
FOSTER OR GROUP HOME CARE FOR YOUTH ON PROBATION

August 2016

The Criminology Research Group
The University of Montana, Missoula

Patrick McKay
Dusten Hollist
Jessica Mayrer

TABLE OF CONTENTS

Introduction	1
Definitions	1
Literature Review	2
Family Foster Care Versus Group Home Care	2
Family Foster Care Outcomes	4
Mental and Physical Health	4
Education	5
Employment	5
Kinship Foster Care	6
Guide Home Program	7
Model Therapeutic Foster Care for Delinquent Youth	8
Reimbursement Rates	10
Process of Becoming a Licensed Foster Family	12
Process and Support	13
Recruitment Strategies	16
Recommendations	18
Foster Homes Versus Group Homes for Youth on Probation	18
Foster Families for Youth on Probation	18
Increase Reimbursement for Foster Families	19
Contract with an Agency or Individual to Train and License Foster Families	19
Emphasis on Kinship Foster Care	20
Program Overview	21
Program Name	21
Recruiting	21
Cost	21
Agency Responsibilities	22
Probation Staff Responsibilities	23
Importance of Program Evaluation	23
What's Next?	23
References	24

INTRODUCTION

In Montana, youth on probation who must be removed from their families are placed into shelter care facilities and group homes at a much higher rate than into family foster care. In 2014, 300 youth on probation were placed in group homes while only 20 youth were placed with foster care families. Recidivism rates for youth in foster and group home care during 2014 were equivalent at 35%. However, the cost associated with group homes and shelter care facilities are significantly greater than the cost for family foster care. While placements for delinquent youth are often temporary, the negative effects of being separated from family can be long term. Determining the best option for youth whose care requires removal from their biological family constitutes an important topic, it is one that serves as basis for this investigation. This report investigates long-term outcomes associated with the use of group homes and family foster care and provides recommendations for Montana.

DEFINITIONS

- **Foster child:** A person under 18 years of age who has been placed by the Montana Department of Public Health and Human Services (DPHHS) in a youth care facility (MCA 52-2-602(3)).
- **Kinship foster home:** A youth care facility in which substitute care is provided to between one and six children, who are not the guardian's own children, stepchildren, or wards. Care may be provided by member of the child's extended family, a member of the juvenile's American Indian tribe, godparents, stepparents, or a person to whom the child or their family ascribe a relationship or to whom the child has had significant emotional tie that existed prior to DPHHS involvement (MCA 52-2-602(4) a, b, c, d, e).
- **Youth care facility:** A facility licensed by DPHHS or the appropriate licensing authority in another state in which substitute care is provided. The term includes traditional foster homes, kinship homes, group homes, shelter care facilities, child-care agencies, transitional living programs, and youth assessment centers (52-2-602(11)).
- **Youth foster home:** A home in which substitute care is provided to between one and six youth other than the foster parents' own children, stepchildren, or wards (MCA 52-2-602(12))
- **Therapeutic foster care:** In addition to meeting all licensing requirements necessary for traditional foster care, therapeutic foster homes must meet additional mandates found in Admin. R. Mont 37.37.310. A provisional license may not be issued to a therapeutic foster home at the time of initial licensing. Therapeutic foster parents must receive a minimum of 15 hours of training annually beyond the 15 hours required for traditional foster homes, for a total of 30 hours of annual training. The additional 15 hours of training must be directly related to:
 - Using treatment strategies and interventions to address the special needs of emotionally disturbed youth; and
 - The use of non-physical means of controlling youth to assure safety and protection for the juvenile and others.
- **Youth group home (congregate care):** A facility in which substitute care is provided to between seven and 12 juveniles (MCA 52-2-602(13)).
- **Youth shelter care facility:** A facility that regularly receives children under temporary conditions until the court, probation office, department, or other appropriate social service agencies have made other provisions for the children's care (MCA 52-2-602(14)).

LITERATURE REVIEW

FAMILY FOSTER CARE VERSUS GROUP HOME CARE

Research comparing family foster homes and group homes (congregate care) demonstrates near consensus when finding that family foster care is more beneficial than a group home setting (Dozier, Kobak, Sagi-Schwartz, Shauffer, van IJzednoorn, Kaufman, O'Connor, Scott, Smetana, Zeanah, 2014; Chamberlain & Reid, 1991; Henggeler, Rowland, Halliday-Boykins, Sheidow, Ward, Randall, Pickrel, Cunningham, and Edwards, 2003; DeSena, Murphy, Douglas-Palumberi, Blau, Kelly, Horwitz, and Kaufman, 2005; Lee, bright, Svoboda, Fakunmoju, and Barth 2010). For example, the Annie E. Casey Foundation, a nonprofit organization dedicated to crafting cost-effective solutions to problems affecting children, found in its report, *Rightsizing Congregate Care: A Powerful First Step in Transforming Child Welfare Systems*:

No research proves that children fare better in congregate care facilities than family care and some studies have shown the outcomes are worse. What's more, institutional placements cost three to five times more than family-based placements. Thus savings from congregate care reduction could be diverted to community-based services to improve permanence and other long-term outcomes for children (Annie E. Casey Foundation, p. 1).

In October 2015, The National Conference of State Legislatures (NCSL) released a report addressing the need to reduce congregate care. The NCSL acknowledges that congregate care can be beneficial for children who require short-term supervision. The report states also, however, that, "Many officials believe that children who don't need that type of intense supervision are still in these group placements ... making it harder for them to find permanent homes and costing state governments three to five times more than family foster care (NCLS 2015)." In 2009, the United Nations adopted a resolution on congregate care stating: "Removal of a child from the care of the family should be seen as a measure of last resort and should, whenever possible, be temporary and for the shortest possible duration." (2010 p. 4).

Group home care is disadvantaged because it lacks a constant parent figure, which is vital for youth development. Positive stable support systems constitute one of the most important factors in promoting healthy outcomes for traumatized individuals (Kaufman, 2007). While a stable parental figure is particularly important for infants and young children (Bowlby, 1982), consistency is also critical to the healthy development of children in middle childhood and adolescence (Allen, Moore, Kupermine, and Bell, 1998; NCLS 2015). In a group home setting, caregivers work in shifts that lasts hours or days. The rotating nature of staffing in such facilities falls short of providing the consistency found in a foster care situation (Hawkins-Rogers, 2007). Relationships with a parental figure can reduce the adolescent's susceptibility to deviant peer influence (Allen et al., 1998; Dishion, Nelson, and Bullock, 2004), can provide resources and support not available from peers (Allen, Moore, and Bell, 1998), and a context for the adolescent to develop competencies that aid in successfully transitioning into a healthy adult. Youth who fail to develop a bond with a parental figure are more likely to rely on peers for guidance and protections and therefore to engage in risky behaviors (Kobak, Herres, Gaskins, and Laurenceau, 2012; Dishion et al., 2004). Similarly, Dobrova-Krol et al., (2010) found that youth who are removed from institutional settings can form attachments with foster parents and were found to be less likely to experience subsequent psychopathology or problematic peer relations.

The negative effects of placing youth with other “delinquent” or “at risk” juveniles is well documented. Dodge, Dishion, and Lansford (2006) explain that propensity for delinquency is exacerbated through association with other antisocial individuals and peer groups. When youth are placed into a residential treatment program with other juveniles, it actually encourages deviant behavior as youth seek out others who behave similarly. Haynie and Osgood (2005) found that socializations with delinquent peers in group homes did have a modest effect on delinquency. While Leve and Chamberlain (2005) found that while overall delinquent behaviors decline in group homes, youth make lasting friendships with other juveniles that can detrimentally shape their actions even after discharged from group homes. Following that theme, Buehler, Patterson, and Furniss (1996) found that youth peers in residential facilities have more power to shape behaviors than staff does. Moreover, when youth in such environments demonstrate rebellious behavior, peers elevate the juvenile to higher status. Others then emulate this behavior to gain similar status, which strengthens the deviancy of the group (Lavalley, Bierman, Nix, and Conduct Problems Prevention Research Group, 2005).

Ryan Marshall, Herz, and Hernandez (2008) found youth placed into group homes were 2.4 times more likely to be arrested even after controlling for race, sex, abuse, placement history, presence of behavior problems, and history of running away. Even SAFE Homes, a program lauded as the “optimum shelter care” facility for youth, has failed to provide evidence that it outperforms standard family foster care (Lee, Bright, Svoboda, Fakunmoju and Barth 2011; Barth 2005; Chamberlain and Reid, 1991; Henggeler et al., 2003; DeSena, Murphy, Douglas-Palumberi, Blau, Kelly, Horitz and Kaufman, 2005). Additionally, programs such as SAFE Homes are significantly more expensive than standard family foster care (Desena, Murphy, Douglas-Palumberi, Blau, Kelly, Horitz and Kaufman, 2005).

Furthermore, research indicates an increased risk of sexual and physical abuse in group home settings. Sexual abuse and physical abuse were found to occur more frequently in congregate care than the general population, and sexual abuse was higher in congregate care than in either foster care or the general population (Euser, Alink, Tharner, van IJzendoorn, and Bakermans-Kranenburg, 2013; 2014). No difference was found in the incidence of sexual abuse between foster care and the general population.

In the 2014 Consensus Statement on Group Care for Children and Adolescents: A Statement of Policy of the American Orthopsychiatric Association, Dozier et al., (2014) state:

Congregate or group care deprives children of the opportunity to form an attachment to a parent figure and is not likely to involve child sensitive exercise of adult authority. These factors substantially reduce the child’s ability to navigate critical developmental tasks of childhood and adolescence and increase the likelihood of antisocial and risky behavior... There is evidence that not only can the needs of children and adolescents be met without group care, but also that foster care, when appropriately supported, can help resolve some of the attachment issues facing many children who enter care. Therefore, group care should be reserved for therapeutic treatment in children only when clinically necessary, and the goal should be return to families as soon as possible. (p. 223)

While a substantive amount of research links negative outcomes to congregate care use, some studies yield differing findings. McCrae, Lee, Barth, and Rauktis (2010), for example, found that children in family foster care had levels of behavior improvements on par with those in group homes. Both groups charted similar decreases in problem behaviors over a period of 36 months in care. Similarly, recidivism outcomes were comparable for youth in residential care when compared to juveniles who participated in intensive in-home treatment (Barth, Greeson, Guo, and Green

2007). Despite the mixed findings, the affordability of family foster care, coupled with the one-on-one attention it provides children, yields ample rationale to use family foster care rather than the congregate alternative.

