In-Home Family Services
remained intact after
94% of families indicate that
12 months post-discharge
Follow-up interviews at
approximately 8,400 families from 2007-2008 and
approximately 8,400 families from 2009-2010

BOYS TOWN BEGINS THREE-YEAR OUTCOME STUDY OF IN-HOME FAMILY SERVICES

Boys Town has provided In-Home Family Services (IHFS) for 20 years. The number of youth and families helped by Boys Town IHFS has increased dramatically recently, with approximately 4,050 families served from 2007-2008, and approximately 8,400 families served from 2009-2010. The number of families served in-home is likely to continue increasing in the coming years. There are two primary reasons for this increase: research indicates it is beneficial to help youth at-risk for out-of-home placement stay in their homes, and in-home care typically costs less than out-of-home care, thus funding agencies are more likely to pay for in-home services.

A key part of Boys Town’s Strategic Plan is to build the evidence base for IHFS, which is essential to meet the growing demand for these services. Pilot outcome studies conducted over the past several years have indicated that Boys Town IHFS were delivered with model fidelity and youth and families served made statistically and practically significant improvements in child behavior problems, parenting stress, and family functioning. National follow-up interviews at twelve months post discharge indicated that the majority of families remained intact (94%), their basic needs were being met (97%), and they had someone to turn to for help and support (89%). Children in these families also had positive outcomes with respect to attending school regularly (94%), being arrest-free (91%), and substance-free (90%).

In 2009, Boys Town revised the IHFS model to include best practices derived from clinical experience and the latest child welfare research. Best practices emphasize engagement of the family early in services, assessment and service planning based on needs of families at risk for maltreatment, parent training, and development of formal and informal supports for families which will be in place after case closure. (See January 2009 issue of Data News You Can Use! for a more detailed description of the revised model).

In fall 2009, the National Research Institute conducted a feasibility study of the revised model at the Boys Town Iowa site in order to field-test model enhancements, measures, and data collection strategies. Furthermore, a national model implementation team has been tracking program implementation and problem-solving at all sites that provide IHFS. Additional model refinements either have been or are being made as a result of the feasibility study and data tracking efforts.

The Study

In February 2011, the National Research Institute began a three-year outcome study at the Boys Town Iowa site to continue to improve the IHFS program and build the evidence base for its effectiveness. The study includes a comprehensive evaluation of the implementation and outcomes of the Boys Town IHFS as it is delivered as part of the Family Risk, Safety, and Permanency contrast (FSRP) in southwest Iowa. A particular focus of the study will be learning more about substance abusing families, given the magnitude of this problem in southwest Iowa. In addition, we have pursued opportunities to conduct a comparison group study with other service providers in the state of Iowa who provide in-home family services under the same state contract.

(Continued on page 2)

Epidemiology of Child Maltreatment and Substance Abuse

Boys Town recently began an outcome study of our In-Home Family Services in Iowa (see article above). One goal of the study is to learn more about substance abusing families. We interviewed Scottye Cash, an Associate Professor at The Ohio State University School of Social Work and a consultant for this outcome study, to briefly describe the scope of this problem.

What is epidemiology?

Epidemiology literally means the study of an epidemic. For example, throughout history scientists have tried to explain the causes and effects of common health care epidemics (e.g., influenza, HIV/AIDS). More recently, studies have also focused on widespread social problems such as suicide.

How does epidemiology relate to child maltreatment and substance abuse?

Child maltreatment, otherwise known as child abuse and neglect, is a social problem that impacts millions of children each year in the United States. Studies have shown that to understand the cause of child maltreatment, it is important to look at the broad context or ecology, including the child, parents, extended family, neighborhood, community, and larger society. One of these contextual factors that is most prevalent in families where child maltreatment has occurred is substance abuse. The Child Welfare League of America estimates that...

(Continued on page 2)
ELIGIBLE FAMILIES MUST BE RECEIVING SERVICES UNDER THE FSRP CONTRACT, SPEAK PRIMARILY ENGLISH (STUDY MEASURES ONLY AVAILABLE IN ENGLISH), AND HAVE REFERRAL BEHAVIORS THAT DO NOT INCLUDE SEXUAL ABUSE ALLEGATIONS. PARTICIPATING FAMILIES WILL COMPLETE AN INTAKE AND DEPARTURE INTERVIEW, EACH LASTING APPROXIMATELY 60 MINUTES, AND WILL RECEIVE A GIFT CARD COMPENSATION OF $50.

