BOYS TOWN’S INTEGRATED CONTINUUM OF CARE YIELDS POSITIVE 12-MONTH FOLLOW-UP OUTCOMES

In the United States, there are approximately 400,000 children living in out-of-home care. Out-of-home care includes a wide range of treatment models that encompasses a large variety of restrictiveness settings, including treatment foster care, therapeutic group homes and residential treatment centers. Research has shown that once a child enters out-of-home care, he/she may experience differing patterns of placement movement, oftentimes stepping up or stepping down to more or less restrictive placements. As youth move to more or less restrictive placements, they typically have to adjust to new caregivers, new rules, and different treatment models. Although it is well documented that such placement disruptions can have a negative impact upon youth outcomes, less is known about the outcomes of youth who step up or step down within a continuum of care that utilizes the same basic treatment model at all levels of restrictiveness, such as Boys Town’s Integrated Continuum of Care.

In one of the few studies of the Boys Town Integrated Continuum of Care (see May, 2010 issue of DNYCU!) researchers found that 82% of youth who either entered the residential continuum via the Treatment Family Homes, or entered at a more restrictive level and then stepped down to depart from the Treatment Family Homes, returned home or to a home-like setting. This was significantly higher than youth who departed from more restrictive levels of the residential continuum, with fewer than half of these youth returning home or to a home-like setting. The present study seeks to answer the following question: Do youth who step down through the Boys Town Residential Continuum and depart at its least restrictive level (i.e., Treatment Family Homes) have better 12-month post-departure outcomes than youth who depart from more restrictive levels (e.g., Specialized Treatment Group Homes, Intensive Residential Treatment Center)?

The Study
Participants were 143 youth who were admitted to the Intensive Residential Treatment Center between January 2007 and September 2009. All youth in this study departed the residential continuum through one of three departure patterns. Departure Pattern 1 consisted of 52 youth (36%) who departed the continuum directly from the Intensive Residential Treatment Center (IRT/C pattern). Departure Pattern 2 consisted of 43 youth (30%) who stepped down from the Intensive Residential Treatment Center and departed from the Specialized Treatment Group Homes (IRT/C-STGH pattern). Finally, Departure Pattern 3 included 48 youth (34%) who stepped down through both the Intensive Residential Treatment Center and the Specialized Treatment Group Homes to depart from the Treatment Family Homes (IRT/C-STGH-TFH pattern).

To be included in the study, a youth needed to have a completed 12-month follow-up survey. This survey consists of 21 – 44 questions, depending on the respondent’s answer pattern, and is designed to measure outcomes of youth who have departed Boys Town programs. All surveys were administered by staff at the Boys Town National Hotline. Of the 143 youth who were eligible to participate in the study, 120 (84%) had a completed survey and were included in the analysis.

Results
When we looked at the answers of youth who had a completed survey, we found some interesting differences among the three departure patterns. In general, youth in the IRT/C-STGH-TFH departure pattern tended to report the best outcomes. Specifically, statistical tests complete while the APQ-9 is a parenting practices measure that includes 9 items and takes about 2 minutes to complete. Previously, the Child Behavior Checklist (CBCL) was used to gather youth symptom data while no information was collected about parenting practices.

(Continued on page 2)
revealed that, compared to those in the IRTC departure group, youth in the IRTC-STGH-TFH departure group were significantly more likely to be living at home or in a home-like setting and were less likely to have experienced a post-departure formal placement. Although not statistically significant, youth in the IRTC-STGH-TFH departure group also had the highest rate of school attendance and/or graduation. Finally, on all items examined, outcomes for youth in the IRTC-STGH departure pattern group fell somewhere in the middle of the three groups studied (see figure below).

Conclusion
The finding that youth who stepped down through the residential continuum and departed from the Treatment Family Homes were most likely to be living at home or in a home-like setting, indicates that these youth were the most prepared to return to these settings. One possible explanation for this finding is that these youth experienced the Boys Town Treatment Model at every placement level of care. On the other hand, most youth who departed from the Intensive Residential Treatment Center went to a non-Boys Town placement and thus received treatment from a different agency.

Finally, although those in the IRTC-STGH-TFH departure group fared better than those in the other departure groups, they still face many challenges. For example, youth who return home or to a home-like setting from an out-of-home placement will often return to the same environment and the same risk factors that contributed to them being removed from their home in the first place (e.g., associating with antisocial peers). To maintain treatment gains, youth returning home from any out-of-home placement would likely benefit from some type of aftercare support. For example, researchers at the National Research Institute have found that youth who receive Boys Town In-Home Family Services immediately after they depart the Treatment Family Homes tend to have better outcomes than youth who do not receive these linked services (see August, 2009 issue of JNCUS). Because aftercare support is such an important part of the Integrated Continuum of Care, we are continuing this area of research.

While more research is needed, our results underscore the benefit to youth of receiving services through an integrated continuum that utilizes a consistent treatment model at all placement levels. These findings continue to provide supporting evidence for an Integrated Continuum of Care, consistent with the current Boys Town Mission and Strategic Plan.

For more information, contact the author at 402.498.1259 or jay.ringle@boystown.org.

CONTINUUM MEASURES PILOT STUDY (CONT.)

The pilot study provided us with several key pieces of information. First, it is possible to collect common standardized outcome measures across the continuum with some additional effort on the part of Boys Town staff to obtain data from both youth and caregivers. Second, the SDQ and the APQ-9 demonstrated strong psychometric properties, meaning they consistently measured what they were designed to measure. Furthermore, both instruments received generally positive ratings in a consumer survey completed by practitioners. Finally, the SDQ provides similar information to the CBCL in less time and with no per-survey cost and the APQ-9 provides additional data on parenting skills needed for the current focus on family engagement, a unifying element for all levels of care in the continuum.

In June 2011, a team of program directors, clinicians, and research staff met to review the results of the study and determine the next steps. Recommendations included replacing the CBCL with the time- and cost-saving SDQ as the youth-symptom measure, retaining the APQ-9 as the parenting-practices measure, streamlining the report process via email distribution, and posting the SDQ and APQ-9 forms on the Youth Care Resource Center for staff convenience.

Per the team’s recommendations, this system of outcome measurement is now being implemented throughout the Nebraska/Iowa Region. The information it will generate will be very useful when advocating for the Boys Town Integrated Continuum of Care. The Boys Town Nevada site also has begun using these measures, and they could be implemented at other Boys Town sites as our continuum of services grows.

For more information, contact the author at 402.498.1262 or jennifer.respass@boystown.org.

Data News You Can Use

Is produced bimonthly by the Boys Town National Research Institute for Child and Family Studies.

Our purpose is to disseminate research to promote the Boys Town mission and evaluate the effectiveness of its programs and services.

Editor: Rob Oats
Phone: 402.498.1261
Fax: 402.498.1315
Email: robert.oats@boystown.org
Web: www.boystown.org/nri

About the Authors

Jay Ringle has worked as a Research Analyst at Boys Town for ten years. Jay was part of an interdisciplinary team responsible for revising/updating the Boys Town Foster Family Services Model. Currently, Jay is involved in evaluating and reporting outcomes from the Family Reunification Program.

Jen Respass has worked as a Research Analyst at Boys Town for two years. Her current projects include the following: coordinating DISC assessments, continuum measures monitoring, TerraNova analysis/report distribution, and assisting with writing and submitting grant proposals and evidence-based practice registry applications.