The Annie E. Casey Foundation has for the past decade worked to reduce congregate care use. As the organization states, “Reducing a system’s reliance on congregate care had significant benefits for children and families” (2009, p.1). As a result of these findings and the success of influential alternatives to congregate care, the use of group home placements is declining across the nation. “Congregate care use is decreasing at a greater rate than the overall foster care population, which indicates states are making greater strides in reducing the number of children who spend time in a congregate care setting.” (Children’s Bureau 2015 p. II). The Children’s Bureau notes further that the number of youth in congregate care nationally in 2013 fell to 55,916, from 88,695 in 2004.

FAMILY FOSTER CARE OUTCOMES

While literature on the subject expresses a clear preference for family foster care over group homes, it’s important to note that relying on family foster care is not a panacea capable of solving the myriad problems that arise when children are taken from their biological parents. Pecora, Kessler, Williams, Downs, English, White and O’Brien address negative outcomes among formerly fostered individuals in the Northwest Foster Care Alumni Survey (2010).

In the largest study of its kind, the researchers examined 659 case records and conducted 479 interviews with foster home alumni in person or over the phone. Below is a summary of their research:

(Note: all findings below are from Pecora et al. 2010, unless otherwise specified).

MENTAL AND PHYSICAL HEALTH

- The prevalence of mental, emotional, and behavioral disorders among alumni exceeded that of the general population on all nine mental, emotional, and behavioral disorders assessed.
- The prevalence of lifetime PTSD was significantly higher among family foster care alumni (30%) than among the general population (7.6%). This lifetime PTSD rate was comparable to that of Vietnam War veterans (30.9% for male veterans and 26.9% for female veterans) (Kulka, Fairbanks, Jordan and Weiss, 1990).
- The prevalence of lifetime major depression was significantly higher among alumni (41.1%) than among the general population (21.0%).
- In addition to PTSD and major depression, more than one in five alumni had one of the following during his or her lifetime: panic syndrome, modified social phobia, or drug dependence.
- PTSD prevalence in the 12 months prior to alumni interviews was significantly higher among alumni (25.2%) than among the general population (4.6%). By comparison, American war veterans have lower rates of PTSD (Vietnam veterans: 15%; Afghanistan veterans: 6%; and Iraq veterans: 12%-13%) in the past 12 months after their military discharge.
- The prevalence of major depression in the 12 months preceding alumni interviews (20.1%) was nearly double that of the general population (11.1%).
- General physical health was similar between alumni and the general population.
- Smoking: Alumni smoking rates were similar to the general population.

Drinking: Alumni alcohol consumption was on par with the general population.

EDUCATION

- 63.5% of alumni attended three or more different elementary schools.
- 35.6% were in special education classes for students needing extra help.
- 48.1% received tutoring or other supplemental educational services.
- 31.3% repeated a grade in school.
- 30.2% experienced 10 or more school changes, indicating serious disruptions in the continuity of their education.
 - Foster youth have been found to: (1) have lower academic achievement scores; (2) be more likely to have cognitive delays; (3) be more likely to be placed in special education classes; (4) be absent from school; (5) be held back a grade; (6) display behavioral problems, including loss of control at school, and, (7) drop out before obtaining a high school diploma or GED (Courtney, Dworsky, Cusick, Havlicek, and Perez, 2007; Horwitz, Simms, and Farrington, 1994; Shin 2004, Wyatt, Simms, and Horwitz 1997).
 - Children in foster care are at a comparably higher risk for school failure because of deprivation and other adversities, frequent school changes, and lack of educational support (Altshuler, 1997, Ayasse, 1995; Cohen, 1991; Jackson, 1994; Stein, 1994; Stein, Rae-Grant, Ackland, and Avison, 1994).
 - Compared to the general population, fewer youth placed in foster care complete high school. Approximately one-third of alumni lack a high school diploma or GED at discharge, about 74% or more later complete high school or earn a GED (Barth 1990; Blome, 1997; Bradford and English, 2004; Cook 1994; Courtney et al 2007; Pecora et al. 2003b; and Reilly 2003).
 - High School diplomas predicts significantly greater earnings for youth formerly in care (Okpych and Courtney 2014).
- Alumni graduated with GED, rather than a high school diploma, 28.5% of the time; this is a rate five times higher than the general population, at 5.1%.
- Alumni 25 years of age and older completed a postsecondary education 45.3% of the time, a substantially lower rate than the same demographic in the general population (57%).
- 2.7% of alumni aged 25 and older completed a bachelor's degree or higher, much lower than the 24.4% of the general population between the ages of 25-34.
- Compared to the general population, foster youth are twice as likely to drop out of high school, less likely to be enrolled in college preparatory classes, more likely to be a grade below their peers, and more likely to be in special education classes.

EMPLOYMENT

- More than one in five alumni (22.2%) were homeless for one or more nights within a year after leaving care (p.132) According to the National Survey of Homeless Assistance in 1996, only 1% of the general population were likely to experience a period of homelessness at least once during a year (Burt et al., 1999).
 - A study of homelessness in Minneapolis (Piliavin, Sosin, Westerfelt, and Matsueda 1993) found that 39% of the 331 homeless persons aged 18 or over who were interviewed reported having been in foster care. Placing a child in foster care had the strongest relationship to the duration of homelessness.

- 9.3% of alumni under 35 reported owning their residence, a significantly lower rate than the general population, which has a homeownership rate of 41.2% for adults under 35 and 67.5% for all adults (U.S Census Bureau 2000f).
 - Earnings among those formerly in foster care are about half of that of the general population (Okpych and Courtney 2014).
 - College attainment narrows disparities between youth formerly in foster care and the general population (Okpych and Courtney 2014).
- Only 70.3% of the alumni who were eligible to work, in comparison to the national average of 95% for persons aged 20-34 in the general population.
- Alumni served in the military at a higher rate (1.8%), in contrast to the general population (.5%)
- 16.8% of alumni received cash public assistance, either from Temporary Assistance for Needy Families (TANF) or General Assistance. This is five times higher than the 2000 general population rate of 3.4% (U.S. Census Bureau 2000c).
- Two thirds (66.8%) of alumni were living in households at or below the poverty line. This is much higher than the poverty rate in 2000, which was 11%.
- Approximately twice as many alumni lacked health care coverage compared to the general population aged 18 to 44.

Overall findings indicate that youth placed into a family foster care are disadvantaged in comparison to those who remain with original caregivers. Pecora et al., however, provide a caveat to those findings, stating:

In contrast to what is portrayed in the media and many research reports, some youth placed in foster care benefit from the protection, emotional care, and services provided to them. The “state as a corporate parent” is successful to the extent that some youth are succeeding (p.247).

Among their findings, Pecora et al., recommend maximizing foster care effectiveness by: (1) ensuring youth are placed in fewer foster homes; (2) providing more access to educational tutoring supports and educational stability; (3) providing more access to therapeutic services and supports; (4) ensuring foster families are more involved; (5) providing greater preparation for leaving care (e.g. employment training and support); and (6) providing more tangible resources upon leaving care.

KINSHIP FOSTER CARE

Kinship foster care is an alternative to traditional family foster care where youth can live with a grandparent, aunt, uncle, or a close family friend. The term kinship is intentionally broad and includes anyone who has previous emotional attachments to the youth. Kinship care placements are being used increasingly in the United States. In fact, some child welfare agencies are mandated to first attempt to identify safe living arrangement with relatives or individuals the child knows before searching for alternatives such as traditional foster care or a group home (Bell and Romano 2015). According to the Montana DPHHS, approximately 60% of all foster placements fall into the kinship category. Grandparents are the most common kinship guardians. Farmer (2010) found youth placed into kinship placements with grandparents were significantly more stable than those housed by other family associates and kin.

Sakai, Lin, and Flores (2011) found children in kinship care were much more likely to be placed permanently and had lower rates of reported behavioral and social problems. Several studies indicate increased stability for youth in kinship placements in comparison to foster care (Koh and Testa, 2008; Koh, Rolock, Cross, and Eblen-Manning, 2014; Chamberlain, Price, Reid, Landsverk, Fisher, and Stoolmiller 2006).

To evaluate the effectiveness of kinship care placement on the safety, permanency, and wellbeing of children removed from parental homes for maltreatment, Winokur, Holtan, and Valentine (2009) conducted a meta-analysis examining 62 “quasi-experimental studies.” The researchers found mixed results. Children in kinship care had greater increases in behavioral development, mental health functioning, and placement stability than children in non-kinship foster care. Non-kinship care foster children, however, were more likely to be adopted and more likely to receive mental health services. Overall findings from Winokur et al. support the use of kinship care for youth who must be removed from parental homes. Another meta-analysis performed by Bell and Romano (2015) comparing kinship care to traditional foster housing found similar results; youth in kinship care experienced lower rates of justice system reentry and greater placement stability in comparison to children living with non-kin foster families.

GUIDE HOME PROGRAM

In Montana, the Guide Home Program operated by Youth Homes Inc. serves as one alternative to group homes for juvenile parolees. The program facilitates family placements for youth who have successfully completed sentences in Pine Hills Youth Correctional Facility for juvenile males and Riverside Youth Correctional Facility for juvenile females. Parents participating in the Guide Home Program mentor and guide criminal justice-involved youth, who receive counseling, life skills development, access to community resources, and educational opportunities. (youthhomesmt.org).

The Montana Department of Corrections funds the Guide Home Program, contracting with Youth Homes, which receives \$142.46 per youth, per day. Foster families are reimbursed \$53.22 for every day they care for a child. The remaining \$89.24 supports Youth Homes operations, as itemized below. (See Youth Homes’ contract for complete document).

