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Youth in Treatment Foster Care Homes: Outcomes at Discharge

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YOUTH IN TREATMENT FOSTER CARE HOMES:
OUTCOMES AT DISCHARGE

JOEY S. GLASSMAN

Submitted in partial fulfillment of
the requirement for the degree of
Master of Social Work

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

1999

MASTER OF SOCIAL WORK
AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

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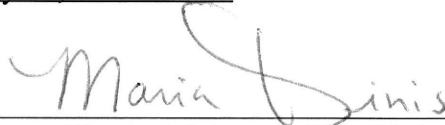
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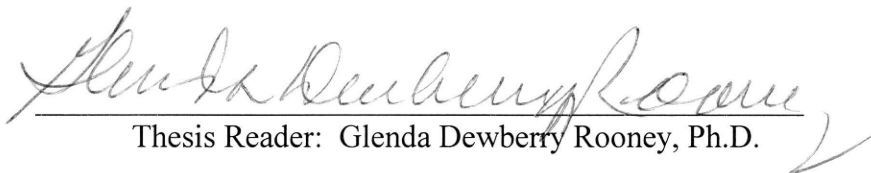
has been approved by the Examining Committee for the thesis requirement for the Master of Social Work Degree.

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ABSTRACT

YOUTH IN TREATMENT FOSTER CARE HOMES: OUTCOMES AT DISCHARGE

JOEY S. GLASSMAN

MAY 1999

This exploratory quantitative study examines existing records of 193 youth discharged from treatment foster care homes between January 1, 1997 to December 31, 1997 and whether a correlation exists between the number of youth with mental health issues in a treatment foster care home, and the achievement of positive, non-institutionalized or negative, institutionalized outcomes at discharge. This research was compiled from treatment foster care homes in the Minnesota based Human Service Associates therapeutic foster care agency. According to Public Law 97-272 and social work ethical practice, the child welfare system strives to place children in the least restrictive, nurturing living environment. Permanency planning concepts that attempt to reduce the number of children in non-permanent homes are discussed in an ecological systems framework.

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Chapter 1

Introduction

Background of the Problem

In 1980, Congress passed the Adoption Assistance and Child Welfare Act, Public Law No. 96-272 (AACWA). This act was intended to change the way in which services are delivered to children and their families within the child welfare system. Public Law No. 96-272 was set forth to redirect the focus of child welfare toward preservation of families and away from children in foster care drift (Katz, Spoonemore, & Robinson, 1994; Rolfson, 1995). Each state's receipt of allocated federal funds is based on its compliance and implementation of Public Law No. 96-272. Federal law requires specific preventative and reunification services be provided to the families involved in the child protection system. Compliance with permanency planning for children requires that: reasonable efforts be made to rectify the need of children's removal from the home, or if removal is necessary reasonable efforts be made to quickly return the child home; every child in an out-of-home-placement has a case plan for reunification; the status of out-of-home-placement be reviewed by the courts every ninety days; each child to remain in out-of-home-placement for no more than one year, and at the six month mark of that year, a determination as to permanent placement be decided (Minn. Stat. 260.191, Subds. 3a and 3b; Rolfson, 1995).

The federal permanency planning guidelines of Public Law No. 96-272 were based on social work knowledge and skills (Katz, 1994). Primary clinical components of

child attachment theory and the effects of separation between parent and child were studied by researchers that suggest children in the foster care drift are affected in adverse ways (Katz, 1994; Maas, 1969). Within child welfare practice, the themes of grief, loss, identity crisis, and the continuity of lasting relationships all play major roles in fashioning welfare laws to protect the most vulnerable population of society (Maas, 1969).

The passage of Public Law No. 96-272 set a new precedent for permanency planning in child welfare by establishing a concurrent system rather than the previously utilized sequential method. Concurrent permanency planning is defined as “the process of working toward family reunification while at the same time establishing an alternative plan” (Katz, 1996). Previous sequential methods of permanency planning often times resulted in children remaining in longer out-of-home placements and drifting from one temporary foster home to another (Hess, 1991; Katz, 1996; Maas, 1969).

Statement of the Problem

Currently, in the United States, there are over 600,000 children on hold in foster care awaiting permanent homes (Fenster, 1997; Sheldon, 1997). Many of these children in limbo are awaiting permanency through adoption. Termination of parental rights has occurred with the parents of these children through the child welfare court system. Various neglect, abuse, and abandonment issues have caused parents of the awaiting wards of the state to have their parental rights terminated. Ever changing permanency planning laws in the United States have created an abundance of adoption-eligible children waiting for permanent homes. These children have no ties to relatives and are

governed by the state in which they reside (Aitken, 1995). Attempts for child welfare agencies to live within the laws of permanency planning have created a schism for terminated children. Through various permanency planning efforts, such as reunification, long-term foster care, and termination of parental rights for adoption, children continue to be in unstable living situations, are not adopted, and often times have no family of origin connection (Fenster, 1997; Sheldon, 1997). McGowan (1991) notes since the 1980s, the foster care population has risen; yet the children adopted out of foster care has continued to steadily decline. In recent years, only 8% of children in foster care awaiting adoption are eventually adopted (Fenster, 1997).

The Research Question

The research question in this study is:

- * Does the achievement of positive, non-institutionalized, (i.e., returned to birth parent or relative, adopted, or discharged to independent living) or negative, institutionalized, (i.e., another foster home, residential treatment or correctional facility, mental health facility, or a more structured group home setting) outcomes at discharge vary by the number of youth with mental health issues placed in a treatment foster care home?

Summary

In the following chapters, a review will be presented on what is already known about child welfare out-of-home placements and the concepts and effectiveness of permanency planning that have successful outcomes for the families it is intended to

assist. Initially, the literature review will begin with a brief historical review of out-of-home placements and how the child welfare system has shifted its focus to family preservation. Permanency planning concepts will then give an overview of the way in which family preservation in time limited and goal directed activities are to be carried out. Finally, the effectiveness of various permanency planning concepts will be reviewed for their culturally and/or ethnically sensitive practice as well as connections and attachments to kinship ties and how this effects the future of child welfare recipients.

The methodology chapter is a description of the proposed research study into analyzing positive outcomes in a treatment foster care setting. This study has great significance in the area of permanency planning effectiveness in a therapeutic foster care setting. As long as youth continue to be the victims of the child welfare system, new and innovative ways in which to create permanency that allows children to have the opportunity to reach their full potential, live in a nurturing environment, and to restore normalcy must be researched.

Chapter 2

Literature Review

This chapter summarizes the literature related to child welfare out-of-home placements and the concepts and effectiveness of current permanency planning practices.

Historical Review

During the 1970s, foster care placement in the child welfare system came under attack out of concern for care of children and families. Professionals, as well as the general public, realized that children were “drifting” in the foster care system (Watson, 1994). Efforts from the child welfare system focused on assisting children at adapting to foster care life and not on strengthening birth families for reunification (Katz, 1996; Maas, 1969; Watson, 1994). The former system placed children in foster care with little regard for family reunification, and children were being continually moved and relocated within the foster care system for long periods of time (Graf, 1996; Sheldon, 1997). The effect of this family disassemblment was said to have created children who lacked family stability and connections to biological kinship (Graf, 1996; Maas, 1969). This mainly unsupervised child welfare institution was thought to be devoid of professional judgment (Sheldon, 1997). With no case planning contracts for parents to work towards reunification, the child welfare system held great ambiguity in regards to assisting in strengthening families (Watson, 1994). It was also criticized for being a system that had been largely shaped by dominant societal values, and for not adequately serving the cultural and ethnic diversity of the families and children in which it came into contact

with and effected (Bonecutter & Gleason, 1997; Schwartz, Ortega, Guo & Fishman, 1994).

