences in means (MacFarland & Yates, 2016).

The safety, permanency, and wellbeing outcomes consist of seven composite outcomes, and correlated performance items which were frequency tested to determine the rate of attainment of safety, permanency, and well-being among participants of the FHP. The Kruskal-Wallis H-Test was then performed on each of the composite outcome's performance items to assess whether there were significant differences in the attainment of the performance items, and subsequently the composite outcomes, between male and female participants.

The applicable performance item for Composite Safety Outcome 1, safety and well-being performance item, is assessed for gender difference in attainment in Table 10. The statistics indicate that there were 311 observances included, and records the mean ranks for each group, females, and males. The mean rank for the CPS variable, recording whether additional CPS calls have been recorded for individuals during their time in the FHP was 165.21 for females, and 151.17 for male participants. The mean ranks for the variable stakeholder abuse or neglect reports, was 156.00 for female and male participants respectively.

The test statistics for the variable CPS reports a significant difference, H (1) = 6.350, p = 0.012, therefore the null hypothesis was rejected, and I concluded that there is a difference, in CPS calls during participation, between female and male participants. The test statistics for the second variable, stakeholder abuse or neglect reports, showed a non-significant difference, H (1) = .000, p = 1.0, subsequently, I failed to reject the null hypothesis and concluded that there was no difference in stakeholder abuse or neglect reports between male and female FHP participants. Since one of the two variables that align with this performance item measures a significant difference in attainment between female and male youth, I concluded that there is a difference in the attainment of this performance item between male and female participants.

Table 10

Safety: Composite Safety Outcome 1, Safe from Abuse and Neglect by Gender, H Test

Ranks				**Test Statistics[a,b]**		
	Sex recoded	*N*	Mean rank		CPS	Stakeholder abuse/ neglect report
Child protective services (CPS)	0 – female	107	165.21	Kruskal-Wallis H	6.350	.000
	1 – male	204	151.17	*df*	1	1
	Total	311		Asymp. Sig.	.012	1.000
Stakeholder initiated abuse/ neglect report	0 – female	107	156.00			
	1 – male	204	156.00			
	Total	311				

[a.] Kruskal-Wallis Test
[b.] Grouping variable: Sex recoded.

Table 11 shows that each of the three variables that aligned with the performance item for composite permanency outcome 1, which were utilized to assess placement stability, had 311 observances. The test statistics for the first variable, psychiatric hospital transfer, shows a nonsignificant difference, H (1) = .143, p = 0.705, the null hypothesis is not rejected, and the conclusion is that there is no difference in attainment of this variable between male and females.

The Kruskal Wallis test results for the second variable studied for this performance item, detention or jail transfer, also yielded a non-significant difference, H (1) = .525, p = 0.469, the null hypothesis is not rejected, the conclusion is that there is no gender difference in this variable's responses.

The third variable in the test statistics table, short-term intervention and assessment transfer, shows and non-significant difference as well, H (1) = .413, p = 0.521, therefore the null hypothesis is not rejected, and the conclusion is that there is no difference in the performance of this variable between female and male participants. There is no difference in gender noted in the

attainment of any of the three variables aligned with this performance item, subsequently, no difference in gender is noted in the attainment of this performance item.

Table 11

Permanency: Composite Permanency Outcome 1, Placement Stability by Gender, H Test

Ranks				Test Statistics[a,b]			
	Sex recoded	*N*	Mean rank		Psych hospital	Detain /jail	Short I and A
Psychiatric hospital	0 – female	107	156.81	Kruskal-Wallis H	.143	.525	.413
	1 – male	204	155.57	*df*	1	1	1
	Total	311		Asymp. Sig.	.705	.469	.521
Detention or jail	0 – female	107	155.50				
	1 – male	204	156.26				
	Total	311					
Short-term intervention and assessment	0 – female	107	157.31				
	1 – male	204	155.31				
	Total	311					

[a.] Kruskal-Wallis Test
[b.] Grouping variable: Sex recoded.
Note: short term transfers to the Intervention and Assessment facility are noted as “Short I and A”.