Youth Homes’ responsibilities include:

- Recruiting, training, and supervising Guide Home families; providing comprehensive support to youth in out-of-home placements. Guide Home families are trained in the cognitive approach before they are cleared to participate in the program.
- Helping to license Guide Home foster families to satisfy Montana DPHHS standards.
- Recruiting Guide Home families and performing criminal and child abuse registry checks on potential guardians.
- Facilitating access to outpatient therapy providers and other community support.
- Coordinating with juvenile parole personnel.
- Providing services including therapy and extracurricular activities, in addition to at least weekly in-person contact by Youth Homes’ staff, who support, mentor, and manage youth.
- Housing only youth from DOC for the Guide Home project. No other youth may be placed in the home from any other agency or program.
- Providing respite care.

- Facilitating medical services.
- Providing quarterly reports to the Montana Department of Corrections Youth Services Division, which includes the following Guide Home placement information:
 - Number of youth referred
 - Number of youth placed
 - Number of youth attempted and not placed
 - Number of youth not accepted and reasons for each denial
 - Longest, shortest, and average length of placement

In a conversation with Cindy McKenzie, the Division Administrator for Youth Services in Montana, the Guide Home Program was described as a success for some youth. Among the program’s most significant challenges comes from recruiting and retaining families to house children. The largest barrier for Guide Home families is managing behavioral problems that arise with the foster youth.

MODEL THERAPEUTIC FOSTER CARE FOR DELINQUENT YOUTH

Evidence supports the use of therapeutic foster care for youth in the juvenile justice system. The term “therapeutic foster care” is used broadly when referring to a youth being placed in substitute care. This report focuses on Multidimensional Treatment Foster Care (MTFC), due to its recognition as a model for best practices. MTFC was recently renamed and is now called, “Treatment Foster Care Oregon (TFCO).” The acronyms MTFC and TFCO are used interchangeably in this report.

Brief Description of TFCO:

TFCO is a cost-effective alternative to group or residential treatment, incarceration, and hospitalization for adolescents with chronic antisocial behavior, emotional disturbances, and delinquency. Community families are recruited, trained, and closely supervised to provide TFCO-placed adolescents with treatment and intensive supervision at home, in school, and in the community. Consistent behavioral limits are clearly articulated by guardians, who devote special attention to monitoring whether youth abide by constraints. Consequences for failing to follow rules includes separation from delinquent peers. Positive reinforcement for appropriate behavior, meanwhile, is given by adult mentors trained in behavior modification. TFCO utilizes a behavior modification program based on a three-level point system by which the youth are provided with structured daily feedback. As youth accumulate points, they are given more freedom from adult supervision. Individual and family therapy is provided, and case managers closely supervise and support youth and foster families through daily phone calls and weekly foster parent group meetings. The program emphasizes teaching interpersonal skills and participation in positive social activities including sports, hobbies, and other recreational pursuits. Placement in foster parent homes typically last for roughly six months. The duration of aftercare services provided to families is based on parental requests, but most frequently continue for approximately one year. (<http://www.blueprintsprograms.com/factsheet/treatment-foster-care-oregon>).

Potential TFCO foster parents are screened by telephone for basic eligibility, asked whether they have adequate space in their home, for example, and about any criminal history before cleared to apply to participate in the program. Following the return of a written application from the potential family, a TFCO recruiter conducts a home visit, during which the recruiter describes the program in detail and explains the program’s training and certification requirements. The purposes of the

home visit are to meet the prospective family, to see whether the home atmosphere is conducive to caring for a young foster child, and to educate potential foster parents about the program. Families who are suitable for standard foster care may not be suitable for TFCO, which requires guardians to take an active treatment perspective and to work with program staff to implement a daily structured program for the child. Single parents and married couples with and without children have been successful TFCO-P foster parents.

The MTFC intervention has received national attention as a cost-effective alternative to residential care. MTFC has been selected as one of 10 evidence-based National Model Programs (The Blueprints Program) by the OJJDP and one of nine Exemplary Safe, Disciplined, and Drug Free, Schools model programs. It has also been highlighted in two U.S. Surgeon General Reports (U.S. Department of Health and Human Services (USDHHS 200a, b) and was selected by the Center for Substance Abuse Prevention and the Office of Juvenile Justice and Delinquency Prevention as an Exemplary I Program for Strengthening America's Families (Chamberlain 1998). Finally, it was selected in 2009 by the Coalition for Evidence-Based Policy as meeting "top tier" evidence of effectiveness (Coalition for Evidence-Based Policy).

TFCO is one of 13 juvenile justice treatment programs evaluated for cost effectiveness by the Washington State Public Policy Group in the report, *The Comparative Costs and Benefits of Programs to Reduce Crime* (Aos, Phipps, Barnoski, & Lieb, 2001 and 1999: www.wa.gov/wsipp). The policy group found that, "Overall, taxpayers gain approximately \$21,836 in subsequent criminal justice cost savings for each program participant. Adding the benefits that accrue to crime victims increases the expected net present value to \$87,622 per participant, which is equivalent to a benefit-to-cost ratio of \$43.70 for every dollar spent" (page 19).

TFCO Program Outcomes:

When implemented with delinquent boys, significant program effects, relative to a comparison group, included:

- Incarcerated 60% fewer days 12 months after baseline (Chamberlain 1990).
- Fewer subsequent arrests 12 months after baseline (Chamberlain and Reid, 1998; Chamberlain and Moore 1998).
- Less self-reported other drug use at 12 and 18 months, and tobacco and marijuana use at 18 months post-program. (Smith, Chamberlain, and Eddy 2010).
- Fewer violent offense referrals (21% in treatment vs. 38% of Controls) two years after enrollment (Chamberlain and Reid 1998; Eddy, Whaley and Chamberlain 2004).
- Fewer self-reported violent offenses (10.5 incidents for treatment group vs. 32.6 incidents for control group) two years after enrollment (Chamberlain and Reid 1998; Eddy, Whaley and Chamberlain 2004).
- Ran away from programs, on average, three times less often (Chamberlain and Reid 1998; Eddy, Whaley and Chamberlain 2004).

When implemented with delinquent girls, significant program effects, relative to a comparison group, included:

- Reduced deviate peer affiliations during treatment and at the 12-month follow-up (Leve and Chamberlain 2005b).

- Fewer days in locked settings, fewer criminal referrals, lower caregiver-reported delinquency, and more time on homework at 12-months post-baseline (Chamberlain 2005; Leve and Chamberlain 2007)
- Reductions on a combined measure of days spent in locked settings, criminal referrals, and self-reported delinquency at 24-months post-baseline (Chamberlain, Leve, and DeGarmo 2007).
- Odds of becoming pregnant in group care 2.44 times higher than that of girls in treatment 24 months post-baseline (Kerr, Leve, Chamberlain, 2009)
- Significantly less delinquency than the control group home (Chamberlain, Leve, and DeGarmo, 2007).

REIMBURSEMENT RATES

Table 1 below present the state-supported average daily cost for all juvenile care facilities in Montana between 2013 and 2015. Daily rates are established by the Montana DPHHS. Amounts presented below reflect state funding, federal Medicaid contributions are not included. Because federal contributions to therapeutic foster homes offset the state’s financial responsibilities, therapeutic group homes constitute less of a financial burden to state coffers than traditional group home facilities. The daily state-supported expense of foster care ranges from \$19.73 for kinship care to \$32.95 for therapeutic foster care. On average, foster care expenses run \$24.88 per youth, per day. Group home expenses, meanwhile, range from \$48.76 for room and board costs in therapeutic group homes to \$103.39 for shelter care facilities. On average, group home care costs approximately \$82.88 per youth, per day. Residential treatment facilities typically cost three times the cost of group homes, at \$305.84, but this rate is most oftentimes paid by Medicaid.

Table 1: Montana Foster Care and Group Home Care Costs

FACILITY	Average Facility Cost (2013 to 2015)	Overall Average
Kinship Foster Care	\$ 19.73	
Regular Foster Home	\$ 21.95	\$ 24.88
Therapeutic Foster Homes	\$ 32.97	
Therapeutic Group Homes	\$ 48.76	
Regular Group Homes	\$ 96.48	\$ 82.88
Shelter Care Facilities	\$ 103.39	
Residential Treatment Facilities	\$ 305.84	

In a 2013 report, DeVooght, Child Trends, and Blazey consolidated the reimbursement rate for foster parents in 45 states. Table 2 below lists their findings, ranked from highest-paid to lowest-paid foster parents. The District of Columbia has the highest basic rate, at \$30.66 per day, and Wisconsin is shown to have the lowest, \$7.23 a day. While Montana is not presented in the table below, the state’s approximately \$21.95-per-day reimbursement rate ranks Montana at approximately the 12th highest.

Table 2: Foster Care Reimbursement Rates Per State (Basic Rates)

1. District of Columbia	\$30.66-\$32.97	24. New Hampshire	\$15.80-\$20.39
2. Maryland	\$27.45-\$27.94	25. South Dakota	\$15.71-\$18.86
3. Connecticut	\$25.73-\$28.24	26. North Carolina	\$15.62-\$20.82
5. New Jersey	\$23.54-\$53.53	27. Utah	\$15.00-\$20.00
6. Tennessee	\$23.26-\$27.28	28. Virginia	\$14.93-\$22.20
7. North Dakota	\$22.88-\$28.78	29. Georgia	\$14.60-\$18.80
8. Kentucky	\$22.70-\$24.70	30. Alabama	\$14.20-\$15.39
9. Nevada	\$22.45-\$25.42	31. Florida	\$14.10-\$16.93
10. Kansas	\$22.16	32. Washington	\$13.93-\$22.20
11. Texas	\$22.15-\$39.52	33. Rhode Island	\$13.64-\$15.79
12. Minnesota	\$21.06-\$25.09	34. Louisiana	\$13.57-\$16.10
13. California	\$21.04-\$26.27	35. Arkansas	\$13.48-\$16.44
14. Massachusetts	\$20.79-\$24.79	36. Oklahoma	\$13.45-\$17.96
15. West Virginia	\$19.73	37. Delaware	\$13.04-\$16.79
16. Arizona	\$19.68-\$21.72	38. Illinois	\$12.63-\$15.48
17. Oregon	\$18.90-\$24.36	39. Colorado	\$11.64-\$14.12
18. Indiana	\$18.88-\$23.66	40. South Carolina	\$11.07-\$14.17
19. Michigan	\$17.24-\$20.59	41. Ohio	\$10.00-\$200.00
20. New York	\$17.10-\$23.31	42. Idaho	\$9.90-\$14.89
21. Maine	\$16.50	43. Missouri	\$9.27-\$12.23
22. New Mexico	\$16.10-\$18.06	44. Nebraska	\$8.09-\$12.76
23. Iowa	\$15.98-\$18.43	45. Wisconsin	\$7.23-\$15.62

In Montana, most youth on probation who are removed from their homes are placed into group homes. Table 3 below presents the distribution of juveniles placed into group homes versus foster care. In 2014, 320 youth on probation were sent to a foster or group home. Only 20 of them (6.25%) were placed in a foster home. The remaining 300 (93.75%) were sent to group homes. Most group home placements were in therapeutic facilities. Based on average costs, as itemized in Table 1, the approximate total expense of one day's care for the 320 youth is \$19,361.90.