Out of this concern, Congress enacted the Adoption Assistance and Child Welfare Act of 1980 (AACWA), also known as PL 96-272. The acts' main goal was to de-emphasize the foster care system and encourage permanency planning efforts (Cimmarusti, 1992; Fenster, 1997; Graf, 1996; Katz, 1996; Sheldon, 1997; Watson, 1994). It was maintained that AACWA provided long-awaited help through regulations and mandates that held professionals accountable and stipulated the extent of services provided through reasonable efforts and the law (Graf, 1996). The states were now mandated through PL 96-272 to focus on specific written case plans for each parent involved with the child welfare system and to expedite permanency placement for children.

Through these new mandates, the focus shifted and created the movements known as family preservation and kinship foster care (Cimmarusti, 1992; Graf, 1996; Sheldon, 1997). States were required to create social service programs through various agencies that would assist in family preservation and reduce or prevent the need for children to be removed from the home (Sheldon, 1997). With kinship foster care, the child's natural biological support system is utilized for out-of-home placements, whether temporary or long-term. Both of these systems, family preservation and kinship foster care, were thought to create fewer out-of-home placements and, consequently, a lesser need for the foster care system. In recent years, the foster care system has begun to include the

biological families of children, focusing on keeping children in contact with their parents and biological family even though they may not reside with each other. This trend of involving family and utilizing family connections is the way in which the child welfare system is seeing its greatest gains in creating permanency. Thus, therapeutic or treatment foster care has fashioned its programming to meet the needs of not just the individual youth in placement, but the family as a unit (Meadowcroft, Thomlison & Chamberlain, 1994).

Permanency Planning Concepts

Permanency planning is a concept in the changing child welfare system that advocates fast placement of children into permanent homes and families, whether they be biological families or substitute families, for a child's best interest and stability. Maluccio, Fein & Olmstead (1986) describe permanency planning as "the systematic process of carrying out, within a brief time-limited period, a set of goal-directed activities designed to help children live in families that offer continuity of relationships with nurturing parents or caretakers and the opportunity to establish lifetime relationships" (p.5). In striving for permanency, the welfare system is required by law to make "reasonable efforts" for both rehabilitation, reunification of the family, and provisions of service to the family. The reasonable effort requirement was designed to set a national minimum standard for helping families stay together and stipulate that the welfare system provide services to families that go beyond merely correcting the problem behavior (Graf, 1996; Seaberg, 1986). This standard was determined in order to prevent

destruction of the family unit, create family preservation for intact but troubled families, and allow children to remain with their biological parents instead of being placed outside of the home (Cimmarusti, 1992; Graf, 1996). With the standard of “reasonable efforts” came an increased understanding and involvement with legal procedure and a sensitivity to parental legal rights (Seaberg, 1986). In changing the child welfare laws it became apparent that in order to provide fair and quality practice for permanency planning, services to parents must be provided (Seaberg, 1986). The standard of “reasonable efforts” is required at two different points in the AACWA: (1), prior to a child being placed outside of the home to prevent or eliminate the need for removal; and (2), if removal is imminent, reasonable efforts towards the process of reunification to make it possible for a child to be returned home (Pub. L. 105-89; Rolfson, 1995).

The courts uphold parental rights as a fundamental right allowed by the constitution based on the presumption that parents will unconditionally care for, love, and nurture their children (Graf, 1996). This right, however is overridden by the concern for the safety of the child, and in more recent years by stricter state and federal policies (Sheldon, 1997). New strict, shorter time limits have been enacted for parents to correct situations of abuse before their parental rights are terminated (Sheldon, 1997). When termination of parental rights does occur, the law states that a parent has no legal right to or responsibility for the child; the child becomes a ward of the state and is usually not allowed any contact with biological parents or relatives (Aitken, 1995). Termination of parental rights is a legal term used in the United States to create the opportunity for permanency through adoption.

Permanency Planning Effectiveness

Effectiveness of various permanency planning efforts in out-of-home placements of youth need to be evaluated. With ever increasing stricter timelines in the child welfare system it is vital that no time be lost on beginning programming to correct familial problems and to emotionally stabilize youth in care. First, it must be understood that a large portion of families in the child welfare system include families who live in poverty and are headed by a single parent (Lindsey, 1992). Families who live in impoverished situations are more likely to include babies with a low birth weight, mothers who have had sporadic or no prenatal care, and infants who will be placed in state custody (Bonecutter et al., 1997). Merims (1996) states that African Americans and Native Americans represent 3% and 2% respectively of the total population in Minnesota; yet they account for 21% and 11% respectively of all out-of-home- placements. These findings are similar to past and current policies and practices that are not culturally or ethnically sensitive to the diversity of families and children in the child welfare system (Bonecutter et al., 1997; Schwartz et al., 1994). For example, Bonecutter et al. (1997) suggest many children, especially those of color, are not only often raised by one parent but they are part of a kinship network made up of kin or non-related kin. In a study by Schwartz et al. (1994), infants from Michigan in non-permanent placement were examined for length of stay in foster care; it was found that African-American infants, in general, lived in out-of-home placements longer than Caucasian infants. The issue of racial and cultural appropriateness must be kept in mind when institutional systems are

being evaluated for outcome effectiveness in serving the contact population.

The journal articles were also examined for correlations between children's mental health and family permanency in order to determine the greatest benefit for the child in need of protection and services. Factors that were taken into account when reviewing research were the child's best interest, attachment to parents and kinship, and permanent stability in a safe environment (Aitken, 1995; Bonecutter, et al., 1997; Cimmarusti, 1992; Fenster, 1997; Maas, 1969). The permanency planning options studied were reunification of parent and child, long-term kinship foster care, treatment foster care non-kinship based, and termination of parental rights/adoption.

Among studies that examined the most appropriate options for permanency planning in child welfare, several focused on the concept of termination of parental rights for adoption purposes. A child's degree of attachment to his/her kinship network, as well as how permanent out-of-home placement affects a child's behavioral and emotional well being, were studied as determining factors. In a study by Abramson (1991), the author found that in situations where parental rights were terminated, a relative or kinship network is seen as critical in keeping family ties and cultural heritage intact; this finding was consistent with the ecological theory of human behavior that states that a person's behavior is a direct result of the interactions that he/she has with the environment (Payne, 1991). Aitken (1995) found that failure of the courts to recognize the importance of continued contact with the biological family by an older child often times results in anger towards adoptive parents. Youth often express anger because of loss of contact, which

often leads to low-self esteem and problems of identity formation later in life. In an article by Bonecutter et al. (1997), it is suggested that true permanency planning is not as simple as just a quick exit from the child welfare system; rather it involves a long-term vision of ensuring protection of the child and supporting and nurturing the long-term well being of the parents and extended kinship network in order to effectively parent long term. To envision permanency planning as a short, quick fix is a fallacy; the reunification process is a long-term one and cannot be corrected in the short period of time that the courts have envisioned. As a whole, many of the articles reviewed acknowledged concern for children's connections with kinship family ties as important constants in a person's life.

On the other hand, there were discrepancies between studies looking at open adoptions versus closed adoptions. Research compiled by Aitken (1995) suggests that young children are at great risk with open adoption, he speculates that continued contact with biological family creates confusion that children are unable to comprehend. For example, children might be unable to understand the dynamics of various interrelated kin and non-kin relationships. Yet, Sheldon (1997) believes there are more creative ways to look at the concept of adoption; "open" or "weak" adoptions where most, but not all the parents rights are terminated, are a creative alternative to cutting off all biological ties. Parents may be more willing to consent to a partial termination if they are still allowed some degree of communication with their children. This option also preserves ties to the child's extended family (Sheldon, 1997). For infants, however, closed adoption is said to

give greater stability in a long-term family life (Aitken, 1995). One thing is certain, ever-growing research demonstrates that bonding and attachment at a young age has effects later in life (Schwartz et al., 1994; Payne, 1991).