Composite Permanency Outcome 1 measures the establishment of permanency goals for participants in a timely manner. One client variable was utilized for assessment of this performance item, the completion of service plan for participants within 3 days of admission, as permanency goal setting is a required component of the completed service plan for each FHP participant. Table 12 shows a significant difference, H (1) = 9.989, p = .002, rejecting the null hypothesis, and concluding that there is a gender difference in the attainment of this variable. Therefore, indicating that there is a gender difference noted in the attainment of this performance item.

Table 12

Permanency Composite Permanency Outcome 1, Timely Permanency Plan by Gender, H Test

Ranks				**Test Statistics[a,b]**	
	Sex recoded	*N*	Mean rank		Service plan within 3 days of admission
Service plan within 3 days of admission	0 – female	107	165.00	Kruskal-Wallis H	9.989
	1 – male	204	151.28	*df*	1
	Total	311		Asymp. Sig.	.002

[a.] Kruskal-Wallis Test
[b.] Grouping variable: Sex recoded.

Composite Permanency Outcome 1 is measured by the performance item family visits and continuity of sibling and parent contacts. The test statics in Table 13 indicate that among the 311 responses, for the variable family contact away from program, there are non-significant differences, H (1) = .004, p = .948, failing to reject the null hypothesis and concluding that there is not a difference among female and male participants in the attainment of this variable. The test results for the family contact variable also indicated a non-significant difference, H (1) = .850, p = .356, also failing to reject the null hypothesis and concluding that there is no gender difference in the attainment of this variable between female and male participants. Neither variable aligned with this performance item has significant difference in attainment by gender, indicating no difference in attainment of the performance item between genders.

Table 13

Permanency: Composite Permanency Outcome 2, Family Continuity by Gender, H Test

Ranks				**Test Statistics**[a,b]		
	Sex recoded	*N*	Mean rank		Family contact away from FHP	Family contact
Family contact away from FHP	0 – female	107	156.29	Kruskal-Wallis H	.004	.850
	1 – male	204	155.85	*df*	1	1
	Total	311		Asymp. Sig	.948	.356
Family contact	0 – female	107	157.55			
	1 – male	204	155.19			
	Total	311				

[a.] Kruskal-Wallis Test
[b.] Grouping variable: Sex recoded.

Composite Well-Being Outcome 1 measures family and youth participation in youth case planning and goal achievement. One client variable aligned with this performance item, team meeting. Table 14 documents 311 observations were recorded. The results indicate a nonsignificant difference, H (1) = .435, $p = 0.509 > 0.05$, therefore, I did not reject the null hypothesis, and concluded that there not a gender difference in the attainment of this variable. This conclusion indicates that there is not a gender difference in the attainment of this performance item.

Table 14

Well-Being: Composite Well-Being Outcome 1, Family and Youth Case Planning by Gender, H Test

	Ranks			**Test Statistics[a,b]**	
	Sex recoded	*N*	Mean rank		Team meeting
Team	0 - female	107	155.09	Kruskal-Wallis H	.435
Meeting	1 - male	204	156.48	*df*	1
	Total	311		Asymp. Sig	.509

[a.] Kruskal-Wallis Test
[b.] Grouping variable: Sex recoded.

Composite Well-Being Outcome 2 measures assessing and addressing education needs for participants. The aligned variable from the data set utilized for assessment of this outcome's performance item was, the completion of service plan for participants within 3 days of admission, as educational assessment and goal planning is a required component of the completed service plan for each FHP participant. The same dataset variable was used to assess permanency plan timeliness. Table 12 shows a significant difference, H (1) = 9.989, p = .002, rejecting the null hypothesis, and concluding that there is a gender difference in the attainment of this variable. Therefore, indicating that there is a gender difference noted in the attainment of this performance item.

The first performance item measuring Composite Well-Being Outcome 3, evaluates whether the agency assessed mental/behavioral needs and addressed them in the youths' case plan. In addition to the fact that the FHP is designed as an intervention for addressing the behavioral health needs of young people, two data set variables assess whether youths additional mental/behavioral health needs are addressed. Shown in Table 15 test results for the variable, mental health service, indicates a significant difference, H (1) = 28.230, p = <.001, therefore

rejecting the null hypothesis and concluding that there is a difference in the attainment of this variable between female and male program participants. The statistics for the variable, mental health therapy also indicates a significant difference, H (1) = 15.558, p = <.001, thus rejecting the null hypothesis and leading to the conclusion that there is a gender difference in participants attainment of this variable. These findings, however, are supplemental as FHP is entirely a behavioral health intervention and all participants receive mental/behavioral health care regardless of gender.