Table 3: Foster and Group Home Care for Youth on Probation in Montana (2014)

	Number of Children	Avg. Cost Per Child Per Day	Total Cost	Recidivism
Group Home	87	\$96.48	\$8,393.76	49% (43)
Therapeutic Group Home	213	\$48.76	\$10,385.88	29% (61)
Foster Home	7	\$21.95	\$153.65	43% (3)
Therapeutic Foster Home	13	\$32.97	\$428.61	31% (4)
Total	320	-	\$19,361.90	-
Weighted Average	-	\$60.51	-	34.69%

If all youth were placed into foster homes instead of congregate care, the cost of one day's care for all 320 juveniles would total \$7,024, saving \$12,337.90 daily. Alternatively, if all 320 youth went to foster homes, each foster family could be reimbursed \$60.51 a day to total the same overall costs expended in 2014. That amount is equivalent to earnings from a full-time minimum-wage job (\$8.05 hourly), and considerably more in light of the fact that reimbursements are nontaxable. This calculation assumes no agency costs associated with recruiting, training, and licensing foster families.

Increasing Montana's reimbursement rate should be considered, although few states compensate families for the actual costs of caring for a foster child. Using cost-of-care estimates for individual states, DeVooght et al., (2014) found that 81% of the states examined did not adequately fund costs of care for children up to 5 years of age; 93% did not support expenses associated with housing 6 to 11 year olds, and 91% did not cover the expenses of raising 12 to 17 year olds. Reimbursing families the costs associated with caring for a foster child should be a priority. Raising reimbursement rates to more than 100% could ease strains associated with caring for juveniles and thereby increase the likelihood that families will foster children. In their research, Geiger, Hayes,

and Lietz (2013) investigated what factors impact a foster parent's likelihood of continuing fostering. They found that intentions to continue fostering are positively impacted by the parents' own intrinsic motivations and rewards, a sense of satisfaction that stems from caring for a youth in need, and the level of emotional and practical supports received. Geiger, Hayes, and Lietz also found that reimbursement rate reductions decrease the amount of quality services available for foster children and their guardian families.

Reimbursements to foster parents are intended only to support expenses associated with caring for youth. For this reason, payments made to foster parents from child placement agencies or state and local governments are non-taxable. Foster parents can also deduct unreimbursed foster care expenses as charitable donations. Additionally, kin and non-kin foster parents can claim foster children as dependents on tax forms, with some limitations (Internal Revenue Bulletin: Foster Care Payment, Medicaid Waivers).

As discussed in the Northwest Foster Care Alumni Study, Pecora et al., (2010) described the need to reinvest more money into the foster care system:

Key investments in quality foster care for adolescents are associated with dramatic reductions in the rates of mental disorders and substance abuse later in life. If child welfare agencies reinvest savings accrued through reductions of child placements, public and private agencies will be able to implement key program components linked with positive adult outcomes (p.171).

Similarly, Kessler et al., (2008) and others have found that alumni who received higher-quality services, such as those facilitated by caseworkers with a comparably manageable workloads, had fewer placement changes and were at lower risk of foster parent neglect, physical abuse, and sexual abuse. Those who received ample services were 50% less likely to suffer from adult major depression and substance use disorders, were more likely to complete years of education beyond high school, and to be employed. "About 100,000 adolescents ages 12-17 enter foster care each year. If all of them were to receive enhanced foster care services including but not limited to lower caseloads for social workers, better-trained staff, fewer foster care placements changes, and fewer school changes, the long-term savings for a single cohort of these children would be about \$6.3 billion" (2007 dollars) (Zerbe et al., 2009).

PROCESS OF BECOMING A LICENSED FOSTER FAMILY

The Montana DPHHS itemizes eight steps for becoming a licensed foster care provider. Those steps include:

- 1) Meeting with a family resource specialist (licensing worker) to learn about the application process.
- 2) Completing a DPHHS-provided foster care application packet and return all requested information to the licensing worker.
- 3) Completing the release-of-information form and a fingerprint card, authorizing the DPHHS' Child Protective Service (CPS) to conduct a criminal background check.
 - a) All people living in the home must be fingerprinted and submit to a background check.
 - b) Any information gathered through the background check that CPS suspects could pose a risk to a foster child will be disclosed to the applicant.

- c) The following items discovered during a background check constitute potential triggers to deny licensure:
 - i) Substantiation of child abuse and or neglect by any adult in the household.
 - ii) If the applicant or any adult living in the applicant's home had a child in their custody adjudicated as a youth in need of care, involuntarily removed from their custody, placed in foster care, or had caregiver rights to a juvenile terminated.
 - iii) A felony conviction at any time for one of the following violent crimes: homicide; rape; sexual assault; aggravated assault; assault on a minor, assault on an officer; assault with a weapon; kidnapping; aggravated kidnapping; prostitution, and robbery or burglary. Crimes against children or family members will also cause a license application to be rejected. Applicants found guilty of child abuse or neglect; incest; child sexual abuse; ritual abuse of a minor; felony partner or family member assault; child pornography; child prostitution; internet crimes involving children; felony endangering the welfare of a child; felony unlawful transaction with children, or aggravated interference with parent-child contact are automatically disqualified. Individuals found guilty of abusing, neglecting, or exploiting an elderly person or a person with a developmental disability are also prohibited from fostering children.
 - iv) If the applicant or other household member has been convicted within the past five years of physical assault, battery, or a drug or alcohol-related crime.
- 4) Submitting references attesting to the appropriateness of placing a child in the applicants' care.
- 5) Presenting a personal statement of health. DPHHS provides a form that applicants must return stating that the applicant is sufficiently healthy to foster a child. All household members are required to present this statement to DPHHS.
- 6) Completing a fire and safety inspection: Potential foster families are provided a checklist of precautionary measures they can take to better prepare for fire or other disaster. DPHHS staff conducts a walkthrough of the home with the applicant to ensure the residence meets fire and safety standards.
- 7) Receiving Keeping Children Safe (KCS) foster parent training. All prospective parents must complete the 18-hour-training program, which informs applicants about licensing requirements, foster family support services, reimbursement levels, and insurance coverage options. Training is provided at no cost to applicants.
- 8) A home study completed by a licensing worker. This study asks personal questions to help ensure foster children will be appropriately cared for. The inquiry also assists licensing workers as they strive to find children most compatible for specific homes.

(<http://dphhs.mt.gov/Portals/85/cfsd/documents/StepbyStep.pdf>)

PROCESS AND SUPPORT

Rhodes, Orme, Cox, and Buehler (2003) found that 50% of interested potential foster families quit the placement process before a child is sent to live in their home. The researchers attributed the drop-out rate largely to bottlenecks slowing the process and frustrating potential foster families. Building recruitment and retention infrastructures and streamlining internal processes, therefore,

stands to increase foster program efficiency and trigger beneficial outcomes for social service agencies, families, and children (Myslewicz and Garcia 2014).

Lengthy application forms specifically can be a significant deterrent from becoming a foster parent (Myslewicz and Garcia 2014). It is for this reason that Casey Family Programs recommends easing the application process.

In Montana, completing the training, paperwork, and background checks required to become a fully-licensed foster parent can take up to six months. The state's application form is approximately 36 pages long and contains the following:

1. A personal statement of health for every person living in the household
2. Notice of use of protected health information (HIPAA) for adults in the household
3. W-9 for one adult in the household
4. Financial statement
5. Home safety check list & fire escape plan
6. Child needs and behaviors checklist
7. SAFE study questionnaire for all adults living in the household
8. Resource family application
9. A copy of vehicle liability insurance for each vehicle owned by applicant
10. Current immunization records for children in the household aged 12 and younger
11. Current vaccinations of any animals in the home
12. Water Test Results (If on well)

In addition to the Casey Family Program's recommendation to make the application process less cumbersome, another strategy to streamline the process would be to more frequently employ provisional licensing. Securing such a license takes about three days, licenses are valid for up to six months. Children can remain in provisionally credentialed foster homes for that time, providing an opportunity for foster parents to complete training and obtain full licensure.