When a child is placed in protective custody by the child welfare system, the first goal, according to the AACWA, is reunification with the biological parents. The family preservation role of child welfare and the short periods of time parents have to prove themselves as fit are critical factors in reunification. Studies show with short time limitations, children are at risk for greater instability when returned home (Fenster, 1997; Aitken, 1995). In the United States, between 1992 and 1993, an estimated 25% of children who entered the foster care system and were returned home, later reentered the system (Fenster, 1997). In some child welfare settings, caseworkers are required by policy to return children home at least one time before inquiring into other options (Fenster, 1997). It is suggested by Aitken (1995) that the child welfare system has a short-term and narrow view of permanency planning, one that is not appropriate for successful reunification.

Among studies that examined the option of long-term foster care (LTFC), which was kinship and non-kinship based, several concluded that it was most beneficial for children to reside with kinship in LTFC rather than termination of parental rights. Kinship care is the fastest growing out-of-home placement in the United States; 59% of children in Illinois and 40% of children in California and New York have been placed with relatives (Bonecutter et al., 1997). In the "Illinois Project," examined by Bonecutter

et al. (1997), a training manual in working with kinship networks towards long-term reunification or LTFC was utilized. Studies conclude that children who find permanency in kinship LTFC have their needs for permanency met, achieve the ability to attach to a natural care giving support system, and continue to achieve access to their biological family as well as a sense of identity (Fenster, 1997; Maas, 1969; Katz, 1996; Sheldon, 1997; Cimmarusti, 1992).

Many youth who enter the child welfare system do not have the opportunity to be placed with a kinship network of support. Innovative treatment foster care homes strive to create a safe familial type home for youth by working closely with biological parents and kin to reunify families and keep kinship bonds strong and connected. Treatment foster care is different from traditional foster care services in that it is an alternative for meeting the needs of families, children, and youth, with serious emotional and behavioral disturbances (Meadowcroft et al., 1994). Youth enter the treatment foster care system through referrals from county agencies that are unable to place them in generalist type foster homes. Often times these youth have previously been labeled with mental health and behavioral issues. In this setting youth and their families receive coordinated, multisystemic services while at the same time the youth continues to reside in a normalizing environment with foster care providers who have been trained in various aspects of clinical areas (Chamberlain & Weinrott, 1990; Meadowcroft et al., 1994).

Outcomes achieved by treatment foster care agencies indicated this form of out-of-home placement to be an innovative and less restrictive setting than a residential

facility or a generalist foster care setting (Hudson, Nutter & Galaway, 1990; Meadowcroft et al., 1994). Hudson et al. (1990) surveyed 321 treatment foster care programs for general characteristics. He found at least 18 hours of preservice training is required for care providers and an average of 20 hours of yearly training is mandatory. Usually only one child is placed at any time in any one home to allow for intensive one on one contact with care providers, and the average length of stay is approximately 15 months shorter than that of traditional foster care. This innovative approach to foster care appears to be a promising alternative to the traditional foster care model in the child welfare system.

Summary

Permanency planning for children was originally intended to create, as quickly as possible, permanent stable homes and intact biological families. The current system has unintended gaps that need to be addressed in order to reduce the number of children in non-permanent placements (Bonecutter et al, 1997; Fenster, 1997; Katz, 1996). As families change, preservation needs to become more creative in working on interventions that benefit all on a long-term basis. This includes interventions meeting the needs of diverse cultural and ethnic communities. Utilizing such support networks as kinship and communities, and keeping a more open view of the nontraditional family structure are ways in which to possibly reduce non-permanent placements for children (Bonecutter et al., 1997; Cimmarusti, 1992). The present permanency planning system is lacking appropriate interventions to be sensitive to families of various cultural and ethnic backgrounds. Employing new ways in which to facilitate this sensitivity could create

greater success in reunification of children with their parents (Abramson, 1991; Bonecutter et al., 1997; Schwartz et al., 1994). Finally, there continues to be no minimum standard set for "reasonable efforts" by the child welfare system. The current statute does not define the term and is determined on a case-by case basis by each state's judicial officer (Graf, 1996).

The ever-changing character of child welfare laws on permanency planning has created an increase in termination of parental rights and the number of children waiting to be adopted. The reality of this is many children will “age out” of the system before finding permanent homes (Sheldon, 1997). With this and the child's best interest in mind, it is imperative to continue researching options already utilized and to begin to think creatively about options based on both theoretical and factual research in order to find better solutions to the problem of permanency planning for children, who through no fault of their own, find themselves in flux in the child welfare institution.

One way in recent years these gaps have begun to be addressed is by foster care agencies. The new and innovative treatment foster care alternative has shown willingness of the foster care practice to continue to evolve as new and stricter permanency planning laws and time lines are put into effect. Research on outcome effectiveness for treatment foster care programs continues to be needed to keep pace with the changing needs of families working towards positive outcomes and reunification. Program evaluation studies on treatment foster care have been conducted using systematic data collection. Several research studies have been done that did not involve a control or comparison

group (Fanshel, 1990; Hazel, 1989; Larson, 1978), yet the studies that did use a comparison or control group compared treatment foster care with other treatment setting including residential treatment centers, group homes, intensive treatment units, parole supervision, alternative forms of specialized foster care, and standard foster care (Bogart, 1988; Chamberlain, 1990; Chamberlain & Reid, 1991; Colton, 1988; Clark, Boyd, Redditt, Foster-Johnson, Hardy, Kuhns, Lee & Stewart, 1993; Hawkins, Almeida & Samet, 1989; Osmond, 1992). From previous work, it appears that treatment foster care can serve as an effective alternative to residential treatment facilities, psychiatric hospitalization, and to juvenile correctional institutions (Chamberlain, 1990; Chamberlain & Reid, 1991; Colton, 1988; Hawkins et al., 1989). These different types of out-of-home placements utilize different therapeutic milieu and have very contrasting adult to youth ratios of care. In previous research studies, there is evaluation of residential type facilities but no data that compares only treatment foster care homes to each other. This research study will attempt to analyze outcomes in only treatment foster care homes and compare the numbers of youth in those homes that have similar ratio of care and therapeutic milieu.

Chapter 3

Theoretical/Conceptual Framework

From the literature review in Chapter 2, themes were identified to explore discharge outcomes in treatment foster care homes. This Chapter describes the ecological systems theory as the framework from which this research is analyzed and how it applies specifically to treatment foster care homes.

Ecological Systems Framework

A perspective used in the continually changing foster care system, which has now expanded to treatment foster care, is the ecological systems framework. This theory focuses first on the person, second on the system in which they live in and are a part of, and finally on the interactions of the two systems with each other. The goal of the ecological perspective is to locate the problem within the transaction of the two systems rather than to single out the pathology within the person (Milner, 1987; Payne, 1991). The ecological model moves beyond the historically used psychoanalytic theories that focused on individual deficits. Alone, these theories lacked the ability to sufficiently access the family or environmental systems which shape individual's reality. Payne (1991) states that people are continually changing and adapting within the context of their changing environment. The ecological theory applied in (determining client success rates for reunification in permanency planning in the foster care system) requires an examination of the client in relation to the following systems: support systems, family characteristics, agency and foster parent responsiveness to child and biological family,

and social stressors (Milner, 1987). The main goal of treatment foster care in the context of the ecological theory is to strengthen youths' adaptive capacity and ability to influence their environment so that eventual interchanges are positive adaptations (Germain & Gitterman, 1980).

