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ORIGINAL PAPER

Going Home Again: Transitioning Youth to Families After Group Care Placement

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Abstract This paper presents results from the transitioning youth to families intervention, which aimed to promote family care for youth served in group care programs in the child welfare system. The intervention was conducted in two counties in a Mid-Atlantic state. The effort encompassed administrative case review and family involvement meetings. We assessed the effect of the intervention in promoting placement in family settings within 12 months. We also explored other effects of the intervention identified by participants. Using propensity score matching with administrative data to compare one-year placement settings for the intervention counties and non-intervention counties, a higher rate of family reunification was identified for youth in the treatment counties. To provide a richer contextual understanding of the effects of the intervention, thematic analysis of open-ended comments from youth and caregiver participants was conducted. These resulting themes provided further understanding of the value of the intervention especially in the areas of planning for the transition, improving youth insight about placement options, and the importance of family involvement. Participants also made recommendations for how to enhance the intervention and promote the transition of youth from group care to family settings. Overall, the effect of the intervention in transitioning youth to family settings was nominal; however unanticipated benefits of engaging youth and family in the transition process were noted. From this evaluation, we provide suggestions for future research and the development of effort to transition youth from group care settings.

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Introduction

Ensuring that every child lives in a nurturing and loving family is a key goal of child welfare services. For youth in out-of-home placement settings, these family settings could be their own biological parents or extended family, fictive kin, legal guardians, or foster families. Achieving permanency in a family setting is especially challenging for some youth (Freundlich and Avery 2005), especially youth who are older, have behavioral and mental health needs, or who have experienced disruption from prior family settings (Becker et al. 2007; Massinga and Pecora 2004). Group care programs serve youth that cannot be placed in biological, kin or foster family settings due to lack of availability of these homes or the intense service needs of the youth (James et al. 2006; Lyons et al. 1998). In this paper, the term "group care" includes residential settings that aggregate youth and range from group homes in neighborhoods to campus-like residential facilities.

Although only about 15 % of youth in out of home placement are placed in group care settings (US DHHS 2011), care for these youth is disproportionately costly (Burns and Friedman 1990; Curtis et al. 2001). Interests in cost-containment, as well as achieving family placement for all youth, serve as incentives to minimize duration of stay in group care settings and promote transitions from group care to family settings. This paper presents results from an intervention to increase the likelihood that youth in group care will exit to family settings (either with their family of origin, other guardians or kin, or a foster family).

Rather than engage in the significant debate about the value of group care (Barth 2005; Dishion et al. 1999; Hair 2005), this paper starts with the premise that there are some youth served in group care who may no longer need the intensive level of care. One study found that about one-third of youth in group care did not demonstrate behaviors that justified a group care placement (Lyons et al. 1998). Since family placement (with their own parents, extended family, or foster care) is preferred when youth can be safely maintained in a family setting, interventions that effectively promote the transition from group care to family settings may be needed.

Group Care Exits

In the continuum of out-of-home care, group care programs are seen as more restrictive than family care settings. Historically, child welfare practice emphasized a "step-down" approach from residential care programs to incrementally less restrictive settings. In this model, youth would transition from a group care setting to a treatment foster care home, to a family foster home prior to planning for reunification to their family or independent living. These graduated changes were seen as helpful to insuring youth had adequate support to be successful. A study of treatment foster care found that almost two-thirds of youth entered from a more restrictive setting (Farmer et al. 2003), suggesting adherence to a "step-down" approach. However, this model increases the number of placement changes a youth experiences. Youth who encountered graduated "step-down" efforts also reported dissatisfaction with the increased instability of multiple placement moves (Hyde and Kammerer 2009).

Although group care is intended as a time-limited intervention, little is known about where youth go when leaving group care settings. A study in Illinois found that only about 40 % of youth leaving group care in 2003 exited to a less restrictive setting (Budde et al. 2004). Single-program studies of group care youth report varying patterns of discharge destinations. For example, a Canadian sample reported that about 45 % of group care youth were living with their family of origin within 12–18 months of leaving group care (Preyde et al. 2011); another study found that about 30 % of youth exited group care placement to either a foster family or to reunification (Baker and Calderon 2004). Further, exiting to family care does not guarantee youth well-being and stability. Disruptions from family care are not uncommon (Budde et al. 2004) and may indicate that the caregivers or youth were not sufficiently prepared for success.

Family Engagement

Engagement with family is important for youth in group care. In her recent structured review of group care models, James (2011) identified parent components to treatment in four of the five models she assessed, although she cautioned that implementation of these family components in actual practice are not well-known. However, family involvement is one of the most consistent predictors of positive outcomes for youth in group care (Lee et al. 2011), including shorter lengths of stay, discharge to family and stability after discharge for at least the next 18 months (Landsman et al. 2001).

A few studies suggest that family members should also be engaged in transition planning. Nickerson et al. (2007) interviewed youth, parents, and group care workers about how to prepare youth to transition from group care. Their findings identified the value of working with families to identify supportive community resources and increasing the opportunities for home visits. Munson and Scott (2008) interviewed group care administrators about the needs of older youth in group care and highlighted the importance of pro-social attachments and caring relationships. Further research is needed to measure whether engaging family in transition planning can increase the rate of youth exiting group care.

Description of Transitioning Youth to Families (TYTF) Intervention

The current research examines the effects of transitioning youth to families (TYTF), an intervention delivered in two counties in a Mid-Atlantic state that was designed to promote movement of youth from group care to family settings (i.e., reunification with family or placement with extended family, fictive kin, legal guardians or foster parents). This initiative began from a concern about high rates of group care in these two counties. In addition, on a state-level, there was no established process for involving family members in decisions about placement changes, especially in regards to transitioning youth from group care settings.

The TYTF intervention was developed through a partnership with a national child welfare advocacy group, state-level administrators, and local county leaders and practitioners. The effort began with identifying key practice principles that would guide the intervention. These included statements like: "every child deserves a family" and "birth and extended families are considered as a first resource for the youth transition." Consultants from the national child welfare advocacy group proposed various efforts and models they had seen successfully implemented in other states to reduce group care placement. The state and local county officials considered the current practice context in determining what components would be most beneficial. Over several months of discussions and site visits to places implementing various efforts, the TYTF intervention was developed.