Rule 37.51.207 in Montana's Youth Foster Home Licensing Requirements itemizes provisional licensure mandates. It states: "DPHHS may issue a provisional license restricted for care of a specific child or children for any period up to four months to any license applicant for a youth foster home or kinship foster home which has:"

1. Met all licensing requirements for fire safety (Rule 37.51.902):
 - a. Two unobstructed exits from all sleeping areas and a written plan to rescue children if the primary exit is blocked
 - b. Written plan for everyone in the home to exit the home in emergencies and must teach the plan to children placed in the home with regular fire drills at different times of the day and night
 - c. A working smoke detector in each room
 - d. Carbon monoxide detector must be installed in those homes that burn fuel for heat or appliances
 - e. Must have a working fire extinguisher
 - f. Not have any portable unvented fuel fire heating device in the home
 - g. No extension cord shall be used as permanent wiring
 - h. All wood burning stoves, pellet stoves, and fireplace inserts must meet building codes for installation and use of such stoves
 - i. Upon request from DPHHS, the state fire marshal or his designee shall inspect any home for which a license is applied or issued and shall report its finding to DPHHS

2. Complete and signed a release of information form provided by DPHHS
3. Submitted complete finger print cards on all adult household members
4. A satisfactory child protective and adult protective service check for all adults present in the home or tribal check if needed
5. Agreed in writing to comply fully with all licensing requirements established by these rules prior to the expiration of the provisional license
6. A personal statement of health and a medical statement if necessary
 - a. The personal statement of health is a form filled about by applicant to “ensure that the health of all applicants is adequate to meet the demands of the care to be or being provided and that the health of other household members would not be detrimental to children who may be placed in the home.”
 - b. The Family Resource Specialist or Child Placing Agency staff member completing the licensure study and the Family Resource Specialist Supervisor who issued the license will review this form.
 - c. If certain questions are answered in the affirmative, additional explanation or a physician’s statement may be required to successfully complete the health statement
7. Finally, a DMV check, and a W-9 is required

“The department (DPHHS) may, at its discretion, renew a provisional license for no more than a two month period of time if the license applicant shows good cause for unintentional failure to comply fully with all licensing requirements within the time period covered by the prior provisional license.”

The provisional licensing process is primarily utilized to facilitate kinship foster care, but it can also be applied in non-kinship situations. More frequent employment of provisional licensing would expedite placement lags and ease frustrations among potential foster parents. It would also serve to more quickly stabilize youth in crisis.

Purpose Code X constitutes another means to expedite the foster care application process. Purpose Code X allows potential guardians who have been vetted through a search of criminal records database to shelter foster children pending completion of a full background check. Purpose Code X may be helpful for youth who must immediately be removed from their homes and have caregivers prepared to take the juveniles quickly. Greater utilization of Purpose Code X stands to place a greater number of youth into foster care at an expedited rate, thereby easing reliance on congregate care.

In a recent interview with this report’s authors, Theresa Becker and Mick Leary from the Montana DPHHS noted that support for current and prospective foster parents constitutes a key building block of a successful program. Similarly, findings from the Casey Family Foundation indicate that because fear serves as a primary barrier to participation, potential foster parents need to be assured that they won’t face challenges alone, that they will be supported throughout the process (Myslewicz and Garcia 2014).

It is clear that questions and emergencies will arise, especially during the first few weeks of becoming a foster parent, and having someone to call and address questions is vitally important. As foster parents become more comfortable and confident in their new roles, they will require less assistance and become more self-sufficient.

Additionally, respite care was noted as an important form of support that gives foster parents a much needed break during the discussion with DPPHS. Respite care providers can be either a

formal organization or a contracted individual who will take care of the youth for a short period of time. Respite care “provides relief to informal primary caregivers by providing short term services to a care recipient” (Generations United 2007 p. 1). The primary purpose of respite care is to decrease individual and family stresses associated with caregiving. The underlying values associated with respite care includes support and preservation of family or caregiving relationships (Generations United). Foster parents in Montana are encouraged to use respite care and are provided funding by DPHHS for up to 111 hours a year of respite care to the provider of their choice.

RECRUITMENT STRATEGIES

Casey Family Programs in, “Effective Practices in Foster Parent Recruitment, Infrastructure, and Retention (2014),” examines several programs that demonstrate effective strategies for recruiting and retaining foster families. The document focuses on four main themes related to successful recruitment. Those themes include: (1) messaging and branding; (2) targeted vs. general recruitment; (3) child-specific recruitments and; (4) foster parents as recruiters.

The first step in recruitment is messaging. As discussed in the Casey Family Programs report, the message should clearly communicate agency expectations of foster parents. Report authors emphasize the importance of crafting a positive message capable of overcoming negative preconceived notions that potential guardians may have about foster care. For example, the Casey Family Programs report highlights a Community Based Care (CBC) center in Florida that refers to foster parents as “partner families.” The name conveys an expectation that families are committed to their foster children regardless of outcome, whether that outcome is reunification with biological families, adoption, or temporary guardianship. Partner families are also expected to work with birth families to co-parent.

Similarly, Anu Family Services, another organization spotlighted by Casey Family Programs, calls guardians, “healing parents,” reflecting Anu’s focus on creating a mindset that leads to an overall sense of wellbeing. Messages such as, “Give a child the gift of a family,” are not recommended, as they imply the child does not have parents. Such branding may prove an effective lure for families seeking to adopt a child, but not for foster families available to parent on a more temporary basis. Casey Family Programs also emphasizes the importance of reframing the foster parent brand so that guardians are seen as “professionals, working together in partnership with other members on the team, such as the child’s social worker, therapist etc.” (p. 5). Foster parents should be seen as equal partners in a team at the ready to provide support. Further, Casey Family Programs recommends engaging the media in the branding process, shifting public perception to convey positive themes. Rather than letting negative stereotypical portrayals of the child welfare system stand, Casey Family program experts recommend reaching out to the media with success stories.

Such strategies applied in Montana would direct foster programs responsible for finding housing for youth on probation to use names that convey positive messages. The word “foster,” which research shows conveys negative connotations to youth and prospective foster families, should be avoided.

Instead of a mass recruitment technique, targeted recruitment has been shown to be an effective strategy. Targeted recruitment involves finding smaller congregates of people, such as a religious organization or professions that work with at risk youth. Further, Marcenko and Lyons (2009) found in a national survey that fosters parents who learned about fostering through the mass media served as guardians for fewer years than those who learned about fostering through a religious

organization. Recruitment could also be targeted towards specific professions, ethnic groups, or geographic areas. Anu Family Services, for instance, targets people who share the organization's focus on cultivating a "well-being mindset." Anu has sought out individuals at yoga studios, massage therapy clinics, and centers for integrated healing. Another targeted recruitment strategy is to conduct outreach close in proximity to the youth's home.

"Child-specific recruitment," meanwhile, involves tracking potential care providers by working with minors to explore past and current connections through a family tree, or an "eco-map," which is a diagram of social, professional, and familial relationships. Such strategies have yielded several positive outcomes, including higher rates of permanency and pre-permanency in placements, improvement in well-being and an increase in the number of biological persons identified by the youth as being supportive. In Montana, approximately 60% of all foster youth are housed with kin. As discussed above, literature on kinship placements indicate positive results, with an array of experts recommending continued use of this strategy.

The national Resource Center for Family Centered Practice and Permanency Planning, developed an article addressing the process of locating kinship placements for youth. The article explains that this process should start with a discussion with the youth. Create a list of potential kinship placements based on the youth's knowledge of his/her family members and close family friends. Second, contact mother, father, and professional and non-professional persons who are part of the youth's life to obtain additional connections. Each connection that is contacted with have additional family members/family friends to add to the list. The goal of this process is to obtain a large pool of potential kinship candidates. A large pool of candidates is important because "you're likely to find relatives who are currently raising children well, and because a youth may have serious difficulties and (may) need several persons to provide support" (Louisell p. 7).

The Arizona Department of Economic Security (ADEC) developed a best practice guide for locating relatives for foster youth. The guide describes a similar process as explained by the National Resource Center for Family Centered Practice and Permanency Planning. The ADEC explain to be comprehensive, immediate and extended family members from both maternal and paternal relatives should be contacted to develop a list of candidates. The relatives that should be identified and contacted include: grandparents, aunts and uncles, great grandparents, great aunts and uncles, adult siblings, other relatives or individuals the family considers important, individuals who have a significant relationship with the child, and previous foster parents for the child. The ADEC emphasize the importance of documenting every step of this process and following up on lead as soon as possible. If parents object to a relative search, the agency must consider the reasoning by the parents and the individual circumstances to determine whether to go forward with the search or to look for alternate providers.

Existing foster parents are believed to be the most effective recruiters (Marcenko, Brennan, and Lyons 2009). They are able to speak from experience—the realities of being a foster parent—and capable of addressing questions and concerns held by potential foster parents. In Florida, the state's former Department of Children and Families Secretary personally helped promote "A Family for Every Child" campaign, sharing his own personal experiences as a sponsor parent. Similarly, some Florida CBCs have created paid positions for foster parents to help with recruitment and retention. On Florida's CBC website it states, administrators use real-life success stories told by individual foster parents as a way of encouraging program participation.

The Treatment Foster Care Oregon (TFCO or MTFC) model, meanwhile, uses a variety of methods to recruit foster parents, including word-of-mouth and newspaper advertising (<http://www.tfcOregon.com/>). MTFC has found that newspaper ads are most successful if they include a description of the age and gender of the child to be placed and the amount of the monthly stipend that the foster parents receive. To further incentivize participation, existing TFCO foster parents are paid \$100 for recommending other families who accept a child through TFCO placement.

RECOMMENDATIONS

FOSTER HOMES VERSUS GROUP HOMES FOR YOUTH ON PROBATION

The evidence presented in this report indicates that youth who must be removed from their homes, either as a result of their own actions or because of parental missteps, fare better in family foster care than they do in group homes. Living with a foster family allows juveniles to maintain some normalcy in the interim. Having a consistent caring parental figure, as is the case in a foster home, leads to more positive outcomes for children than does living in a group home with a rotating staff and delinquent peers.

In Montana, youth on probation who are removed from their parents are commonly placed into group homes. This is largely an access issue. There are several group homes and residential placements for delinquent youth across Montana but very few (if any) foster families designated to accept youth on probation.