The ecological perspective is used as a theoretical framework that incorporates birth and foster parent involvement in foster care and reunification planning (Maluccio, 1981; Milner, 1987). Historically the parent and child have each been seen as separate client systems while in the child welfare system. The ecological perspective views the family itself as the client system and analyzes it in its entirety, including the interactions within its environment. Maluccio (1981) describes applying an ecological framework to foster care as preserving family ties, viewing the family as the unit of service, involving parents in the planning and implementing of services, and restructuring the family environment. Instead of correcting or changing a singular pathology, the ecological framework views the family unit within their environment, and supports the family system in creating adaptive strategies.

Components

The evolution of foster care into treatment foster care bases its framework on the ecological perspective of care. In therapeutic foster care programming, children and their families receive coordinated, multisystemic services while the child lives in a protective family environment (Chamberlain et al., 1994). These services are based on client and family needs which allows treatment foster care programs to respond to a wide range of

clinical problems, and the shifting community and social factors in which families lives (Chamberlain, 1994). The treatment foster care system also incorporates the foster parents' involvement in a team approach. They are trained on how to work with the youth and their many emotional, social, and family systems. This is a different approach compared to residential care where children fit into a milieu that is already designed and offered. In treatment foster care, the child's needs drive the program design (Hudson et al., 1990; Meadowcroft, 1994).

With the emergence of treatment foster care based on an ecological systems framework, the foster care agency works with the youth, foster parents, biological family, and the surrounding environment as a guide in determining outcomes. Key factors have been identified by Chamberlain (1994) to increasing positive outcomes in foster placement. Youth who spend more time with their "teaching" parent have higher rates of positive outcomes. These rates decrease when said time is spent with like peers. Family environment, consistent caregivers, extended networks with positive beliefs, and the presence of a trusted person are all key factors in determining outcomes to treatment foster care placements, as well as outcomes of permanency planning in child welfare (Chamberlain et al., 1994). These research findings coincide with an ecological framework used in providing treatment foster care; initially the focus is on meeting the youth's needs, and then on the system in which they live.

The final piece in looking at treatment foster care in an ecological framework is to understand the role of foster parents in assisting the interactions of the two systems in

working towards the goal of reunification. Trained properly, most foster parents have the ability to work with youth, biological networks, and the surrounding environment to assist in eliciting positive outcomes. This team approach has the ability to build strong support systems for youth in care and to act as a positive teaching hands-on person for the biological parents. Foster parents have the advantage of bringing their own past life and educational experiences to the treatment team. In a continually evolving foster care system with stricter child welfare permanency planning laws, innovative models of practice based on strong theoretical framework are needed to be successful in achieving permanency for youth.

Application

Applying the ecological framework to actual practice, the treatment foster care agency evaluated in this research study has recently begun to make changes to their programming based on current studies of youth in treatment foster care (Chamberlain, 1994; Hudson et al., 1990). (Minnesota Human Service Associates) is an innovative treatment foster care agency, continually changing to meet the needs of the community in which they serve. Based on studies already examined of what youth need in treatment foster care to have a higher rate of positive outcomes, the agency has recently changed its policy to allow only two youth in any one foster home. Exceptions to this policy are: not to disrupt current placements with more than two youth, sibling groups of more than two youth are kept intact; and youth who leave a treatment foster care home are able to return. This change in programming is said to allow for increased time and increased positive

interactions within the foster home. With this innovative two youth per home policy, the treatment foster care provider is thought to have a greater ability to work from an ecological perspective of meeting the youth's needs within the system in which they live.

Minnesota Human Service Associates' innovative model of practice is based on a strong theoretical framework, and facilitates the process of change as the environment of the families changes. Committing to such a significant policy change the agency is vested in research on past programming to guide continued increases in for positive outcomes for youth and families within the child welfare system.

This research study will attempt to determine whether, the number of youth with mental health issues placed in a single treatment foster home within the agency has made a difference in the outcomes achieved.

Summary

In this chapter, the components of an ecological systems framework were discussed in relation to the treatment foster care model of out-of-home placement, specifically within Human Service Associates' treatment foster care agency. The agency utilizes an ecological systems approach while working in treatment teams in planning appropriate placement goals and objectives for each youth. In the next chapter, the methodology of this study is discussed.

Chapter 4

Methodology

This chapter will describe the procedure used to conduct the research study measuring positive outcomes for youth and families in a treatment foster care setting. According to current law and social work ethical practice, the child welfare system strives to place children in the least restrictive, nurturing living environment in which to successfully meet their needs in becoming productive adults (AACWA).

Research Design

This study is a quantitative exploratory study analyzing existing recorded statistics from a nonprofit treatment foster care agency. A strength of this method of analyzing existing statistical data is that it can provide a researcher with a solid conceptual or historical context in which to locate one's original research. This existing data is derived from data that others have compiled and should be considered a supplemental source of data. The data has been derived from others work and not from the actual individual. A weakness of this design is that often data is in aggregate form, that is it describes groups and group patterns. Because the data is an aggregate form, it is possible that patterns of group behavior do not correspond to individual patterns of behavior. This should be kept in mind when analyzing existing data.

Research Question

The research question in this study is, "Does the achievement of positive, non-institutionalized or negative, institutionalized outcomes at discharge vary by the number

of youth with mental health issues placed in treatment foster care homes?”

Concepts, Units of Analysis

This research study examined the relationship or association between the independent variables, the number of youth with mental health issues in a treatment foster care home, and the dependent variable, achievement of positive or negative outcomes at discharge. Given current empirical studies that maintain increased positive outcomes in treatment foster care homes may be directly correlated with the numbers of youth that reside in said homes, this study examined whether a correlation exists between the variables among treatment foster care homes in the Minnesota based Human Service Associates therapeutic foster care agency.

Youth with mental health issues were operationally defined as youth who have been referred to the agency by the Department of Children and Family Services with a difficulty of care rating no lower than 70 points. Most youth have had multiple previous placements, histories of serious family problems, and/or erratic patterns of living within their family unit. This criteria has constituted the decision making by professionals to place youth in treatment foster care homes rather than a group home setting or a residential treatment facility. The actual number of youth residing in a single treatment foster care home was split into two categories: 1) less than two youth per home, and 2) more than two youth per home.

Within this study, the variable of positive or negative discharge outcomes was categorized as well. Positive outcomes included the youth to be returned to a birth parent,

relative, adopted, or discharged to independent living. Negative outcomes included youth discharged to another foster home, a residential treatment or correctional facility, a hospital mental health facility, or a more restrictive structured group home setting.

The current statistical data was collected from a one year time period using the agency's computerized information system. The data was divided into three different categories: case coded number; discharge outcome; and number of youth in care within each home.

The Study Population

This study was conducted within Human Service Associates, a nonprofit social service agency. Human Service Associates maintains offices conducting treatment foster care services in three states: Minnesota, South Carolina, and Texas. This study attempted to answer the research question by examining existing statistical records for the state of Minnesota only. Examined records indicated that South Carolina and Texas had significantly higher rates of termination of parental rights cases which leads one to conclude that the treatment foster care homes are utilized at a different point in permanency planning by county personnel and for a different purpose than to work toward family reunification, as the Minnesota model of care does.

The youth whose records were used in this study participated in much of their placement planning, goal setting and review follow up meetings. The youth in treatment foster care with HSA have either voluntarily or involuntarily been removed from their biological family and placed in a state licensed foster care home. Many of them have had

previous placements in juvenile correctional facilities, psychiatric hospitals, and histories of multiple foster care placements. Children served by a treatment foster care home are generally youth who have mental health diagnoses, histories of physical, sexual, and emotional abuse and neglect as described by public law 97-272. Within this criteria, youth are served in treatment foster care homes by foster care providers who have training and knowledge in the areas of crisis intervention, child development, alternative discipline techniques, attachment theory, and an understanding of clinical diagnoses often associated with said youth.