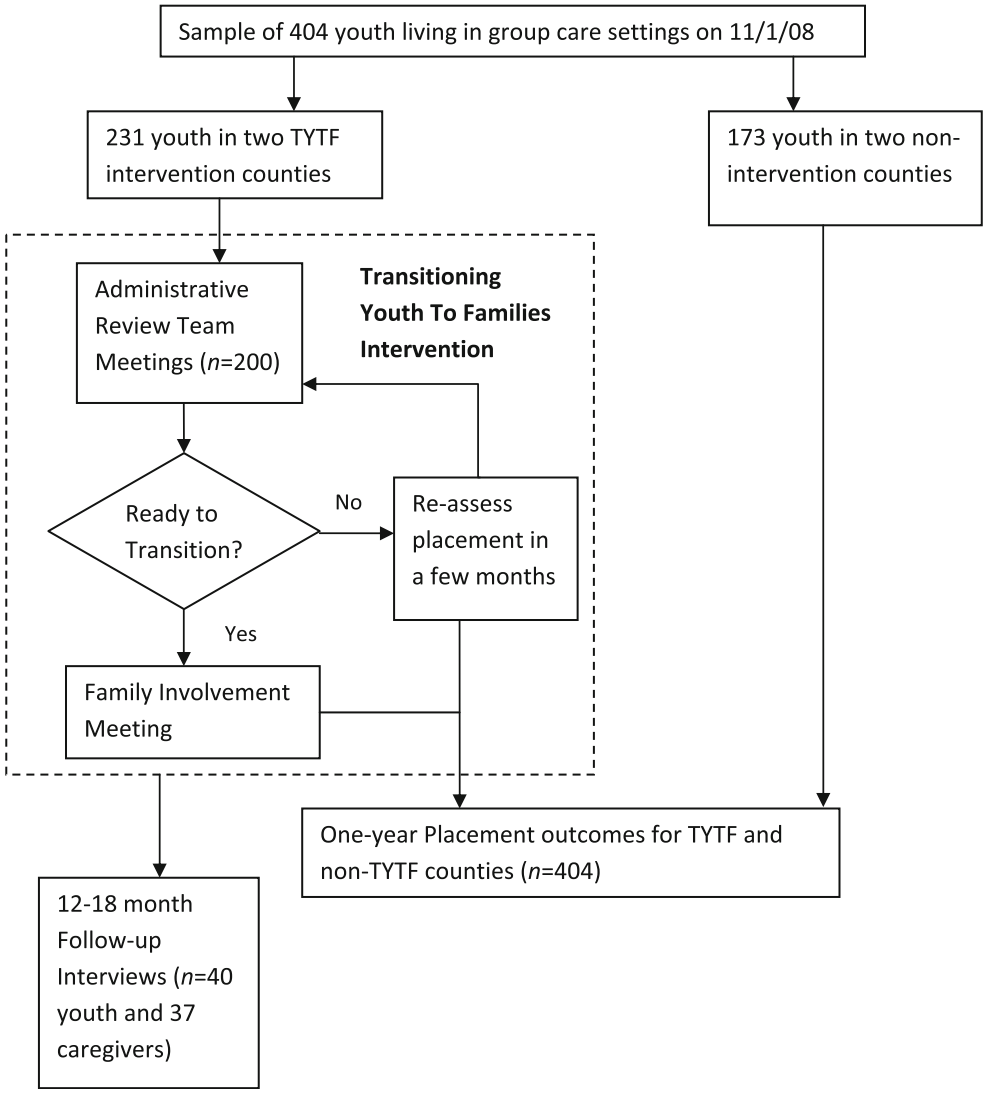

Fig. 1 Flow diagram of TYTF evaluation

TYTF involved several components, including identifying youth needs and strengths, engaging other public systems (e.g., juvenile justice, education, mental health) in anticipating transition services, and working with identified family and supportive adults (see Fig. 1). First, an Administrative Review Team meeting (ART) was conducted for each youth in group care. These occurred between January and May 2009. This meeting was intended to be multi-disciplinary, with attendees including internal child welfare staff and external systems represented by a diverse group of professionals. The focus of the meeting was to consider what it would take for the youth in group care to move to a family setting by identifying barriers and brainstorming ways to overcome these barriers. This component was scheduled first to insure that all individuals working with a youth were familiar with the potential family and extended family resources that could later be engaged in transition planning.

The ART meetings were held at the local child welfare agency and each meeting lasted about 20 min and was attended on average by three or four individuals, although some meetings had as many as seven professionals present. In advance of the meeting, the local child welfare worker primarily responsible for the youth prepared background material about the youth's family and other supportive adults who have invested in the youth's life. At the ART meeting, the worker shared this information, with attention to the strengths of the youth and family as well as the most salient challenges preventing family placement. For each meeting, the notetaker completed a checklist with several questions that assessed the adherence to key principles of the Transitioning Youth to Families initiative. These

included considering birth and extended family as primary resources followed by foster family placement as a secondary resource, reviewing family strengths, and developing records of extended family resources. For some youth, a genogram was developed to identify and explore available family resources and potential placement options. The need for and type of support services needed once the youth transitioned to the community were also explored at the meeting.

Meeting participants subjectively determined next steps after discussing the strengths and challenges of the youth and potential family placement resources. If the team determined that the youth was not yet ready for a family placement, the professionals discussed the most pressing barriers to family care and how to address them. The child welfare worker or other system partners then focused their efforts on overcoming these barriers following the meeting. For some youth not yet ready for family care, placement in a less restrictive settings (e.g., moving from residential treatment to a group home) was explored. If the youth was deemed ready to begin a transition to a family setting, further discussion centered around readying the potential family placement resources available. Family placements could include returning to biological parents, other family members, fictive kin or supportive adults, as well as possible foster family or treatment foster care homes. As such, next step tasks could include working with the youth to identify and locate important adults to involve in transition planning and decision-making.

For youth ready to transition from group care, a Family Involvement Meeting was scheduled following the Administrative Review Team meeting. The goal of a Family Involvement Meeting was to reach a consensus about a plan that best serves the youth and engages the family in decision-making and resource identification. A Family Involvement Meeting included family members and supportive adults as well as professionals involved in the youth's care (child welfare worker, Court-Appointed Special Advocate [CASA] worker, therapist, current caregiver). When appropriate to the youth's age and cognitive ability, the youth was also invited to participate. If a family placement resource had been identified (a family member, fictive kin, supportive adult or foster parent), this individual was also be included. Both before and after a Family Involvement Meeting, child welfare staff were engaged in efforts to prepare participants for next steps as well as manage logistical issues like exploring potential providers of needed ancillary services and supports in the anticipated family placement.