THE NATIONAL RESEARCH INSTITUTE Hired A FULL-TIME, ON-SITE RESEARCH ANALYST TO CONDUCT THE INTERVIEWS AND TO MONITOR STUDY-RELATED DATA COLLECTION PROCEDURES (SEE FIGURE FOR INTERVIEW MEASURES).

WHAT DO WE HOPE TO LEARN?

There are three aims of the study:

1. Describe the characteristics of families and children who receive IHFS and their outcomes with respect to family functioning, substance use, and behavioral/emotional needs.
2. Develop an understanding about the types of goals, interventions, and strategies utilized to help families progress through IHFS.
3. Compare outcomes and risk factors for families served by Boys Town IHFS and families served by other IHFS agencies within the state of Iowa.

HOW WILL THIS STUDY HELP BOYS TOWN?

This study will help Boys Town in a variety of ways. First, we will learn more about what specific components of Boys Town IHFS help children and families, particularly substance abusing families. Second, we will have data from a more rigorous study of our revised IHFS model to strengthen our evidence-based practice registry applications. Third, we will have extensive information on the effectiveness of Boys Town IHFS to share with clients, state funding/service contracts, and other funding sources. Finally, we will have more data to support future grant proposals to obtain federal or private dollars for research grants for ongoing study of Boys Town IHFS.

We believe that these model enhancements not only support our mission, but will ensure that Boys Town IHFS will continue to help at-risk families for the next 20 years and beyond.

For more information, contact the author at (402) 498-1261 or robert.oats@boystown.org

BOYS TOWN IN-HOME FAMILY SERVICES

OUTCOME STUDY MEASURES

<table>
<thead>
<tr>
<th>Measure</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strengths &amp; Difficulties</td>
<td>A 25-item behavioral screening questionnaire about 3-16 year olds completed by parents.</td>
</tr>
<tr>
<td>Addiction Severity Index Lite</td>
<td>A 124-item semi-structured interview designed to provide important information about aspects of an individual which may contribute to his/her substance abuse syndrome.</td>
</tr>
<tr>
<td>Univ. of Rhode Island Change Assessment Scale</td>
<td>A 20-item measure typically used to assess motivational readiness for change. This measure will be used with adults who have substance abuse issues.</td>
</tr>
<tr>
<td>Family Support Scale</td>
<td>An 18-item measure of parental satisfaction with the support they receive in raising children.</td>
</tr>
<tr>
<td>Demographic Questionnaire</td>
<td>A 10-item Family Consultant demographic questionnaire regarding gender, birth date, ethnicity, education, and work experience.</td>
</tr>
<tr>
<td>State Agency Information</td>
<td>State provided data regarding risk and safety, reoccurrence of maltreatment and out-of-home placement of BT youth, and other statewide comparison data.</td>
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EPIDEMIOLOGY OF CHILD MALTREATMENT (CONT.)

Between 40 to 80% of child maltreatment cases involve at least one parent who is using/abusing substances. An epidemiological framework helps us understand the relationship between substance use/abuse and its impact on the occurrence of child maltreatment.

What are the important research questions for the epidemiology of child maltreatment and substance abuse?

In order to discover how best to prevent and intervene with families, studies need to focus on the following questions: 1) What are the risk and protective factors for families at risk for child maltreatment with and without a substance use/abuse problem? 2) What kinds of services do these families currently receive and what are the outcomes associated with those services? 3) Which families benefit from what type of service? 4) How does the child welfare system support the delivery of these services to families at risk for child maltreatment? How does the epidemiology of child maltreatment and substance abuse fit with the current Iowa outcome study?

The In-Home Family Services outcome study in Iowa provides an opportunity to understand the substance abuse issues of families receiving Boys Town services. Research staff will interview families to obtain more in-depth and systematic information on risk and protective factors including substance use/abuse, employment, legal issues, and general and mental health challenges. Interviews also focus on services families receive and their willingness to stop using substances. In addition, research staff will assess substance abuse services available to families in the community to identify gaps in these services.

Next steps will likely include grant applications to fund the development of specific intervention strategies for substance abusing families in the child welfare system. These strategies could potentially improve outcomes for the most at-risk families who receive In-Home Family Services.