Table 15

Well-Being: Composite Well-Being Outcome 3, Mental/Behavioral Health by Gender, H Test

Ranks				**Test Statistics**[a,b]		
	Sex recoded	*N*	Mean rank		Mental health service	Mental health therapy
Mental health Service	0 – female	107	172.61	Kruskal-Wallis H	28.230	15.558
	1 – male	204	147.29	*df*	1	1
	Total	311		Asymp. Sig.	<.001	<.001
Mental health Therapy	0 – female	107	167.80			
	1 – male	204	149.81			
	Total	311				

[a.] Kruskal-Wallis Test.
[b.] Grouping variable: Sex recoded.

Findings and Implications

Evaluation and Recommendations

The evaluation of the client's data variables for the sample of 311, 11–18-year-old, participants in the FHP during the calendar year 2019, indicates that the organization's FHP does attain safety, permanency, and well-being for FHP participants. Ten performance items were provided from which to assess the substantial conformity of the FHP with safety, permanency, and well-being outcomes. Two of the 10 performance items did not have variables from which to determine frequency and were not assessed. The FHP met or exceeded the federal substantial conformity targets in eight of the ten performance items assessed. Table 16 summarizes the rate of attainment for the variables aligned with performance items utilized to measure the CFSR outcomes, as compared to the federal targets for substantial conformity of federal child welfare requirements.

Table 16

Summary FHP CFSR Evaluation

CFSR outcome	Composite outcome	Performance item	Client variable data	CFSR target	Rate	Gender difference
Safety	Composite Outcome 1	Timely abuse or maltreatment report response.	a) Child protective service (CPS) reports b) Stakeholder abuse/neglect reports	95%	95%	Yes
	Composite Outcome 2	Children remain safely in their homes.	Not applicable	90%	n/a	n/a
Permanency	Composite Outcome 1	Children have permanency and stability in their living situations.	a) Short-term I and A transfer b) Psych c) Detention/jail	90%	97.9%	No
		The agency established timely child permanency goals	Intake service plan within 3-days of admission.	90%	94.2%	Yes
	Composite Outcome 2	Family visits offered; Continuity of family preserved.	a) Family contact away from program b) Family contact	90%	91%	No
		Connections to child’s neighborhood, community, faith, tribe, school, and friends.	Not captured in data set	90%	No data	n/a
Well-being	Composite Outcome 1	Family and child participate in case planning process.	Team meeting	90%	98.7%	No
	Composite Outcome 2	Agency assessed and addressed child educational needs in case plans.	Intake service plan within 3-days of admission	95%	94.2%	Yes
	Composite Outcome 3	Agency assessed and addressed health and dental needs.	Any medical/dental visits during admission	90%	97.1%	No
		Agency assessed and addressed child mental/behavioral health needs.	a) Mental health services b) Mental health therapy	90%	100%	No

The evaluation further indicates while both genders attain safety, permanency, and well-being outcomes, statistically significant differences between female and male participants exist

in the attainment of three of the eight (38%) performance items used to measure the safety, permanency, and well-being outcomes. Of those three performance items, statistical results indicating a gender difference in the frequency of attainment, the number of the variables represented is too low to generalize the result across all outcomes. For one of the performance items, within Safety Outcome 1, a gender difference was indicated in one, but not both, of the two aligned variables. The Kruskal-Wallis H-test statistics for the variable, timely response to CPS reports (see Table 10) indicated a significant difference in attainment between male and female participants. The remaining two performance items that indicated gender difference, timely permanency plan goal and assessing and addressing education needs, were both measured by frequency of the same data variable, service plan within 3 days of admission (see Table 12). Considering these limitations and the inequitable alignment of some variables to the defined performance items, it is difficult to discern the influence of the program components on the gender distinct participants. However, these differences may signal gender disparities in the application of some practices within the FHP model.