In developing the intervention, much consideration was given to the ordering of the components. Although engaging the family early in the process was seen as important, a drawback of beginning with the Family Involvement Meeting was that all potential family placement resources (especially extended family or supportive adults willing to serve as guardians) may not yet be identified or known to the child welfare agency. Beginning with the Administrative Review Team meeting allowed multiple professionals to assist the worker with identifying family placement resources and troubleshooting how to access supportive services that could be offered to families. In this way, the Administrative Review Team meeting was a planning meeting to identify family placement resources and consider how best to engage youth and family stakeholders. However, involving the family and youth from the start may have uncovered additional resources or knowledge that would have facilitated the transition in ways that the professionals would not have anticipated or identified. Family and youth consumers were not involved in the design of the intervention; engaging these stakeholders in planning may have resulted in a different order or composition of the intervention components.

Purpose

In this paper, we aimed to assess evidence for the effectiveness of this intervention in moving youth from group care to family care within 1 year using a quasi-experimental design. We compared one-year follow-up placement settings for youth in the treatment counties and comparison counties using propensity score matching. In addition to the primary outcome of placement in a family setting, we explored the effect of the intervention from the perspectives of youth and caregivers using content analysis of open-ended interview questions.

Our research questions were as follows:

1. Was the intervention effective at moving youth from group care to a family setting?
2. How did youth and caregivers describe the intervention effects? and.
3. How can efforts to transition youth to family settings be improved?

Methods

Study Procedures

The intervention was a practice innovation delivered to all youth living in child welfare group care settings (e.g., group homes, residential treatment centers) on November 1, 2008 in two counties (one rural, one suburban), which yielded 231 youth. Since the premise of the intervention was that all youth should be considered for a family placement (biological, kin, or foster family), all youth

residing in group care settings at baseline received the intervention regardless of whether their permanency goal was reunification. There were 200 Administrative Review Team (ART) meetings held for 196 of the 231 youth in the study (85 %); four youth had more than one ART meeting. Some youth (15 %) did not have an ART meeting because they had moved from group care prior to their meeting being scheduled; however a Family Involvement Meeting was held prior to their transition from group care.

Intervention Adherence

A note taker (usually the child welfare worker) evaluated and recorded adherence to TYTF principles. Results suggested high rates of considering family members as placement resources (91 %), and that strengths and capabilities of the family of origin were discussed (87 %). At the end of the ART meetings, the members discussed follow up tasks and next steps. For 25 % of the youth, the follow-up plan included scheduling a Family Involvement Meeting in the near future. Additional follow-up tasks included identifying resources for placement or services (24 %), engaging community partners in providing referrals or services (24 %), or exploring family resources for placement (23 %). Some youth (17 %) were deemed not ready for a transition to a family setting and would be reassessed a few months later. At the time of the ART, some youth already had a transition plan in place to leave group care (16 %) or had already completed a Family Involvement Meeting to plan for the transition (8 %).

Interview Procedures

To assess the impact of the TYTF intervention on placement outcomes 1 year later, state administrative child welfare placement data were used for the target youth in the two counties who received the practice innovation ($n = 231$) as well as two counties who served as a comparison group ($n = 173$). The comparison counties were selected by state-level administrators and participating county leaders as counties that they assessed to have similar demographics (race, urbanicity), workforce (caseload, education level of workers) and resources (availability of group care placements, auxiliary services, and access to mental health care). The comparison counties were not currently conducting any designated efforts to move youth from group care settings or engage families in decision-making.

Follow-up telephone interviews were conducted with a convenience subsample of youth and caregivers between 12 and 18 months following the ART intervention (between May 2010 and December 2010). Trained interviewers completed the interviews in 30–75 min. The topics explored during the youth and caregiver interviews included placement changes in the previous year, any efforts or movement towards transitioning into a family setting, service use and current functioning. All procedures were approved by the Institutional Review Board at the University and the state child welfare system.

Sample

The sample of 231 youth included in the intervention are described in Table 1. Like most youth served in group care settings, these youth faced various challenges and have a history of involvement with public services. More details about the sample at baseline are available in elsewhere (Lee et al. 2010).

Follow-up telephone interviews were conducted with a subsample of youth and caregivers who received the intervention. To participate in the follow-up interviews, youth had to meet inclusion criteria (at least 10 years-old, adequate cognitive functioning to consent to participate, and not held in a correctional setting), which excluded 83 (36 %) youth. For ineligible youth, the caregivers could still participate; however, 32 youth were living independently or did not want to have a caregiver included in the study, so only 199 caregivers were eligible. Child welfare workers provided the research team with contact information for eligible participants. Due to missing or incorrect contact information, only 173 people were successfully contacted to solicit participation in the follow-up interviews. Of these, 67 actively dissented from participation in the interviews. From the remaining 106 individuals, 86 submitted signed consent forms and 77 successfully completed interviews.

Interviews were completed by 40 youth and 37 caregivers. These interviews represent 57 distinct youth; for 20 pairs of youth and caregivers, both respondents completed an interview. Of these 57 distinct youth, 22 (38 %) were in group care, 29 (51 %) were in a family care setting, and 6 (10 %) lived in independent living settings at the time of the follow-up interview. In order to check for response bias, the characteristics of respondents who completed the follow-up interviews and non-respondents who did not were compared. The results revealed there were no significant statistical discrepancies between them (see Table 1).

Measurement

Demographic information for the target youth at baseline was available from administrative data and child welfare workers. Information on youth in the comparison county was available only from state administrative data.