Sampling

The sample size of 193 youth examined includes the total number of youth who were discharged from Human Service Associates treatment foster care homes in the one year time period (1997). Agency data was examined for discharge outcomes and the number of youth with mental health issues residing in treatment foster care homes. The research study used existing statistical data, regarding youth that resided in treatment foster care homes. They were identified by a case coded unidentifiable number. This data, derived from information system forms, has previously been entered into the computer. Forms are filled out at various times of service; pre-placement, during quarterly reviews, and at the time of discharge. Social workers complete the information forms, submit them to the national office where they are checked for completeness, and then either entered into the information system or returned to said practitioner to complete more thoroughly. The information system forms report much valuable information in

regard to discharge settings, completion of previously set goals, youths family involvement, one or two parent foster homes, whether the foster parent works outside of the home and the hours, and information on how many youth, foster and non-foster reside in the treatment foster home. Information system forms from which the statistical data was derived, are the Licensed/Certified Provider Form, Placement Billing Form, and Discharge Form.

Measurement Issues

While using the information system statistical data this researcher kept in mind possibilities of measurement error, reliability and validity. When examining currently compiled data, one works with statistics already compiled and are limited to the data that already exists. Thus, using logical reasoning in researching the association between variables, inferences are made when examining statistics that have a high rate of correlation. To increase this probability and reduce random error, a large enough sample population must be drawn to determine a correlation. With any size sample population the measurement tool must not be complex, boring, or have too many questions. If this is the case random error can occur when the subjects filling out the information are doing so in a random fashion to complete it quickly. In an attempt to reduce systematic error one must keep in mind how data has actually been collected or the dynamics of the people providing the data. A replication is another way to control for research validity; one is able to draw correlations of high validity if a study can be replicated in various forms.

The problem of reliability also needs to be controlled while analyzing statistics

gathered from the information system. Reliability depends a great deal on the quality of the statistics being gathered and analyzed. The existing statistics must accurately report what they claim to report. Therefore, the original information system reports completed by social workers must be thorough and accurate for the research to be reliable.

Unfortunately, this issue of reliability can only be controlled by the person completing the form, but training to those individuals may improve overall reliability outcomes. Given the knowledge that when information systems forms are turned in to the national office incomplete, they are returned to the social worker to be corrected. This quality check may help improve reliability.

Validity error issues can occur as data is entered into the computer and at the point that the information forms are filled out, even if they are filled out completely. People interpret information subjectively and have their own internal biases. If questions on information system forms leave room for interpretation by persons entering the data, they may not reflect what the social worker had intended. If information is not written down promptly by the social worker when completing the information system forms, it may be forgotten. Validity can never be completely controlled for, but face validity or appearing to measure what the researcher has intended to measure can be more accurate when attempts are made to control for the process at which points of error occur.

When attempting to analyze and draw conclusions between variables one must initially determine the criteria for the most appropriate data analysis procedures. The variables in the research question are of two different levels of measurement and

classifications. The number of youth with mental health issues in a treatment foster care home, the independent variable, is of a continuous classification and an interval level of measurement. The independent variable is an interval level of measurement since one can measure the variable into ordered categories with equal intervals. The variable of discharge outcomes is defined as a nominal level of measurement and discrete in classification.

Data Analysis

In analyzing the data from the computerized information system reports, a listing of highlighted subjects was submitted for data analysis in order to begin to answer the research question. The study demographics were compiled in the following format and summarized in Table 1 to begin to answer the research question. Case coded numbers were used to identify youth in placement, treatment foster care household, and individual care providers. A coded letter was assigned to various discharge placements to denote youth's placement destination. Both beginning and end dates, with the average placement size per treatment foster care home, was also included in the research data. The demographics gathered allowed this researcher to categorize the data into a bivariate analysis in order to answer the research question. This described the demographics of respondents and the information that was presented in a tabular form. A univariate and bivariate analysis of the data was presented and crosstabulated in percentages. A chi-square test between the independent variable, the number of youth with mental health issues in a treatment foster care home, and the dependent variable, achievement of

positive, non-institutionalized or negative, institutionalized outcomes at discharge was presented.

Table 1.

Placement ID (Identified by coded number)	State	Household ID (Identified by coded number)	Care Provider ID (Identified by coded number)	Discharged to code	Begin placement date	End placement date	Average placement size per home
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Protection of Human Subjects

Initially, an Internal Review Board application was submitted to Augsburg College for approval of the research project and to insure protection of human subjects (IRB# 98-03-1). Along with this application, written permission to access the existing data by Human Service Associates Chief Executive Officer. The statistical data gathered in the study was only identified by case number codes, subjects of the study remained anonymous and information was confidential. This researcher did not have access to the names, identifying characteristics, or actual case files of the youth involved in the research. All youths' statistical data used was from those who have been discharged from Human Service Associates treatment foster care services. All collected data will be kept in a locked file cabinet in this researcher's home office until August 31, 1999, at this time data will be shredded and destroyed. Because anonymous, unidentifiable data was used, risk to all study subjects will be reduced.

Summary

In this chapter the methodology in carrying out the research study was discussed including how the data was gathered and organized according to the research question. The statistical data results were used to answer the research question. The following chapter presents the results of the data analysis.

Chapter 5

Findings

This chapter reports the statistical results of the research study and attempts to answer the research question. It contains the responses of the compiled data gathered from the agency's Information System. This chapter is organized according to the research question and will describe the demographics of the treatment foster care homes and the youth's discharge placements.

Research Question

Does the achievement of positive, non-institutionalized, or negative, institutionalized outcomes at discharge vary by the number of youth with mental health issues placed in treatment foster care homes?

Based on the statistical data, presented in Table 2, twenty-seven percent (n=51) of the study population (n=193) had positive, non-institutionalized discharge outcomes while living in a treatment foster care home that had two or fewer foster youth per home, and 23% (n=44) had negative, institutionalized discharges in the same homes.

Of 193 youth discharged from treatment foster care homes that had more than two youth residing in said homes during the one-year time period, 25% (n=49) had positive, non-institutionalized discharges, while only 25% (n=49) had negative, institutionalized discharge outcomes.

In determining a statistically significant association between the number of youth in a single treatment foster care home and their subsequent positive or negative discharge,