The following list details recommendations for a foster care program created for youth on probation:

1. Foster families recruited specifically for youth on probation
2. Increase reimbursement for families
3. Contract with an agency or an individual to train and license families for a flat-rate fee
4. Emphasize kinship placements

FOSTER FAMILIES FOR YOUTH ON PROBATION

One possible solution to the existing foster care family shortage for court-involved juveniles is to create a specific program committed to recruiting families to care for youth on probation. The Guide Home Program serves as a prime example of this type of service. Guide Home foster families only accept paroled youth. They are also paid more than traditional foster families and receive training on caring for delinquent juveniles beyond that provided to traditional foster families. A primary challenge with the Guide Home model, however, is expense. It costs \$142.46 per youth, per day. Foster Families are reimbursed \$53.22 of that sum, and the contracted service provider (Youth Homes Inc.) receives the remaining \$89.24 to support expenses associated with recruitment, licensing, training, and program implementation. To avoid an increase in expenses currently accrued by placing probationary youth into group homes, a new foster care program designed specifically for youth on probation must be more cost effective than the Guide Home Program.

INCREASE REIMBURSEMENT FOR FOSTER FAMILIES

Increasing the reimbursement rate for foster families may incentivize housing criminal justice-involved juveniles. Table 4 presents the average daily cost for group homes and also for foster homes. These rates are based on the overall average cost for all foster care and group home placements in Montana. When averaging state-supported expenses associated with funding Montana foster care programs (therapeutic and traditional), the current reimbursement rate is approximately \$24.88 daily. Reimbursement is designed to offset costs associated with caring for an additional child, but, as discussed earlier in this report, it likely falls short of 100%. Alternatively, the average state-supported cost for a group home (therapeutic and traditional) is \$82.88. If financial resources now dedicated to sending youth to group homes were reallocated to foster parents caring for youth on probation, the reimbursement rate could increase significantly. A reallocation of funds from congregate care to foster families would enable guardians to more fully recoup costs associated with raising an additional child. Savings from the shift could also be used to provide foster families supplemental income, incentivizing the act of caring for a foster child. Further, savings accrued could be used to contract with an agency or a nonprofit social service provider to license and train potential foster families, providing essential support for guardians.

Table 4: Average Costs

Placement	Avg. Cost Per Child Per Day
Group Homes	\$82.88
Foster Homes	\$24.88

As discussed previously, a conservative estimate holds that the state spent \$19,300 per day in 2014 to house 320 youth in group homes and foster care. Most of those juveniles (300; 93.75%) were placed into group homes. If the 320 youth were all placed into a foster family at an increased daily reimbursement rate equivalent to the Guide Home Program (\$53.22 a day), it would cost the state \$17,030.40 a day. This would result in a savings of \$7.10 per youth, per day or a cumulative daily total of \$2,269.60. Such savings could be reallocated to contract with an agency or social service provider to assist with licensure and train program foster parents. Such a transition would necessitate the expenditure of upfront costs on par with those now accrued facilitating traditional foster care pairings. But the long-term financial savings that are expected to accompany shifting from congregate care to the foster model, including savings associated with increasing positive outcomes for criminal justice-involved juveniles, stand to be significant.

CONTRACT WITH AN AGENCY OR INDIVIDUAL TO TRAIN AND LICENSE FOSTER FAMILIES

The Montana DPHHS has agreements with non-agency providers who conduct training and home studies for kin families. They also contract with child placing agencies who train and help license therapeutic families. While these contracted providers can train and walk families through the licensing process, only DPHHS' Child and Family Service Division (CFSD) and the state's American Indian reservations are authorized to issue foster home licenses. Below is a list of child placing agencies in Montana:

Table 5: Child Placing Agencies

AGENCY NAME	CONTACT PERSON	AGENCY ADDRESS	CITY	STATE	ZIP	PHONE	EMAIL
Youth Dynamics, Inc.	Terri Jackson	2334 Lewis Ave.	Billings	MT	59102	245-6539	tjackson@youthdynamics.org
Intermountain AFSA Program	Kelly Zimmerman	500 S. Lamborn	Helena	MT	59601	457-4859	kellyz@intermountain.org
	Margaret Ramsey						
New Day, Inc.	Kristin Hutter	P. O. box 30282	Billings	MT	59107	294-2330	khutter@newdayranch.com
Dan Fox Family Care Program (Youth Homes)	Rebecca Hargis	616 Helena Avenue, Ste. 104	Helena	MT	59601		rhargis@youthhomes.com
	Erin Williams	515 S. Reserve, Ste. 5	Missoula	MT	59803	543-7792	ewilliams@youthhomes.com
Stillwater Therapeutic Services	theresa Luhman	418 Windward Way	Kalispell	MT	59901		tluhman@wmmhc.org
Yellow Stone Boys & Girls Ranch	Rick Hamblin	3212 1st Ave. S. floor 2	Billings	MT	59102	651-3143	richh@ybgr.org
	Brenda Quillen	5237 Hwy. 89 S. Suite 1	Livingston	MT	59047	222-6490	

According to Theresa Becker, CFSD licensing, grants, and contracts unit supervisor, it would be possible to contract with CFSD non-agency providers to assist with the licensure and training. She advised, however, that new mechanisms would have to be created within CFSD to make the workload associated with such a transition manageable for CFSD licensing staff. It is possible to contract with additional providers who work specifically for the juvenile probation office, but they would need to complete the same training as other CFSD providers.

Contracting with a child placing agency or an individual person for a fixed fee to recruit, train, and license foster families to serve court-involved youth will allow this program to be competitive and eventually more cost effective than group home placements.

As discussed above, Guide Home families are licensed through Youth Homes. After training and licensing is complete, Youth Homes implements the program and receives a daily rate. The program proposed here would differ from Guide Homes, as it would contract with child placing agencies for the sole purpose of training, assisting with the licensure, and potentially recruitment. Once families are trained and licensed, juvenile probation would implement the day-to-day program. If possible, an even more cost-effective approach would be to contract with an individual provider, rather than an agency, to recruit, license and train foster families.

The responsibility of program implementation will fall on juvenile probation staff. Probation officers would take responsibility for fostered juveniles and therefore be charged with accepting an additional workload. As discussed earlier in this report, ensuring support is available to temporary guardians is essential. For this reason, probation officers would have to be accessible for foster families when emergencies or questions arise.

EMPHASIS ON KINSHIP FOSTER CARE

Focusing on kinship care placements may be the best option for the proposed program, not only for the benefits described in the section above, but because kinship care stands to simplify recruitment and reduce recruitment and retention costs. In all possible instances, kinship families would be identified for juvenile program participants. Kinship families caring for a juvenile would receive a reimbursement rate higher than that received by traditional foster families. The rate boost would further incentivize participation and provide families the means to support an additional child. It is anticipated, therefore, that the rate increase will ease challenges associated with recruitment and retention. Once a kinship family is located, the family can be granted a provisional license to expedite the process. When the juvenile is placed in a provisionally-licensed household, the family will have six months to work with the contracted licensing agency to obtain full licensure and to complete DPHHS-required training. It would also be beneficial for this program to recruit and retain traditional foster families for juveniles who have no available kinship placement.

PROGRAM OVERVIEW

PROGRAM NAME

In the section above, the importance of rebranding is highlighted as a strategy to help the public differentiate between frequently stigmatized traditional foster care programs and new programs that strive to employ best practices. Keeping with this logic, a new program should emphasize the idea of “family,” rather than “fostering.” A newly launched program could, for instance, simply be called “Family Care.” And, borrowing terminology from Community Based Care in Florida, recruited families could be “partner families,” with the implication being that families constitute one part of a youth-support team. Such simple terminology changes serve to redirect attention from fostering and instead to the family unit—an idea that should serve as the driving force behind the new program. While examples detailed here are designed to serve only as guideposts, it is recommended that the new program’s name reflect mission goals and values.

RECRUITING

Recruiting kinship families to participate in a new foster care program will be time consuming. The effort will also face roadblocks. Challenges associated with recruitment, in addition to probation officer time constraints, lead to the recommendation that recruitment be conducted by the individuals or agencies that facilitate licensing and training. The contracted service provider would draw from strategies discussed above to seek juvenile kinship families. Because kinship is the preferred placement, contracted individuals or agencies should be paid a fixed amount above their base fees for locating kin who commit to fostering court-involved youth.

Another recruitment strategy would be to employ traditional outreach methods among non-kin populations. Specific mediums for reaching potential guardians include newspaper, television, and radio advertising, in addition to posting flyers and encouraging partner families to do their own word-of-mouth outreach. This process, which could be implemented by probation staff, is less proactive and time consuming than recruiting kin for individual youth. If this strategy were employed, a fixed amount could be budgeted to conduct advertising.

COST

The following tables provide a comparison between the approximate costs for the new Family Care program and group home placement. These are liberal estimates and should be used as a flexible starting budget for the Family Care program. The Family Care program could pay partner families \$52.22 a day, and \$3,000 per year to contract with a provider (agency or individual) to train and walk families through the licensing process; an additional \$1,000 would be budgeted as an incentive for locating the juvenile’s kinship family, with \$1,000 per family set aside for miscellaneous expenses (e.g. background check, respite care, clothing, school-related expenses). In sum, the first year would cost \$24,060.30. After the first year the agency would no longer be involved, and the total per juvenile program costs would be \$20,060.30, all paid to the foster family. This amount constitutes a significant savings in contrast with group homes, which cost approximately \$30,251.20 every year the youth is in care ($\$82.88 \times 365$).

Table 6:

Family Care	
Budget Category	One Year
Partner Family (\$52.22 a day)	\$19,060.30
Contracted Agency (train/license)	\$3,000
Locate Kinship Family	\$1,000
Miscellaneous Expenses	\$1,000
Total	\$24,060.30

Group Home	
Budget Category	One Year
Group Home (\$82.88 a day)	\$30,251.20
Total	\$30,251.20

Cost savings become more apparent when anticipated Family Care expenses are contrasted with that of group home care for the placement of 300 youth during a one-year period (see table 7). Estimates below are based on data showing that 300 probationary youth were placed into group homes in Montana in 2014. In addition to the budget shown in table 6, a \$5,000 advertisement allowance is included for the recruitment of non-kin families. During the program’s first year, placing 300 youth into Family Care will cost approximately \$7,223,090. The annual cost of placing 300 youth in group home care runs approximately \$9,075,360. Shifting from congregate to foster care stands to save the state approximately \$1,852,270 annually, with juveniles placed in environments that offer greater odds for successful long-term outcomes.