Table 1 Description of sample

	Total sample (N = 231) N (%)	Follow-up Interviews non-respondent (n = 174) N (%)	Follow-up Interviews respondent (n = 57) N (%)	χ^2/t χ^2
Gender				
Male	145 (62.8)	106 (60.9)	39 (68.4)	1.034
Female	86 (37.2)	68 (39.1)	18 (31.6)	
Race				
White	114 (49.4)	82 (47.1)	32 (56.1)	1.396
Black	93 (40.3)	70 (40.2)	23 (40.4)	0.001
Others†	3 (1.3)	22 (12.6)	2 (3.5)	3.848
Baseline placement type				
Residential group care	103 (44.6)	75 (43.1)	28 (49.1)	0.630
Residential treatment center	57 (24.7)	43 (24.7)	14 (24.6)	0.001
Therapeutic group care	28 (12.1)	23 (13.2)	5 (8.8)	0.797
Alternative living unit	20 (8.7)	15 (8.6)	5 (8.8)	0.001
Others‡	7 (3.0)	18 (10.3)	5 (8.8)	0.118
Primary reason for placement				
Behavior problems	110 (47.6)	86 (49.4)	24 (42.1)	0.922
Child disability	76 (32.9)	56 (32.2)	20 (35.1)	0.164
Child neglect	80 (34.6)	62 (35.6)	18 (31.6)	0.312
Physical abuse	32 (13.9)	21 (12.1)	11 (19.3)	1.880
Sexual abuse	37 (16.0)	25 (14.4)	12 (21.1)	1.426
Prior juvenile system involvement	78 (33.8)	53 (30.5)	25 (43.9)	3.447
Developmental disabilities	66 (28.6)	46 (26.4)	20 (35.1)	1.574
Receiving special education services	160 (69.3)	121 (69.5)	39 (68.4)	0.025
Psychotropic medication use at baseline	186 (80.5)	138 (79.3)	48 (84.2)	0.657
Receiving mental health services at baseline	218 (94.4)	162 (93.1)	56 (98.2)	2.138
	M (SD)	M (SD)	M (SD)	*t*
Age (years)	15.0 (3.0)	14.9 (3.2)	15.3 (2.2)	−0.884
Number of prior placements at baseline	4.4 (3.2)	4.3 (3.3)	4.4 (2.9)	0.067
Length of stay at baseline (month)	17.3 (8.6)	17.1 (8.6)	17.8 (8.9)	−0.466

† Includes Bi-racial/multi-racial, Asian, and Native American; ‡ includes shelter, diagnostic, respite, etc

One-Year Placement Outcomes

State administrative data provided information about placement settings for youth still in child welfare custody and exit destination for youth who had transitioned from child welfare custody. Administrative data on placement outcomes as of November 1, 2009 (one-year post-baseline) were assessed for the 231 youth in the TYTF counties as well as 173 youth in the two comparison counties who were in group care at baseline.

Family Involvement Meeting Feedback

Each youth and caregiver who completed the follow-up interview was asked to describe the family involvement meeting in his or her own words. Interview respondents were asked what was helpful about the family involvement meeting and what suggestions for improvement could be offered. Responses to these questions were transcribed by the interviewers as open-ended comments.

Analysis

Descriptive Quantitative Analysis

Frequencies as well as means and standard deviations were calculated for demographic and other descriptive variables. In comparing respondents and non-respondents as well as the treatment sample with the comparison counties and the treatment sample over time, bivariate

analyses that included *t* tests and Chi-square tests were conducted.

Propensity Score Matching Models

To estimate the treatment effect of the TYTF intervention, propensity score matching was used to adjust for selection issues that may be present between the counties that received the intervention effort and the comparison counties (Rosenbaum and Rubin 1985). Propensity score matching helps to control selection bias due to pre-existing differences between treatment and comparison groups (Barth et al. 2007).

In this study, a three-step analytic procedure provided by prior research (D'Agostino 1998; Guo et al. 2006) was used. The first step was to assess pre-existing differences between groups. Using the Stata program PSMATCH2 (Leuven and Sianesi 2003), the next step was to create propensity scores and use them to create a new sample of cases that share similar likelihoods of being assigned to the treatment condition (Guo et al. 2006). Finally, two-sample tests of proportion were conducted with the matched samples to compare rates on the outcomes of interest (e.g., transitioning youth to home, still remaining in group care, etc.); bootstrapped standard errors were used to consider whether differences in the matched groups were significant (Heckman et al. 1997).

To estimate the effects of the intervention, 1 year placement outcomes for youth in the intervention counties were compared to the two non-intervention counties. Because the youth in group care at baseline in the treatment counties may be different in various ways from youth in group care at baseline in the comparison counties, propensity score matching was used to minimize possible selection bias. In this study, 12 covariates were identified to estimate propensity scores. The covariates were selected based on youth relationships with treatment assignment (in this case, being in group care in the treatment counties vs. the comparison counties) or the outcome of interest (e.g., transition to family setting). A correct specification of covariates in the model is important, because the final estimation about treatment effect for the treatment group is sensitive to this specification (Rubin 1997; Guo et al. 2006). Prior research suggested that characteristics of the youth, family, and placement experiences were important in predicting exits from care (Connell et al. 2006), permanency (Akin 2011) or reunification (Courtney 1994; Wells and Guo 1999). In a study of group care exits, Budde et al. (2004) found that gender, age, disability, maltreatment experiences, and number of prior placements were significant predictors. Other researchers have identified the importance of race (Akin 2011) and family structure (Harris and Courtney 2003).

We explored several different collections of covariates and matching strategies (one-to-one with replacement with a caliper, one-to-one without replacement with a caliper, and one-to-three with a caliper, etc.); however, the substantive results remained unchanged across the models, except where noted. For simplicity, we present results from a model that used one-to-one nearest neighbor matching without replacement with a caliper size of one quarter of the standard deviation of the obtained propensity scores (Barth et al. 2008; Rosenbaum and Rubin 1983).

The covariates included were youth factors (e.g., gender, race, age, special needs, history of maltreatment), family factors (parent substance abuse, mental health, homelessness) and prior placement experiences. As shown in Table 2, the two samples were significantly different in 4 out of 12 covariates prior to matching. After matching, however, no significant differences on the covariates remained; that is, all covariates across groups were successfully balanced that, in turn, resulted in matched samples.

Qualitative Analysis

Transcripts from the open-ended comments were independently reviewed by two of the authors using content analysis to identify themes (Krippendorff 2004). Youth and caregiver texts were considered separately, with attention to similarities and differences between themes presented by youth and caregivers. The authors met and through discussion and comparison, the agreed-upon themes were descriptively labeled. The comments were again read and independently coded into the thematic categories. Results from the two coders were compared and the discrepancies (less than 20 %) were reconciled through further discussion and consensus-building. A selection of the comments that were identified independently by both coders are presented in this paper to illustrate the most common themes found in the open-ended comments.