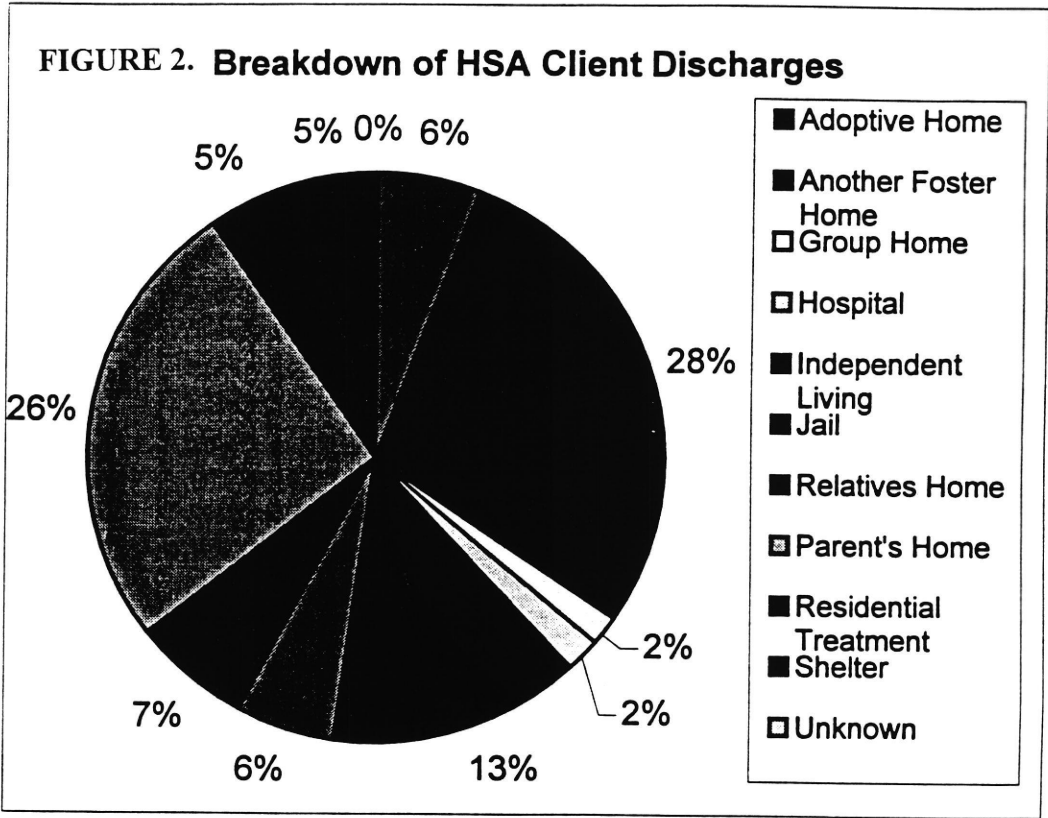
the collected data was applied to the chi-square test. The test determined that there was not a statistically significant association between the number of youth in each treatment foster care home and the subsequent discharge of youth upon leaving those homes (Table 2). The number and percentage of positive, non-institutionalized discharges (51) in homes that had an average of two or fewer youth residing in the home was nearly identical to the homes that had more than an average of two youth residing in each home with 49 positive, non-institutionalized discharge outcomes (Table 2). The chi-square statistic rounded to 0.26, with a probability value rounded to 0.61 clearly shows the variables to be non-statistically significant. While this interpretation does not show an explicit causal relation, it does suggest that many other variables, interrelated, may play a more significant role in determining youth's discharge outcomes in treatment foster care homes.

**TABLE 2. POSITIVE/NEGATIVE OUTCOMES:
NUMBER (PERCENTAGE) OF PLACEMENTS IN CARE PROVIDERS
HOMES(N=193)**

NUMBER OF PLACEMENTS	DISCHARGE OUTCOMES		
	POSITIVE	NEGATIVE	
2 OR LESS YOUTH	51 (27%)	44 (23%)	95
MORE THAN 2 YOUTH	49 (25%)	49 (25%)	98
	(n=100)	(n=93)	

$\chi^2=0.26$, $df=1$, $p=0.61$

A breakdown of client discharges in Figure 2 shows of 193 study subjects the following had positive discharge outcomes; 6% (n=11) were adopted out, 13% (n=26) were transitioned to independent living, 26% (n=50) returned to a parent's home, and 7% (n=13) were discharged to a relatives home. Of the remaining discharges, the following were operationally defined as negative; 28% (n=56) were placed in another foster home, 2% (n=3) were discharged to a group home facility, 2% (n=4) were hospitalized, 6% (n=11) were remanded to juvenile correctional facilities or training camps, 5% (n=10) were placed in residential treatment facilities, and 5% (n=9) were discharged to temporary shelter.



Summary

In most case scenarios, reunification to parents or relatives is considered to be the most positive discharge outcome in permanency planning. Out of 100 positive discharges only 63 youth were returned to parents or relatives in the one year time period. These statistics, however, do not account for the many youth who are in long-term successful placements in HSA treatment foster care homes. These youth, not counted in this study, have found permanency in the homes in which they live.

Chapter 6

Discussion and Conclusions

This study sought to discover whether a relationship existed between the number of youth in a single treatment foster care home and their discharge outcomes. This chapter, a summary of the findings gathered from the statistical data analysis and their importance to the programming and implementation of changing program policies within Human Service Associates' treatment foster care agency will be discussed.

Summary of Findings

Of 193 youth who were discharged, nearly identical numbers existed for youth that had positive, non-institutionalized outcomes from both homes that had an average of less than two youth and homes that had an average of more than two youth. Among the homes that had negative institutionalized discharge outcomes, the homes that had an average of less than two youth at the time of discharge did have less negative discharges than the ones that had more than two youth residing in said homes. The close non-significant statistical finding for this group of youth clearly suggests that the number of youth residing in the home is not the only factor in determining outcome success, but rather other factors clearly play a much more significant role. In fact, all four of the separate variables are so close in number that no association between the number of youth residing in treatment foster care homes and their discharge outcomes could be gathered.

The data compiled for this study suggests that HSA had a greater number of total positive discharges (n=100) than negative discharges (n=93). Although these numbers

are very close and do not show a chi-square significance, they do show that the agency has a high degree of successful program outcomes. These outcomes are not due to the number of youth within each treatment foster care home, but rather other variables that clearly play a significant role in determining youth's discharge outcomes.

Discussion

Though these findings are surprising and hold significance in regards to programming policies for the treatment foster care agency, the findings do appear to support results of prior research. Past studies conclude that there are many outside factors associated with successful and non-successful outcomes of youth in out-of-home placements, these relationships are highly connected to youth's past experiences in life (Aitken 1995; Fenster, 1997). Many variables need to be taken into consideration when analyzing program outcomes for individuals that have had a variety of life traumas.

A variable not discussed within the study is how younger youth fared when compared to older youth and the numbers of treatment foster care youth in each home. Research compiled by Aitken (1995) suggests that there is a difference in out-of-home placements with the two groups in regards to their stability and socialization. The ages of youth in placements in HSA homes range from approximately six years old to eighteen. These youth are all at various developmental levels of maturity and socialization, and may have very different discharge outcomes associated with this issue.

Past research has also suggested that African American and Hispanic children, on average, remained in foster care longer than Caucasian children (Finch & Fanshel, 1985;

McMurtry & Lie, 1992). According to McMurtry et al. (1992) past studies also suggest that discharge outcomes have varied according to youths' ethnicity. Research has shown non- white youth are less likely to be adopted and/or returned home to parents or relatives (McMurtry et al., 1992). With the knowledge of this past research, future research within HSA may find differences in discharge outcomes when separating youth by ethnicity in determining what variables create successful discharge outcomes for youth in treatment foster care.

In addition, research has already shown that the time treatment foster care providers spent with youth in care and the quality of that time is a significant factor in determining discharge outcomes (Chamberlain, 1994). Findings suggest that individual one-on-one time, compared to family time as a group, may not make a difference among treatment foster care homes. This conclusion would make sense when looking at large families that have more than two youth per home and successful adult children. This variable would suggest parent, biological or foster, have enough attention to give one youth as they do four or five youth. Thus, the data in this research study may also suggest it is not the number of youth in the home that makes a difference, but rather the individual nurturing relationships and the biological connections, together make a significant difference.

An issue also not analyzed within the research is the years of experience of the treatment foster care providers, training, personal life experiences, and the satisfaction with the role as a care provider. Future research could look at these particular variables

and each home's discharge outcomes in determining if a correlation exists. Clearly, within Human Service Associates, the agency requires highly skilled and motivated care providers. According to Hudson et al. (1990), the average training hours for treatment foster care providers is 18 hours; HSA requires 25-30 hours of training depending on the year of service. These are factors that also vary among each individual home and may affect the interactions between care provider and youth.

Past research compiled by Chamberlain (1990), Chamberlain & Reid (1991), Colton (1988), and Hawkins et al., (1989), suggests greater positive outcomes in settings that have fewer youth residing in those settings, as well as treatment foster care serving as an effective alternative to residential settings. The research in this study did not show a statistical significance to this fact. A key variable and common error in research is generalizing settings that are not similar in every aspect. A missing piece of past research is that treatment foster care homes have never been compared to one another, but rather only to residential facilities or group homes. It is not feasible to generalize one population to another and clearly explains why the outcome results are not consistent. Based on past research and this study, HSA may need to be reevaluated and research further discharge outcomes in looking at only treatment foster care homes.