The overall implications were that the FHP is an effective model of residential behavioral health care and should be retained as a meaningful strategy in the continuum of care available to youth in need of significant behavioral health intervention. Based upon consideration of the input-process-outcome conceptual framework applied to the FHP model evaluation, the study illustrated a strong relationship between the participants, the components of the FHP, such as building social skills to improve family relationships and family-style living that promotes placement stability, and the attainment of safety, permanency, and well-being outcomes. The study provides evidence to support the assertion that the FHP model of out-of-home residential

care attains safety, permanency, and well-being outcomes, as defined by the federal ACF's CFSR evaluation tool, at a rate of at least 90% for its participants. One of the performance items with a 95% federal substantial conformity threshold, assessing and addressing education needs, measured by completion of service plans within 3 days, had a 94.2% frequency subsequently failing to attain the target by .08% (see Table 7). Despite the identified gender differences, the calculated frequencies for the performance items imply that in several instances the FHP exceeds the targets for substantial conformity with federal child welfare requirements.

Implications for the Client and Broader Community

Utilizing the CFSR to evaluate their performance and verifying that the FHP model attains safety, permanency, permanency, and well-being outcomes as defined by the federal ACF offers a parallel assessment of their intervention for comparison with foster care and other models of care for children and youth with behavioral health challenges. The implication of the study results for the client organization is validation of the impact, significance, and reliability of the FHP model of residential out-of-home care. The data provides sound justification to continue utilizing the intervention model, without adaptation, as an effective component of the continuum of services available to at-risk youth.

The gender differences identified would imply that there are opportunities for improving gender equity in the implementation of FHP processes. Reinforcement of the importance of consistent program application for all youth regardless of gender and ongoing attention to internal monitoring of program data for disparities in can assist in mitigating gender differences. Further study is required to determine how the FHP implementation process affects the gender

differences identified in the attainment of safety, permanency, and well-being outcomes among FHP participants.

The implications of the research to the broader community are significant. Other organizations implementing TFM to fidelity, have evidence to substantiate the model's capacity to attain safety, permanency, and well-being for its participants. Referring agencies can do so with the confidence of knowing that youth participants will attain healthy outcomes and that there is a strong return on their investment in the FHP. Validating the use of the FHP residential model of care can help to prevent at-risk young people from failing out of foster and community-based care interventions or being unnecessarily institutionalized in detention settings.

Implications for Positive Social Change

The implications for positive social change resulting from this study are broad. The youth in need of intervention will continue to have an effective, evidence-based model available to help them recover from behavioral health challenges and prepare them to cope with future life circumstances in a constructive manner.

The social and life skills youth attain through their participation in FHP has also been found to have a positive impact on the broader community. Youth graduates of FHP are more likely to graduate high school, less likely to become involved in serious drug use, and less likely to be incarcerated (Farmer, Seifert, Wagner, & Burns, 2017). The outcomes attained by youth both during and following their FHP participation increase their capacity to be productive contributors to society.

Recommendations

I recommend the client continue implementation of the FHP, without revision. I further recommend repeating the study of FHP with data variables that more succinctly match the performance items used to measure substantial conformity with the CFSR safety, permanency, and well-being outcomes. The client may consider adjusting some of their data capture parameters to more accurately align with CFSR outcomes. While the scientific validity of the ACF evaluation tool may be disputed, the value of having the ability to assess the client organization's program performance in a manner that is equivalent to that of other programs cannot be understated. Consistent comparison allows those making policy decisions to do so in a more informed and less biased way with respect recommendations regarding the use of this FHP.

Additionally, performing periodic internal audits can help to ensure gender equity in the implementation of all FHP programs. Internal controls can prevent real or perceived differences in the attainment of safety, permanency, and well-being between female and male participants. Lastly, a qualitative study of some of the safety, permanency, and well-being outcome variables may be in line to reconcile the limitation of misaligned performance item variables.

Deliverable for the Client Organization

The FHP is an out-of-home residential behavioral-health intervention and is one of many models of residential care that have been criticized as too costly and too restrictive for young people who have already experienced trauma. National child advocates and government regulators who are responsible for driving policy and funding for these and other child welfare and juvenile justice programs scrutinize residential care without applying the same standard of evaluation they use to recommend community-based and in-home programs. The purpose of this

study was to assess the FHP attainment of safety, permanency, and well-being for its participants utilizing the same criteria that is used to evaluate the in-home program model, the federal ACF CFSR tool.