Results

Placement Outcomes One Year Later

State child welfare administrative data records were used to identify where youth in the baseline sample were living 1 year later. For this analysis, results from both of the two counties who received the intervention as well as two comparison counties not involved in the effort are presented (Table 3). For youth who had exited the child welfare system, their exit reason or exit destination was used to identify their placement outcome. According to this administrative data, about half of the youth in both groups

Table 2 Pre and post-matching differences for treatment and comparison group

Covariate	Pre-matching			Post-matching		
	Treatment group	Comparison group	*t* value	Treatment group	Comparison group	*t* value
Male	63 %	58 %	0.84	66 %	65 %	0.28
Black	43 %	73 %	−5.97**	63 %	61 %	0.28
White	50 %	22 %	5.91**	30 %	33 %	−0.43
Removed due to disability	13 %	18 %	−1.45	14 %	13 %	0.20
Court-ordered removal	77 %	77 %	0.19	81 %	80 %	0.17
Single mother	41 %	36 %	1.09	38 %	39 %	−0.14
Disability	10 %	16 %	−1.74	15 %	10 %	1.21
Maltreatment history	57 %	67 %	−1.97*	65 %	65 %	0.14
Serious family problems	50 %	52 %	1.64	51 %	48 %	0.40
Length of stay (months)	17.29	14.88	3.03**	15.27	16.15	−0.93
Number of prior placements	4.42	3.96	1.35	4.22	4.45	−0.54
Age	15.48	15.42	0.24	15.26	15.25	0.05

* $p < .05$, ** $p < .01$

Table 3 One-year placement setting for youth in treatment group and comparison group (N = 404)

	Treatment counties N (%) N = 231	Comparison counties N (%) N = 173	χ^2
Still in a group care	113 (48.9)	89 (51.4)	0.253
Child welfare family placement (TFC, kinship care, foster care)	41 (17.7)	32 (18.5)	0.037
Other child welfare placement	7 (3.0)	15 (8.7)	6.111*
Exit to family (reunification, relative)	36 (15.6)	11 (6.4)	8.190**
Exit to independent living (independent living, own home, college)	11 (4.8)	16 (9.2)	3.193
Exit for other reasons (transfer to other agency, no reason reported)	20 (8.7)	4 (2.3)	7.129**
Runaway/AWOL	3 (1.3)	6 (3.5)	2.138

* $p < .05$, ** $p < .01$

were still in a group care setting 1 year later, with no significant difference between the treatment and comparison counties. In considering the goal of transitioning to a family setting either within the child welfare system (e.g., foster care) or exiting the system to family, about 33 % of the sample in the treatment group had achieved this outcome within 1 year, compared to 25 % in the non-intervention counties. Statistically significant differences were found in regards to exiting to reunify with parents or extended family, which occurred for about 16 % of the treatment group compared to only 6 % in the non-intervention counties ($\chi^2 = 8.190$, $p = .004$).

The matched samples created through propensity score matching were compared on the outcomes of interest; specifically the proportion of youth who were still in group care, and those who had transitioned to a child welfare family setting or who had left the child welfare system to live in a family setting (either with biological parents, adoptive parents, or kin) 1 year later. Boot-strapped standard errors and 95 % confidence intervals were used to assess whether differences in outcome placement settings were statistically significant. Findings identified a significant difference in the proportion of youth who left the child welfare system to live in a family setting; specifically, we found a higher rate of this outcome for the TYTF counties (see Table 4). These results remained consistent across multiple matching strategies (including matching with and without replacement, with and without a caliper, and with 1-to-many matching) with one exception. In a matching model that included 1:3 matching with replacement, the higher rate of exits to family care in the TYTF sample showed only a trend for significance with the bootstrapped standard errors ($p < .10$).

To assess whether the differences in outcomes between the treatment and comparison counties are related to unmeasured patterns of practice that have historically allowed for higher rates of family placement from group care for the treatment counties, we conducted exploratory analysis with an earlier group care cohort from the treatment counties. Using a sample of youth in group care 1 year prior to the baseline for the study sample (i.e., before the implementation of the intervention), we

Table 4 Estimated effect of intervention on outcomes

Outcome	Treatment group proportion (n = 110)	Comparison group proportion (n = 171)	Bootstrap SE	95 % CI	*p* value
Still in group care	0.52	0.53	0.07	[−0.14, 0.12]	$p > .05$
Child welfare family placement (foster care, treatment foster care, kinship care)	0.15	0.18	0.06	[−0.14, 0.09]	$p > .05$
Exit to family	0.16	0.06	0.04	[0.01, 0.19]	$p < .05$

compared rates of one-year outcomes for the earlier cohort with the one-year outcomes of the study sample. For the different cohorts of group care youth in the treatment counties, the rate of transitioning to a family care setting within the child welfare system was 11 % prior to the intervention and 18 % for the intervention cohort ($\chi^2 = 5.088$; $p < .05$). Exiting the system to family was a one-year outcome for only 9 % of youth in the earlier cohort, compared to 16 % of the treatment cohort ($\chi^2 = 5.863$; $p < .05$).

Youth and Caregiver Reports of Family Involvement Meetings

The follow-up interviews asked youth and caregivers several questions about the TYTF intervention component in which caregivers and youth participated, i.e., family involvement meetings (FIM). Respondents were asked to describe in their own words what happened at these meetings and what was helpful about these meetings. Several themes emerged from the open-ended comments, which will be presented below with illustrative quotes from participants.

One of the most common words used by participants to describe the Family Involvement Meeting was "planning." The FIM gave the opportunity for caregivers, providers, and the youth to discuss the creation of a plan or begin to plan for a transition to a family setting. One caregiver described the meeting in this way: "his service coordinator, case manager, staff in the house, his mom and him sat down and put a plan and goals in place for him to reach. There were lots of transitional goals. [The youth] designs the plan and the rest of team members help him put that into action." A youth described the meeting activities as "[we] talked about my progress and how I was doing, what I need to work on, and plan for the future."

The meetings also provided an opportunity to discuss the youth's progress. A caregiver described the meeting as an "opportunity to discuss where the youth was at, her level of independence, her desire to be independent, what she needs to do on her end and the services that could be provided." The meeting allowed one youth to "talk about … stuff that would get me in trouble, how to improve my behavior, and how I can earn my way back home or independent living." Another youth was able to "talk about my strengths, my negatives, my goals, and what I think is best for my future."

The FIM served as a time to explore options for the next placement setting. At times, a specific living situation was already identified (as one youth said, the meeting was "about my future and where I was going to live and living with grandma"); for other youth, the meeting considered a broad array of placement types (a caregiver reported "It was a very long meeting trying to discuss if he was good for group home or foster care treatment").