The findings in this study were consistent with the applied theory, the ecological systems framework, in that the results clearly showed the number of youth in a single treatment foster care home is not the determining factor as to positive outcomes. This would suggest rather a youths' interrelated systems; support, family, and social systems

play a role in determining outcomes. A goal HSA strives to maintain is to strengthen youth's adaptive ability within their environment to thus have successful outcomes. From findings that state more positive outcomes overall than negative outcomes within the one year time period, one may conclude that successful interrelated systems and adaptations to those systems have been successful.

The ecological perspective looks at restructuring the family environment, not necessarily determining a set family structure must be implemented, but rather the interaction of other life factors in determining family structure. The results of the research study would also conclude that the specific number of youth per treatment foster care home is not the determining factor in successful outcomes.

Limitations of the Study

The research in this study focuses on various variables in a treatment foster care setting that may effect positive outcomes for youth. The findings that come out of this study may not account for extraneous variables that one can not control for or other services and individuals that youth are offered and in which they come into contact. The study also does not account for the youth who continue to reside in successful treatment foster care homes in long-term care without measurable discharge outcomes. The stability, or lack of, within the foster care home as well as the experience of the foster care provider, are all contributing factors that have the ability to effect outcomes. There will also be unknown biological and environmental factors that youth have experienced. All of these factors have the ability to contribute to outcomes of youth in care, yet are not

being measured within this study.

Implications for Social Work Policy and Practice

Striving to maintain and increase positive outcomes for youth in out-of-home placements is a value at HSA. The agency believes it has demonstrated this value by the changes made to programming and policy. This study will help determine if two youth in a treatment foster care home is an important variable in successful outcomes. The importance of continuing to analyze and research how to create the most positive outcomes for youth and families in foster care is a social justice issue within the child welfare system. The implications for the agency would be to provide data to assist in creating programs that generate better outcomes. With this data, the agency can make informed decisions about how to continually evolve to meet changing social, economic, and systemic needs of families being served. Research will allow the agency insight into what works and what does not work. Implications for generalist and treatment foster care could be apparent if research indicates that the number of youth in a treatment foster care setting makes a difference in discharge outcomes. From the possibility of new insight, policies may be derived and implemented in determining if this variable really makes a difference in youths futures. New ways of thinking about foster care facilities may be created when youth are receiving more than just room and board, but rather a higher level of attention, caring, and therapeutic intervention.

Conclusions

This study, despite the limitations of the impact of significant intervening

variables on discharge outcomes and the non-statistically significant support for the research question, confirms the importance of interrelated systems within youth and family's lives in working towards permanency planning goals. There is not just one answer to permanency for youth, but rather each family must be evaluated in regards to the systems associated with each and then to determine the best possible resources needed for positive outcomes.

Future research in this area can address quantitative and qualitative outcome studies in attempts to create successful quality programming and greater positive outcomes for families involved in out-of-home placements. Suggestions for future research would be to separate the two groups of youth by age and analyze the discharge outcomes between each group. A second suggestion that was not addressed within this study that may show a statistical significance is to separate youth by ethnicity. Past research has already shown various ethnic groups fare differently in out-of-home placements and in permanency planning outcomes (Finch & Fanshel, 1985; McMurtry et al., 1992). A final option for future research may be to compare care providers attitudes and experiences within the treatment foster care field and the discharge outcomes within their specific homes. These suggestions for future research through Human Service Associates could be easily generated by the information system by simply applying the specific variables to the agencies' discharge form and the placement team meeting report form. As societal changes and stricter permanency planning laws are enacted, future research has the ability to assist families and the child welfare system in order to reduce

the current numbers of youth in out-of-home placements.

References

Abramson, S. (1991). Use of court-appointed advocates to assist in permanency planning for children. Child Welfare, 70(4), 477-487.

Aitken, G. (1995). Changing adoption policy and practice to deal with children in limbo. Child Welfare, 74(3), 679-693.

Bogart, N. (1988). A comparative study of behavior adjustment between therapeutic and regular foster care in the treatment of child abuse and neglect. Unpublished doctoral dissertation, Memphis State University, Memphis, TN.

Bonecutter, F. J., & Gleason, J. P. (1997). Broadening our view: Lessons from kinship foster care. Journal of Multicultural Social Work, 5(½), 99-119.

Chamberlain, P. (1997). Treatment foster care: Blueprint. Unpublished, Oregon Social Learning Center, Eugene, OR.

Chamberlain, P. & Moore, K. (1998). A clinical model for parenting juvenile offenders: A comparison of group care versus family care. Clinical Child Psychology and Psychiatry 1359-1045. Sage Publications, 3(3), 375-386.

Chamberlain, P., & Reid, J. B. (1998). Comparison of two community alternatives to incarceration for chronic juvenile offenders. Journal of Consulting and Clinical Psychology, 66(4), 624-633.

Chamberlain, P., & Weinrott, M. (1990, January). Specialized foster care: Treating seriously emotionally disturbed children. Children Today, 24-27.

Cimmaruti, R. A. (1992). Family preservation practice based upon a

multisystems approach. Child Welfare, 71(3), 241-256.

Clark, H., Boyd, L., Redditt, C., Foster-Johnson, L., Hardy, D., Kuhns, J., Lee, G., & Stewart, E. (1993). An individualized system of care for foster children with behavioral and emotional disturbances: Preliminary findings. 5th annual research conference proceedings for a system of care for children's mental health (pp. 365-370). Tampa, FL: University of South Florida, Florida Mental Health Institute, Research and Training Center for Children's Mental Health.

Colton, M. (1988). Dimensions of substitute child care. Aldershot, England: Avebury.

Fanshel, D., Finch, S., & Grundy, J. (1990). Foster Children in a Life Course Perspective. New York: Columbia University Press.

Fenster, J. (1997). The case for permanent foster care. Journal of Sociology and Social Welfare, 24(2), 117-126.

Finch, S. J., & Fanshel, D. (1985). Testing the equality of discharge patterns in foster care. Social Work Research and Abstracts, 21(3), 3-10.

Germain, C., & Gitterman, A. (1980). The Life Model of Social Work Practice. New York: Columbia University Press.

Graf, J. A. (1996). Can courts and welfare agencies save the family? An examination of permanency planning, family preservation, and reasonable efforts requirement. Suffolk University Law Review, 30(96), 81-115.

Hawkins, R., Almeida, C., & Samet, M. (1989). Comparative evaluation of

foster family-based treatment and five other placement choices: A preliminary report. Proceedings of the 2nd Annual Research Conference, Research and Training Center for Children's Mental Health. Tampa, FL: University of South Florida, Florida Mental Health Institute.

Hess, P. M., & Folaron, G. (1991, July/August). A challenge to permanency for children. Child Welfare League of America, LXX,(4).

Hudson, J., Nutter, R., & Galaway, B. (1990). Specialist foster family-based care: North American developments. In B. Galaway, D. Maglajlic, J. Hudson, P. Harmon, & J. McLagan (Eds.). International perspectives on specialist foster family care (pp. 17-24). St. Paul, MN: Human Service Associates.

Katz, L. (1996, Spring). Concurrent planning: Fifteen years later. Adoptalk.

Katz, L., Spoonemore, N., & Robinson, C. (1994). Concurrent planning: From permanency planning to permanency action. Lutheran Social Services of Washington and Idaho.

Larson, G., Allison, J., & Johnston, E. (1978). Alberta parent counselors: A community treatment program for disturbed youth. Child Welfare, 57, 47-52.