Adding responsibilities to probation officers with an already full workload stands to be the largest barrier in the way of launching the program proposed in this report. One option to counter reticence on the part of juvenile probation would be to hire additional probation staff to perform the new responsibilities. Savings accrued through the new program would provide revenue for such a staffing increase. Moving just five youth from group home care to the family care program, for example, would save approximately \$30,954.50 annually, which could be redirected to the juvenile probation office to support an additional salary.

Table 7:

Family Care for 300 Youth	
Budget Category	One Year
Partner Family (300 Youth)	\$5,718,090.00
Advertise	\$5,000.00
Contracted Agency (train/license)	\$900,000
Locate Kinship Family	\$300,000
Miscellaneous Expenses	\$300,000
Total	\$7,223,090.00

Group Home for 300 Youth	
Budget Category	One Year
Group Home (300 Youth)	\$9,075,360.00
Total	\$9,075,360.00

AGENCY RESPONSIBILITIES

Using the Guide Home contract as a model, the agency or individual facilitating foster care placement would be responsible for the following:

- Recruiting kinship families
- Providing provisional licensing for kinship families
- Performing home studies mandated in advance of licensure
- Guide criminal and child abuse registry checks through DOJ
- Guiding foster families through DPHHS-mandated training
- Guiding foster families through the licensing process

PROBATION STAFF RESPONSIBILITIES

Using the Guide Home contract as a model, probation staff would likely be responsible for the following:

- Advertising for family recruitment.
- Maintaining contact with the agency or individual facilitating foster care placement.
- Facilitating access to relevant outpatient therapy providers in the community.
- Providing services that include a minimum of weekly in-person contact by a probation officer to support, mentor, and manage youth within the foster home. This may include purchasing needed therapy and/or activities.
- Providing youth with access to routine and emergency medical services.
- Providing youth with access to therapist(s) providing pertinent treatment.
- Ensuring that each juvenile placed in foster care is provided access to a local community support system. Such a support system should be comprised of individuals familiar with the youth who are committed to monitoring the juvenile's participation in necessary programming. Support group members must include a probation officer, therapist(s), and foster family. Group members may also include educational staff, representatives from the religious community and youth organizations, mentors, victim advocates, or representatives, in addition to other appropriately involved individuals. Effective communication among support group members constitutes an important building block for youth success.
- Providing access/funding for respite care.
- Keeping program records, which could include but is not limited to:
 - Number of youth referred, number of you placed, number of youth vetted but not placed and rationale for the decision, longest, shortest, and average length of placement.

IMPORTANCE OF PROGRAM EVALUATION

An evaluation of the Family Care program will be necessary to determine youth outcomes and to evaluate whether the program is as cost effective as estimated. Probation staff and families will have valuable information, such as barriers encountered and strategies deployed to overcome them, which should be evaluated by administrators and managers.

WHAT'S NEXT?

- Discuss potential options with DPHHS for contracting agencies or individual providers.
- Contact agencies and discuss contracting fees.
- Locate individuals interested in becoming licensed providers specifically for the new program through juvenile probation.
- Discuss the process that agencies must go through to utilize provisional licensing.
- Based on these discussions, create an itemized budget.
- Determine if the itemized budget still reflects savings similar to this report.
- Launch a pilot program - evaluate pilot program.

REFERENCES

- Allen, Joseph P., Cynthia Moore, Gabriel Kuperminc, and Kathy Bell. 1998. "Attachment and Adolescent Psychosocial Functioning." *Child Development* 69(5):1406-1419.
- Altshuler, Sandra J. 1997. "A Reveille for School Social Workers: Children in Foster Care Need Our Help." *Social Work in Education* 19(2):121-127.
- Annie E. Casey Foundation. 2009. "Rightsizing Congregate Care." <http://www.aecf.org/m/resourcedoc/AECF-RightsizingCongregateCare-2009.pdf>.
- Annie E. Casey Foundation. 2013. "Juvenile Detention Alternatives Initiative: 2011 Annual Results Report." Baltimore, Md.
- Aos, Steve, Polly Phipps, Robert Barnosky, and Rozanne Lieb. 2001. The Comparative Costs and benefits of Programs to Reduce Crime Version 4.0." *Washington State Institute for Public Policy*.
- Austin, James F., Kelly Dedel Johnson, and Ronald John Weitzer. 2005. "Alternatives to the Secure Detention and Confinement of Juvenile Offenders." Washington, D.C.: U.S. Department of Justice.
- Ayasse, Robert H. 1995. "Addressing the Needs of Foster Children: the Foster Youth Services Program." *Social Work in Education* 17:207-216.
- Barth, Richard P. 1990. "One Their Own: the Experiences of youth After Foster Care." *Child and Adolescent Social Work Journal* 7(5):419-446.
- Barth, Richard P. 2002. "Institutions vs. Foster Homes: The Empirical base for the Second Century of Debate. Chapel Hill, NC: UNC, School of Social Work, Jordan Institute for Families.
- Barth, Richard 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, Richard P., Johanna K. Greeson, Shenyang Guo, and Rebecca L. Green. 2007. "Outcomes for Youth Receiving Intensive In-Home Therapy or Residential Care: A Comparison Using Propensity Scores." *American Journal of Orthopsychiatry* 77(4):497-505.
- Bell, Tessa, and Elisa Romano. 2015. "Permanency and Safety Among Children in Foster Family and Kinship Care: a Scoping Review." *Trauma Violence and Abuse* 1-19.
- Blome, Wendy W. 1997. "What Happens to Foster Kids: Educational experiences of a Random Sample of Foster Care Youth and a Matched Group of non-Foster Care Youth." *Child and Adolescent Social Work Journal* 14(1):41-53.
- Blumenthal, K. 1983. "Making Foster Family Care Responsive. *Child Welfare: Current Dilemmas-Future Directions* pp. 299-344. Itasca, IL: F. E. Peacock.
- Bowlby, J. 1982. "Attachment and Loss: Vol. 1. *Attachment*. New York, NY. Basic Books.
- Bradford, C., and D. English. 2004. "Foster youth Transition to independence Study." *Seattle Office of Children's Administration Research, Washington Department of Social and health Services*.

- Burt, Martha R., Laudan Y. Aron, Toby Douglas, Jesse Valente, Edgar lee, and Britta Iwen. 1999. Homelessness: Programs and the People They Serve. Washington D.C. Urban Institute.
- Chamberlain, Patricia, and John Reid. 1991. "Using a Specialized Foster Care Treatment Model for Children and Adolescents Leaving the State Mental Hospital." *Journal of Community Psychology* 19:266-276.
- Chamberlain, Patricia, and Kevin Moore. 1998. "A Clinical model For Parenting Juvenile offenders: A Comparison of Group Care Versus Family Care." *Clinical Child Psychology and Psychiatry* 3(3):375-386.
- Chamberlain, Patricia, Joe Price, John Reid, John Landsverk, Phillip Fisher, and Mike Stoolmiller. 2006. "Who Disrupts from Placement in Foster and Kinship Care?" *Child Abuse and Neglect* 30(4):409-424.
- Chamberlain, Patricia, Leslie D. Leve, and David S. DeGarmo. 2007. "Multidimensional Treatment Foster Care for Girls in the juvenile justice System: 2-Year Follow-up of a Randomized Clinical Trial." *Journal of Consulting and Clinical Psychology* 75(1):187-193.
- Chamberlain, Patricia. 1990. "Comparative Evaluations of Specialized Foster Care for Seriously Delinquent Youths: A First Step." *Community Alternatives: International Journal of Family Care* 2:21-36.
- Chamberlain, Price and John Reid. 1998. "Comparison of Two Community Alternatives to Incarceration for Chronic Juvenile Offenders." *Journal of Consulting and Clinical Psychology* 5:857-863.
- Children's Bureau. 2015. "A National Look at the Use of Congregate Care in Child Welfare." U.S Department of Health and Human Services, Administration for Children and Families, and Children's Bureau.
http://www.acf.hhs.gov/sites/default/files/cb/cbcongregatecare_brief.pdf.
- Cohen, D. L. 1991. "Foster Youths Said to Get Little Help with Educational Deficits." *Education Week* pp.8-10.
- Cook, Ronna J. 1994. "Are We Helping Foster Care Youth prepare for Their Future?" *Children and Youth Services Review* 16(3-4):213-229.
- Courtney, Mark E., Amy Lynn Dworsky, Gretchen Ruth Cusick, Judy Havlicek and Alfred Perez. 2007. "Midwest Evaluation of the Adult Functioning of Former Foster Youth: Outcomes at Age 21." Chicago: Chapin Hall Center for Children.
- DeSena, Allen D., Robert A. Murphy, Heahter Douglas-Palumberi, Gary Blau, Blandina Kelly, Sarah M. Horwitz, and Joan Kaufman. 2005. "Safe Homes: Is It Worth the Cost?: An Evaluation of a Group Home Permanency Planning Program for Children Who First Enter Out-Of-Home Care." *Child Abuse and Neglect* 29(6):627-643.
- Development Services Group, Inc. 2014. "Alternatives to Detention and Confinement." Literature Review. Washington, D.C.: Office of Juvenile Justice and Delinquency Prevention.
<http://www.ojjdp.gov/mpg/litreviews/AlternativesToDetentionandConfinement.pdf>.