For some youth, the FIM was a time to get acquainted with future caregivers and their expectations. A caregiver explained "[at the] first meeting, I got to meet [the youth] and his mom. [They] interviewed me; [I] interviewed them to find out likes and dislikes. [It was a] getting to know you meeting." One foster parent described the meeting in this way: "[Youth] came up to us and said he has a hole in his heart and my husband and I thought he meant it physically. Then he said you can fill it up by being my mom and dad. It was a good meeting for me." A youth reported that "[the meeting] helped out a lot. I knew what to expect when I got home."

Family Involvement Meetings are intended to provide opportunities for shared decision-making and this was experienced by respondents in our sample. One caregiver said the FIM was helpful because "everybody was on the same page and feeling like you were involved in the decision making. [The youth] was able to participate in the meeting and say for himself where he'd like to be and what he thought he needed to continue to succeed." Another caregiver said the FIM "gave [the youth] the ability to give his voice to his own care. He was part of the process."

A theme found among youth respondents was that the meeting allowed them to gain new insights and realizations about themselves, their caregivers, and their placement options and resources. One youth reported, "they talked to me about who I am and when they tell me my strengths, it makes me feel good and I realize about my personality and that makes me feel good. They point out things that I don't

see." Another youth realized "that [the] current placement wasn't for her." Although transitioning youth out of group home placement was the end goal for youth in foster care, some youth reached other conclusions, such as "It made me realize that I could not live alone or with my family member. I realized that I did not want to go with mom or grandma." The meeting process provided a helpful reminder to some youth about family support: "I got to see my family and know that they are still there for me. Even when I didn't think people were there to help me, they were there to help me."

Convening a Family Involvement Meeting may have created expectations that a transition was likely or eminent, which was not always the case. One outcome from a FIM was that "nothing happened," which was difficult for participants. As a youth described, "it was just the same thing over and over again, that I would just have to stay in foster care…. It just made me more depressed and it was pretty much therapy instead of a meeting. There was nothing even worth looking forward to." A caregiver also noted that "they didn't really come to a decision that worked."

Feedback for Family Involvement Meetings

Although the open-ended comments do not provide adequate data that can be used to develop a predictive model of what makes a Family Involvement Meeting effective, the importance of who attended was echoed in many of the respondents' words. When asked what about the meeting was helpful, one youth said, "my adoptive mom was there to support me and the decision made." Even attending by telephone was important. One youth said, "My dad– he did not physically attend but he verbally attended and it was good to hear positive reinforcement from my dad and everyone else." In contrast, when important individuals were absent, decision-making was compromised. As one caregiver reported, "We tried to come up with a plan to help her, but none of the family showed up." In a suggestion of how to improve the FIM process, one caregiver advised that, "when people are supposed to be there, they should be there. Youth has a CASA worker and was very close to him. But the CASA worker did not show up…."

Another limiting factor that emerged from the respondent comments was that planning did not ensure a smooth transition. While these meetings often lead to the development of a transition plan, the plan was not always implemented. One caregiver expressed concern about how decisions are ultimately made in court. "More follow-up is needed because after the meeting, the court decides. There needs to be documentation on the follow-up as to what occurred versus the recommendations." The importance of the youth endorsement of the plan is also key. According to one caregiver, "[The meeting didn't work] because of the youth's refusal to cooperate. He would not work with anybody. Had he been cooperative, it would have been great. Meetings would have been excellent with a child who would have been cooperative; they went above and beyond to find solutions for youth; their effort was excellent."

Discussion

In exploring the effects of the Transitioning Youth To Families intervention, results underscore the conclusion that moving youth from group care settings is not a simple process. The goal of the intervention was to promote the movement of youth from group care to family settings. Even with this multi-component intervention, almost half of youth were still in group care 1 year after baseline. The intervention activities—identifying the barriers to family placement, engaging professionals in an effort to view family as a primary placement resource, and involving family care providers in planning and decision-making—may have contributed to the increased number of youth returning to family members 1 year later in the TYTF sample compared to the non-intervention counties.

Despite the small impact measured on the key outcome of transition to family settings, the qualitative results shed light on a few unanticipated outcomes that merit mention. Specifically, families and youth reported that they appreciated being included in the process and generally reported benefits of involvement even when no placement change occurred. Youth identified these meetings as venues for receiving emotional support from family and developing insight on their circumstances. The themes identified in the qualitative results may offer some suggestions of factors to consider in building a framework to understand family involvement and shared decision-making.

Because the results appear to reflect a rather modest positive effect for the TYTF intervention in regards to returning youth to family settings, further consideration is needed to understand why a multi-component intervention was not able to create more widespread and evident change. One possible explanation is that youth may have remained in group care rather than transitioning to family settings because their needs were best served in the group care settings. The principles of the intervention valued family care over group care placement for every youth. As stated at the outset, the focus of the evaluation was not to assess the merits of group care. Although extensive research in developmental psychology and other fields support the value of family care, it is possible that some youth may need the structure and supervision of a group care setting, at least for a period of time. In addition, the

group care programs may provide a unique array of services (i.e., 24-hour supervision, on-site health and mental health professionals) that are not easily replicated in family care. For example, families interested in caring for youth with extensive medical care needs or behavioral challenges may require extensive in-home supports to care for these youth. These supports may be unavailable or perceived as insufficient to potential family caregivers.

Second, the intervention designed to transition youth from group care to family settings may not have addressed all the barriers to making this process a success. The components of the intervention may have been too weak to produce the desired outcome of moving youth successfully to family care. Many of the youth would require supportive services to maintain their level of functioning in a family setting. Funding these services can be a challenge, as flexible funding dollars are limited. Group care settings often provide an individualized education program for the youth in their care. This can include a free-standing school that is accessible only to group care residents. Youth may be ready to transition out of the residential setting of the group care program, but may still need this level of education specialization. Unbundling group care services so that youth can access components of care, for greater continuity of services after leaving the residential setting, is not readily done.

Third, stability in placement may serve as a competing value to permanency. For some youth, a biological family member may have expressed some interest in reunification, but may not be ready immediately to provide care. For example, a family member may be deployed overseas but willing to provide care upon her return in a few months. Alternately, a placement resource in a family setting may be across state lines, requiring an interstate legal agreement which may take time to process. In these examples, whether the youth should remain in a group care setting (to promote stability) or be placed temporarily with a foster family in the interim is not always clear. Moving a youth to a family setting necessitates a placement change, which is inherently risky. Youth often struggle with change and may manifest behavior problems during the transition, which may prompt a return to group care. Efforts to speed up transitions may create unintended consequences like instability.