Lindsey, D. (1992). Adequacy of income and foster care placement decision: Using an odds ratio approach to examine client variables. Social Work Research & Abstracts, 28(3), 29-36.

Maluccio, A. N. (1981). An ecological perspective on practice with parents of children in foster care. The challenge of partnership: Working with parents of children in

foster care. (pp. 22-38). New York: Child Welfare of America, Inc.

Maluccio, A. N., Fein, E., & Olmstead, K. A. (1986). Permanency planning for children: Concepts and Methods. London, England: Routledge, Chapman, and Hall.

McGowan, B. (1991). Child welfare reform. A children's brief: Child welfare reform resource guide. National Center for Children in Poverty.

McMurty, S. L., & Lie, G. Y. (1992). Differential exist rates of minority children in foster care. Social Work Research and Abstracts, 28(1), 42-48.

Meadowcroft, P., Thomlison, B., & Chamberlain, P. (1994, September/October). Treatment foster care services: A research agenda for child welfare. Child Welfare League of America, LXXIII(5).

Merims, A. (1996). Adoption and out-of-home placement in Minnesota. St. Paul, Minnesota Adoption Resource Network, Inc.

Milner, J. (1987). An ecological perspective on duration of foster care. Child Welfare LXVI, 2, 113-123.

Minnesota Supreme Court, State Court Administration. (1995). Foster care in Minnesota: Current federal and state law, time lines, and placement parameters.

(Available from the Minnesota Supreme Court, 25 Constitution Avenue, St. Paul, MN 55155).

Minnesota Supreme Court, State Court Administration. (1997). Minnesota Supreme Court foster care and adoption task force. Final report. (Available from the

Minnesota Supreme Court, Office of Research and Planning. 120 Minnesota Judicial Center, 25 Constitution Avenue, St. Paul, MN 55155).

National Center on Child Abuse and Neglect. (1994). Substitute care providers: Helping abused and neglected children. Washington D.C.: U.S. Department of Health and Human Services.

Osmond, M. (1992). The treatment foster care program for the Children's Aid Societies of Durham, Kawartha-Haliburton, and Northumberland. Coburg, ON: Ontario Association of Children's Aid Societies and the Ministry of Community and Social Services.

Payne, M. (1991). Modern social work theory: A critical introduction. New York, NY: Lyceum Books, Inc.

Schwartz, I. M., Ortega, R., Guo, S., & Fishman, G. (1994). Infants in nonpermanent placement. Social Service Review, 68(3), 405-416.

Seaberg, J. R. (1986). "Reasonable efforts": Toward Implementation in permanency planning. Child Welfare, 5, 1996.

Sheldon, J. (1997, Winter). 50,000 Children are waiting: Permanency planning and termination of parental rights under the Adoption Assistance and Child Welfare Act of 1980 . Boston College Third World Law Journal, 17, 73-100.

The Adoption and Safe Families Act of 1997, Pub. L. No. 105-89.

The Adoption and Assistance and Child Welfare Act of 1980, Pub. L. No. 96-272.

The engine: Minnesota Stat. 260.191, Sub Ds. 3a & 3b.



NATIONAL OFFICE

November 5, 1998

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Helping children,
and families...

Dear Michael:

The purpose of this letter is to confirm that Human Service Associates (HSA) is giving permission to Joey Glassman to use our statistical data for a research project. It is our understanding that Ms. Glassman will be using this in the completion of her masters thesis, and that her project will be supervised by her academic advisor. The following terms and conditions also apply:

The data for the project will be accessed by our Chief Financial Officer who oversees the Management Information System and specialized reporting for our agency. In addition, Ms. Glassman will have no access to client files or information system forms to assure confidentiality is maintained.

Once again, we feel very fortunate to have the opportunity to assist one of Augsburg's students in her work. We are supportive of Joey's academic pursuits, and are expecting that our practice will be positively informed as a result of her study.

If you have any questions regarding the above, please give me a call.

Kind regards,

Patricia C. Harmon, MSW, LISW
President/CEO

cc: Joey Glassman
Ghazi Akailvi, CFO



Instructions: This form is to be submitted by the supervising worker upon discharge of a person from the HSA program.

HSA State Program MN

Person's Name _____ Date of Birth _____

Date of Discharge _____

Name of Care Provider at time of Discharge: _____

Person/family discharged from HSA will live (check one):

- Parent's home
- Adoptive home
- Another foster home (Agency Name: _____)
- Group home
- Independent living
- Residential treatment
- Hospital
- Shelter
- Jail/detention/training school/Camp
- Relative's home
- Unknown

Reason for discharge (check one):

- Placement Goals Met
- Requested of care provider (Reason for request:)
- Request of referral agency (Reason for request:)
- Request of person (Reason for request:)
- Runaway
- Court Action
- Lack of Funding
- Inappropriate for program (Reasons:)
- Team Decision
- Family completed its case plan
- Hospitalization
- Arrested/detained by corrections authority
- Unable to be maintained in the community

FORM COMPLETED BY _____

DATE _____

DATE ENTERED: _____ INITIALS: _____

REVISED: December 15, 1994

IS2: LICENSED/CERTIFIED PROVIDER FORM

Instructions: This form should be completed after a care provider home is licensed or certified. (PLEASE NOTE that providers with placements cannot be compensated without the completion of this form.)

1. HSA State Program _____ MN _____
2. *Name of Care Provider #1 _____
3. Name of Care Provider #2 _____
4. CP #1 birthdate _____ 4.1 CP #2 birthdate _____
mm/dd/yy mm/dd/yy
5. CP #1 Social Security # _____
- 5.1 CP #2 Social Security # _____
6. Years previous care experience (combined) _____
7. Hours per week CP #1 works outside home _____
8. Hours per week CP #2 works outside home _____
9. Number of persons licensed for _____
10. Type license _____ (Foster Care, Group, or Certificate)
11. Care provider payment rate _____
12. HSA worker who did licensing _____
12.1. Date licensed/Certified _____
13. HSA Social Worker Who will supervise CP _____

* Checks will be issued to CP #1.

FORM COMPLETED BY _____

DATE _____

DATE ENTERED: _____ INITIALS: _____

REVISED: December 15, 1994

IS4B: PLACEMENT BILLING FORM

Instructions: This form is to be completed as soon as a placement occurs, to record short-term placements such as preplacements, shelter and respite. An IS4 must have been completed and sent to the national office before or along with this form.

1. HSA State Program MN
2. Person Placed _____ 3. Date of Birth _____
4. Type of Placement

<input type="checkbox"/> Youth	<input type="checkbox"/> Residential Treat. Alternative
<input type="checkbox"/> Shelter	<input type="checkbox"/> Rites of Passage
<input type="checkbox"/> Respite	<input type="checkbox"/> Medically Fragile
<input type="checkbox"/> Whole Family	<input type="checkbox"/> Homebased Services
5. Is this a transfer from one HSA home to another? Yes No
6. If Yes, enter date of transfer: _____ (Please complete an IS3 form)
7. Is person placed Medicaid eligible? Yes No (SC only)
8. Case Number (if applicable) _____
9. HSA Care Provider _____ 10. CP Rate \$ _____
11. HSA Supervising Social Worker _____
12. Party Financially Responsible for Placement _____
13. Referral Source Contact _____
14. Date Placement Began With Above Care Provider _____
15. Date Short-term Placement Ended (if it has) _____
(i.e., respite, preplacement only)

(For Respite, you must submit a separate IS4B for each month)

If the person/family will no longer be receiving HSA services and has been discharged from HSA please complete an IS5 form.

16. Number of Days Placed (if short-term) _____

* Include IS4Bs for all members being billed.

FORM COMPLETED BY _____

DATE _____

Augsburg College
Lindell Library
Minneapolis, MN 55454