Providing the client with the results of the comparative data analysis will offer them valuable information regarding the FHP's safety, permanency, and well-being strengths and areas of needed improvement. The study findings can also serve as a sound argument for the validity of the program and continued or expanded support for and investment in the out-of-home residential model.

Strengths and Limitations of the Study

The strengths of the study include the breadth of the client collected data and the size of the sample for this study being large enough to ensure confidence and meaningful inference. The findings are the greatest strength. The study demonstrates that FHP participants do attain the CFSR defined outcomes for safety, permanency, and well-being consistent with foster, community-based, and in-home models of care. The frequency of attainment for all measured performance items is 90% or better. Additionally, for several outcomes the frequency of the performance items indicate that FHP exceeds the ACF targets for substantial conformity with federal child welfare requirements.

The greatest limitation of the study was that the data variables utilized to determine substantial conformity did not align completely with the CFSR performance items defined. The broad and unqualified definitions for performance items in the CFSR tool contributed to this limitation. In some instances, more than one client variable was needed to match the complete definition of the performance item for a given outcome and in at least one instance there was no

data collected from which to evaluate frequency of conformity. The inequity of succinct alignment between some variables and the defined performance items they represented may have impacted frequency responses and Kruskal Wallace H Tests calculations.

Summary

This section of the study included a description of data collection and analysis utilized to answer the stated research questions and test the null hypotheses. Further, this study section detailed the evaluation findings. The analysis in this section indicates that the FHP attains safety, permanency, and well-being outcomes for participants, by calculating the frequency with which these outcomes were attained. It also considered whether any significant differences exist between the attainment of the outcomes based upon gender.

The implications for the client organization and other organizations implementing the FHP model, as well as the implications for those directly impacted by the program, such as participants and their communities, proved positive through analysis of the study findings. Lastly strengths, such as consistent comparison of behavioral health interventions, and demonstrated validity of the existing program were articulated, along with limitations, and the recommendations and deliverables for the client organization.

Section 5: Dissemination Plan and Conclusion

Dissemination of the Findings

I will share the study findings and recommendations with the client organization's TRC for their review and consideration. Following TRC review, the study will be shared with the organization's leadership. The deliverable will assist the client organization through providing information to potential referral partners and decision-making stakeholders, such as regulators, judges, CPS administrators, case workers, and families seeking assistance addressing the behavioral needs of their children, who can refer to the findings as evidence of the validity and effectiveness of the FHP as well as an objective illustration of the program's capacity to attain outcomes.

I will seek publication of the study in a relevant social science journal to broadly disseminate the findings to academics and practitioners in the field. The study findings will also be disseminated to agencies, organizations, and individuals concerned with ensuring the safety, permanency, and well-being of all children involved in the child welfare and juvenile justice systems through presentations at conferences or events targeted toward the growth and development of such professionals. The client organization may also assist in the dissemination of the findings once they have been verified by their TRC.

Concluding Statement

My intention with this study was to demonstrate the validity and effectiveness of the FHP by assessing the attainment of safety, permanency, and well-being outcomes for its participants. To complete the study, I matched the client organization's archived data with the performance items defined in the ACF evaluation tool, the CFSR. The variables were then frequency tested to

determine whether the program attained the outcomes at a level consistent with the ACF targets for substantial conformity to federal child welfare requirements. The data were also tested utilizing Kruskal Wallis H tests to evaluate whether there was a gender differences in the attainment of the outcomes.

The results of this study validate the effectiveness of the FHP and justify continued use of the model as it is currently being applied. The study findings will positively impact the client organization, others utilizing the FHP model, and current and future youth participants of the FHP. Dissemination of the study findings will help educate policy and funding decision-makers and may influence their recommendations regarding the use of family-style residential programs such as the FHP. Out-of-home residential programs are critical components in the array of services available to help youth with behavioral health problems. This study has the potential to impact the sustainability of FHP and ensure that children and youth receive the right care for their needs at the right time.

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