Finally, the key outcome measured in this study is whether a youth was in family care at a specific one-year timepoint. It is possible that some youth did exit group care and return to a family setting, but were stepped back up into group care within 12 months. In the subsample of 57 youth represented in the follow-up interviews, this pattern was found for only one youth. However, most youth experienced some placement changes over the course of 12 months; the relationship between the intervention and the timing of and reason for these moves is not known.

This study is not without limitations. Propensity score matching to develop similar matched samples is limited in matching only on measured variables. Differences between the counties that were not measured (including child welfare worker practice variation, group care effectiveness, county leadership) may have been important and were not able to be included in the analysis. The available administrative data on background covariates of individual youth cases, placement settings and departure from care may be incomplete or incorrect. For example, data on a youth's permanency plan were not always available or up-to-date and was thus not included; accurate permanency plan information as well as other covariates like a standardized measure of functioning would likely have enhanced the matching models. Workers from the treatment counties may have systematically reported youth characteristics differently than youth from the comparison counties, which may have created unmeasured differences in the samples. In this study sample, some youth shared the same child welfare worker for some or all of the study period, creating a non-independence of the sample. Some youth in the intervention counties did not receive an ART meeting or other components of the intervention but are still included in the analysis (similar to an intent-to-treat approach); this may have muted the effects of the intervention. The quality of the ART meeting was also not well-measured. The reporting of adherence to the TYTF principles was subjective and susceptible to social desirability bias. The follow-up interviews were completed by only a small portion of the intervention's participants. Individuals who did not complete a follow-up interview may have experienced the TYTF intervention differently and would likely offer other valuable input on the process. Finally, the counties selected for participation were chosen based on concerns about high rates of group care. Shedding light on this issue and setting goals to reduce group care use may have created social pressures and incentives to increase moves to family placements above and beyond the effect of the intervention.

Lessons Learned

The goal of moving youth from group care to family care is likely shared by many child welfare jurisdictions. However, little empirical evidence exists to evaluate the effectiveness of interventions in accomplishing this goal. Although the intervention described in this study demonstrated very modest success, the lessons learned both in the process of the evaluation and the substantive results themselves may be helpful for future efforts.

Conducting a rigorous, systematic evaluation of a practice innovation in the real-world is challenging. The intervention was developed through a process of establishing key principles and then building consensus on how to develop practices that are consistent in demonstrating these principles. Tools like developing a logic model, implementing structured fidelity assessments and engaging a broader group of stakeholders, including youth and family members, would likely have enhanced the intervention. When input from youth and caregivers was solicited during the follow-up interviews, these individuals made thoughtful suggestions that should guide future efforts.

Using a mixed methods approach in this study unveiled a more complete picture of the intervention effects. The quantitative analysis provided a specific measure of the intended outcome and propensity score matched analyses offered evidence for an effect, although quite small. The open-ended interview questions identified additional benefits of the intervention that would not otherwise have been considered. In evaluation, unanticipated outcomes are often revealed through direct contact with participants (Rossi et al. 2004). In this study, the follow-up interviews highlighted themes that may serve as proximal outcomes (e.g., youth gains insight, expectations for new placement are established) on the path to impacting the eventual outcome of transition to a family placement. Future studies of efforts to transition youth from group care to family settings should consider measuring these incremental steps in the transition process.

In evaluating an intervention, selecting the right population to target is crucial. In this study, directing the intervention only to youth who were viewed as ready to transition to family care may have created better outcomes. Further, specifying a timepoint during care when the intervention should be delivered (i.e. after 3 or 6 months in group care) might produce stronger effects. Narrowing the target population would also increase efficient use of limited resources.

Although the TYTF intervention was implemented in two counties (one rural, one suburban), no county-specific significant differences in sample characteristics or outcomes were identified between the two intervention counties. This was surprising considering other research that has suggested an impact of urbanicity on child welfare outcomes (Barth et al. 2006; Belanger and Stone 2008). Further research that includes rich contextual information about nuanced differences in cross-system service coordination, organizational culture and climate, and other jurisdiction-specific characteristics may better identify variation at the county-level.

The role of group care providers in facilitating the transition to family care was not explored at all in this study. Group care providers themselves may be integral to preparing youth and families for this transition, as suggested by Nickerson et al. (2007). These providers may even be able to re-tool some of their resources and provide post-placement in-home supports to improve continuity of care for youth who have transitioned into family care. Innovative and responsive service delivery may allow group care providers to increase their value in a system of care for youth.

The qualitative findings offer suggestions for factors to consider in future studies of family engagement and shared decision-making. Specifically, identifying the individuals who are important to the youth and involving them in planning and decision-making activities are key ingredients. In this study, the intervention was designed for FIM to occur towards the end of the transition process. Involving family in more formal ways earlier in the process (including in the planning of the intervention effort) may have led to improved outcomes for youth. Other interventions like family support groups, skill-building, or empowerment may improve family engagement earlier in the placement process, which may increase opportunities for youth to return home after group care placement.

Finally, this intervention addressed the problem of potential overuse of group care by promoting transitions from group care into family settings. Equally important is evaluating placement decisions at the entrance into group care. Engaging family resources prior to group care placement and making supportive services available to family caregivers may minimize the need for group care entry. Promoting family care whenever possible for all youth requires a comprehensive approach.

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References

Akin, B. A. (2011). Predictors of foster care exits to permanency: A competing risks analysis of reunification, guardianship and adoption. *Children & Youth Services Review, 33*, 999–1011.

Baker, A. J. L., & Calderon, P. (2004). The role of group care homes in the child welfare continuum of care. *Residential Treatment for Children & Youth, 21*(4), 39–58.

Barth, R. P. (2005). Foster home care is more cost-effective than shelter care: Serious questions continue to be raised about the utility of group care in child welfare services. *Child Abuse and Neglect, 29*, 623–625.

Barth, R. P., Greeson, J. P., Guo, S., Green, R. L., Hurley, S., & Sisson, J. (2007). Outcome for youth receiving intensive

in-home therapy or residential care: A comparing using propensity scores. *American Journal of Orthopsychiatry, 77*(4), 498–505.

Barth, R. P., Guo, S., & McCrae, J. S. (2008). Propensity score matching strategies for evaluating the success of child and family service program. *Research on Social Work Practice, 18*, 212–222.

Barth, R. P., Wildfire, J., & Green, R. L. (2006). Placement into foster care and the interplay of urbanicity, child behavior problems and poverty. *American Journal of Orthopsychiatry, 76*, 358–366.

Becker, M. A., Jordan, N., & Larsen, R. (2007). Predictors of successful permanency planning and length of stay in foster care: The role of race, diagnosis and place of residence. *Children & Youth Services Review, 29*, 1102–1113.

Belanger, K., & Stone, W. (2008). The social service divide: Service availability and accessibility in rural versus urban counties and impact on child welfare outcomes. *Child Welfare, 87*, 101–124.

Budde, S., Mayer, S., Zinn, A., Lippold, M., Avrushin, A., Bromberg, A., et al. (2004). *Residential care in Illinois: Trends and alternatives*. Chicago: University of Chicago, Chapin Hall Center for Children.

Burns, B. J., & Friedman, R. M. (1990). Examining the research base for child mental health services and policy. *The Journal of Behavioral Health Services & Research, 17*, 87–98.

Connell, C. M., Katz, K. H., Saunders, L., & Tebes, J. K. (2006). Leaving foster care—The influence of child and case characteristics on foster care exit rates. *Children & Youth Services Review, 28*, 780–798.

Courtney, M. E. (1994). Factors associated with the reunification of foster children and their families. *Social Service Review, 68*, 81–108.

Curtis, P. A., Alexander, G., & Lunghofer, L. A. (2001). A literature review comparing the outcomes of residential group care and therapeutic foster care. *Child and Adolescent Social Work Journal, 18*(5), 377–392.

D'Agostino, R. B. (1998). Propensity score methods for bias reduction in the comparison of a treatment to a non-randomized control group. *Statistics in Medicine, 17*, 2265–2281.

Dishion, T. J., McCord, J., & Poulin, F. (1999). When interventions harm. *American Psychologist, 54*, 755–764.

Farmer, E. Z., Wagner, H. R., Burns, B. J., & Richards, J. T. (2003). Treatment foster care in a system of care: Sequences and correlates of residential placements. *Journal of Child and Family Studies, 12*(1), 11–25.

Freundlich, M., & Avery, R. J. (2005). Planning for permanency for youth in congregate care. *Children and Youth Services Review, 27*(2), 115–134.

Guo, S., Barth, R. P., & Gibbons, C. (2006). Propensity score matching strategies for evaluating substance abuse services for child welfare clients. *Children and Youth Services Review, 28*, 357–383.

Hair, H. J. (2005). Outcomes for children and adolescents after residential treatment: A review of research from 1993 to 2003. *Journal of Child and Family Studies, 14*, 551–575.

Harris, M. S., & Courtney, M. E. (2003). The interaction of race, ethnicity, and family structure with respect to the timing of family reunification. *Children & Youth Services Review, 25*, 409–429.

Heckman, J. J., Ichimura, H., & Todd, P. E. (1997). Matching as an econometric evaluation estimator: Evidence from evaluating a job training programme. *The Review of Economic Studies, 64*, 605–654.

Hyde, J., & Kammerer, N. (2009). Adolescents' perspectives on placement moves and congregate settings: Complex and cumulative instabilities in out-of-home care. *Children and Youth Services Review, 31*, 265–273.

James, S. (2011). What works in group care?—A structured review of treatment models for group homes and residential care. *Children and Youth Services Review, 33*, 308–321.

James, S., Leslie, L. K., Hurlburt, M. S., Slymen, D. J., Landsverk, J., Davis, I., et al. (2006). Children in out-of-home care: Entry into intensive or restrictive mental health and residential care placements. *Journal of Emotional and Behavioral Disorders, 14*, 196–208.

Krippendorff, K. (2004). *Content analysis: An introduction to its methodology* (2nd ed.). Thousand Oaks, CA: Sage.

Landsman, M. J., Groza, V., Tyler, M., & Malone, K. (2001). Outcomes of family-centered residential treatment. *Child Welfare, 80*, 351–379.

Lee, B. R., Bright, C. L., Svoboda, D., Fakunmoju, S., & Barth, R. P. (2011). Outcomes of group care for youth: A review of comparative studies. *Research on Social Work Practice, 21*, 177–189.

Lee, B. R., Shaw, T. V., Gove, B., & Hwang, J. (2010). Transitioning from group care to family care: Child welfare worker assessments. *Children and Youth Services Review, 32*, 1770–1777.

Leuven, E., & Sianesi, B. (2003). *Psmatch2: Stata module to perform full Mahalanobis and propensity score matching, common support graphing, and covariate imbalance testing*. http://ideas.repec.org/c/boc/bocode/s432001.html, version 3.0.0.

Lyons, J. S., Libman-Mintzer, L. N., Kisiel, C. L., & Shallcross, H. (1998). Understanding the mental health needs of children and adolescents in residential treatment. *Professional Psychology: Research and Practice, 29*(6), 582–587.

Massinga, R., & Pecora, P. J. (2004). Providing better opportunities for older children in the child welfare system. *The Future of Children, 14*, 151–175.

Munson, M. R., & Scott, L. D. (2008). Older youth nearing their exit from congregate care: Current innovative programs. *Residential Treatment for Children and Youth, 24*(1), 77–91.

Nickerson, A. B., Colby, S. A., Brooks, J. L., Rickert, J. M., & Salamone, F. J. (2007). Transitioning youth from residential treatment to the community: A preliminary investigation. *Child & Youth Care Forum, 36*, 73–86.

Preyde, M., Cameron, G., Frensch, K., & Adams, G. (2011). Parent-child relationships and family functioning of children and youth discharged from residential mental health treatment or a home-based alternative. *Residential Treatment For Children & Youth, 28*(1), 55–74.

Rosenbaum, P. R., & Rubin, D. B. (1983). The central role of the propensity score in observational studies for causal effects. *Biometrika, 70*, 41–55.

Rosenbaum, P. R., & Rubin, D. B. (1985). Constructing a control group using multivariate matched sampling methods that incorporate the propensity score. *American Statistician, 39*, 33–38.

Rossi, P. H., Lipsey, M. W., & Freeman, H. E. (2004). *Evaluation: A systematic approach* (7th ed.). Thousand Oaks, CA: Sage.

Rubin, D. B. (1997). Estimating causal effects from large data sets using propensity scores. *Annals of Internal Medicine, 127*, 757–763.

U.S. Department of Health and Human Services. (2011). *The AFCARS (adoption and foster care analysis and reporting system) report*. Washington DC: Author. http://www.acf.hhs.gov/programs/cb/stats_research/afcars/tar/report18.pdf.

Wells, K., & Guo, S. (1999). Reunification and reentry of foster children. *Children & Youth Services Review, 21*, 273–294.