- DeVooght, Kerry, Child Trends, and Dennis Blazey. 2013. "Family Foster Care Reimbursement Rates in the U.S.: A report from a 2012 National Survey on Family Foster Care Provider Classifications and Rates." *Child Trends* #2013-19.
- Dishion, Thomas J., Sarah E. Nelson, and Bernadette Marie Bullock. 2004. "Premature Adolescent Autonomy: Parent Disengagement and Deviant Peer Process in the Amplification of Problem Behavior." *Journal of Adolescence* 27(5):515-530.
- Dobrova-Krol, Natasha A., Marian J. Bakermans-Kranenburg, Marinus H. van IJzendoorn, and Femmie Juffer. 2010. "The Importance of Quality of Care: Effects of Perinatal HIV Infection and Early Institutional Rearing on Preschoolers' Attachment and Indiscriminate Friendliness." *The Journal of child Psychology and Psychiatry* 51(12):1368-1376.
- Dozier, Mary, Roger Kobak, Abraham Sagi-Schwartz, Carole Shauffer, Marinus H. van IJzendoorn, Joan Kaufman, Thomas G. O'Connor, Stephen Scott, Judith Smetana, Charles H. Zeanah. 2014. "Consensus Statement on Group Care for Children and Adolescents: A Statement of Policy of the American Orthopsychiatric Association." *American Journal of Orthopsychiatry* 84(3): 219-225.
- Eddy, J. Mark, Rachel Bridges Whaley, and Patricia Chamberlain. 2004. "The Prevention of Violent Behavior by Chronic and Serious Male Juvenile Offenders: A 2-Year Follow-up of a Randomized Clinical Trial." *Journal of Emotional and Behavioral Disorders* 12(1):2-8.
- Euser, Saskia, Lenneke R.A. Alink, Anne Tharner, Marius H. van IJzendoorn, Marian J. Bakermans-Kranenburg. 2014. *Children and Youth Services Review* 37:64-70.
- Euser, Saskia, Lenneke R.A. Alink, Anne Tharner, Marius H. van IJzendoorn, Marian J. Bakermans-Kranenburg. 2013. "The Prevalence of child Sexual Abuse in Out-of-Home Care: Increased Risk for Children With a Mild Intellectual disability." *Journal of Applied Research in Intellectual Disabilities* 29:83-92.
- Farmer, Elaine. 2009. "What Factors Relate to Good Placement Outcomes in Kinship Care." *British Journal of Social Work* 1-19.
- Font, Sarah A. 2015. "Is Higher Placement Stability in Kinship Foster Care by Virtue or Design." *Child Abuse and Neglect* 42:99-111.
- Geiger, Jennifer M., Megan J. Hayes, and Cynthia A. Lietz. 2013. "Should I Stay or Should I Go? A Mixed Method Study Examining the Factors Influencing Foster Parents' Decisions to Continue or Discontinue Providing Foster Care." *Children and Youth Services Review* 35:1356-1365.
- Greenen, Sarah, and Laurie E. Powers. 2007. "Tomorrow is Another Problem: The Experiences of Youth in Foster Care During Their Transition into Adulthood." *Children and Youth Services Review* 29(8)1058-1101.
- Hawkins-Rodgers, Yolanda. 2007. "Adolescents Adjusting to a Group Home Environment: A Residential Care Model of Re-organizing Attachment Behavior and Building Resiliency." *Children and Youth Services Review* 29(9): 1131-1141.
- Haynie, Dana L. and D. Wayne Osgood. 2005. "Reconsidering Peers and Delinquency: How do Peers Matter?" *Social Forces* 84(2):1109-1130.

- Henggeler, Scott W., Melisa D. Rowland, Colleen Halliday-Boykins, Ashli J. Sheidow, David M. Ward, Jeff Randall, Susan G. Pickrel, Phillippe B. Cunningham, and James Edwards. 2003. "One-Year Follow-Up of Multi-systemic Therapy as Alternative to the Hospitalization of Youths in Psychiatric Crisis." *Journal of the American Academy of Child and Adolescent Psychiatry* 42(5):543-551.
- Holman, Barry, and Jason Ziedenberg. 2007. "The Dangers of Detention: The Impact of Incarcerating Youth in Detention and Other Secure Facilities." Washington, D.C.: Justice Policy Institute.
- Horwitz, Sarah M., Mark D. Simms, and Raymond Farrington. 1994. "Impact of Developmental Problems on Young Children's Exit From Foster Care." *Journal of Developmental Behavioral Pediatrics* 15(2):105-110.
- Jackson, Sonia. 1994. "Educating Children in Residential Foster Care." *Oxford Review of Education* 20(3):267-279.
- Kaufman, J. 2007. Child Abuse. In A. Martin and F. Volkmar (Eds.), *Child and Adolescent Psychiatry: A Comprehensive Textbook* (4th Edition) Baltimore MD: Lippincott Williams and Wilkins.
- Kerr, David, C., Leslie D. Leve, and Patricia Chamberlain. 2009. "Pregnancy Rates Among Juvenile Justice Girls in Two Randomized Controlled Trials of Multidimensional Treatment Foster Care." *Journal of Consulting and Clinical Psychology* 77(3):588-593.
- Kobak, Roger, Joanna Herres, and Jean-Philippe Laurenceau. 2012. "Teacher-Student Interactions and Attachment States of Mind as Predictors of Early Romantic Involvement and Risky Sexual Behaviors." *Attachment and Human Development* 14(3): 289-303.
- Koh, Eun and Mark Testa. 2008. "Propensity Score Matching of Children in Kinship and Nonkinship Foster Care: Do Permanency Outcomes Differ?" *Social Work Research* 32(2): 105-116.
- Koh, Eun, Nancy Rolock, Theodore Cross, and Jennifer Eblen-Manning. 2014. "What Explains Instability in Foster Care? Comparison of a Matched Sample of Children with Stable and Unstable Placements." *Children and Youth Services Review* 37:36-45.
- Kulka, Richard A. William E. Schlenger, John A. Fairbanks, Richard L. Hough, Kathleen B. Jordan, Charles R. Marma, and Daniel S. Weiss. 1990. "Trauma and the Vietnam War Generations: Report of Findings from the National Vietnam Veterans Readjustment Study." *Psychosocial Stress Series* 18:322.
- Lee, Bethany R., Charlotte L. Bright, Deborah V. Svoboda, Sunday Fakunmoju, and Richard P. Barth. 2010. "Outcomes of Group Care for Youth: A Review of Comparative Studies." *Research on Social Work Practice* 0(0)1-13.
- Leve, Leslie D. and Patricia Chamberlain. 2007. "A Randomized Evaluation of Multidimensional Treatment Foster Care: Effects on School Attendance and Homework Completion in Juvenile Justice Girls." *Research on Social Work Practice* 17(6):657-663.
- Leve, Leslie D., and Patricia Chamberlain. 2005. "Association with Delinquent Peers: Intervention Effects for Youth in the Juvenile Justice System." *Journal of Abnormal Child Psychology* 33(3):339-347.

- Marcenko, Maureen, Kathy Brennan, and Sandra Lyons. 2009. "Foster Parent Recruitment and Retention: Developing Resource Families from Washington State's Children in Care." *Partners for Our Children*.
- McCrae, Julie S., Bethany R. Lee, Richard P. Barth, and Mary E. Rauktis. 2010. "Comparing Three Years of Well-Being outcomes for Youth in Group Care and Nonkinship Foster Care." *Child Welfare* 89(2):229-249.
- Montana Code Annotated. 2015. 52-2-602.(3 to 13). retrieved from: <http://leg.mt.gov/bills/mca/52/2/52-2-602.htm>
- Myslewicz, Mary and Kamalii Yeh Garcia. 2014. "Effective Practices in Foster Parent Recruitment, Infrastructure, and Retention." *Casey Family Programs*.
- Okpych, Nathanael J., and Mark E. Courtney. 2014. "Does Education Pay for Youth Formerly in Foster Care? Comparison of Employment Outcomes with a National sample." *Children and Youth Services Review* 43:18-28.
- Pecora, Peter J., J. Williams, R. Kessler, A. Downs, K. Obrien, E. Hiripi. 2006. "Assessing the effects of Foster Care: Early Results from the Casey national Alumni Study. Seattle: Casey Family Programs.
- Pecora, Peter J., Ronald C. Kessler, Jason Williams, A. Chris Downs, Diana J. English, James White, and Kirk O'Brien. 2010. "What Works in Foster Care?" New York, NY: Oxford University Press.
- Petrosino, Anthony, Sarah Guckenbug, and Carolyn Turpin-Petrosino. 2010. "Formal System Processing of Juveniles: Effects on Delinquency." The Campbell Collaborations. <http://campbellcollaboration.org/lib/project/81/>
- Piliavin, Irving, Michael Sosin, Alex h. Westerfelt, and Ross L. Matsueda. 1993. "The Duration of Homeless Careers: An Exploratory Study." *Social Service Review* 67(4):576-598.
- Reilly, Thom. 2003. "Transition from Care: Status and Outcomes of Youth Who Age Out of Foster Care." *Child Welfare* 82(6):727-746.
- Rhodes, Kathryn W., John G. Orme, Mary E. Cox, and Cheryl Buehler. 2003. "Foster Family Resources, Psychosocial Functioning, and Retention." *Social Work Research* 27(3):135-150.
- Ryan, Joseph P., Jane Marie Marshall, Denise Herz, and Pedro M. Hernandez. 2008. "Juvenile Delinquency in Child Welfare: investigating Group Home Effects." *Children and Youth Services Review* 30(9):1088-1099.
- Ryon, Stephanie Bontrager, Kristin Winokur Early, Gregory A. Hand, and Steven F. Chapman. 2013. "Juvenile Justice Interventions: System Escalation and Effective Alternatives to Residential Placement." *Journal of Offender Rehabilitation* 52(5):358-375.
- Sakai, Christina, Hua Lin, and Glenn Flores. 2011. "Health Outcomes and Family services in Kinship Care: Analysis of a National Sample of Children in the Child Welfare System." *Archives of Pediatric Adolescent Medicine* 165(2) 159-265.
- Shin, Sunny H. 2004. "Developmental Outcomes of vulnerable Youth in the Child Welfare System." *Journal of Human Behavior in the Social Environment* 9(1-2):39-56.

- Smith, Dana K., Patricia Chamberlain, and J. Mark eddy. 2010. "Preliminary Support for Multidimensional Treatment Foster Care in Reducing substance use in Delinquent Boys." *Journal of Child and Adolescent Substance Abuse* 19(4):343-358.
- Stein, Eleanor, Naomi Rae-Grant, Susan Ackland, and William Avison. 1994. "Psychiatric Disorders of Children "in care": Methodology and Demographic Correlates." *Canadian Journal of Psychiatry* 39(6):341-347.
- Stein, Mike. 1994. "Leaving Care: Education and Career Trajectories." *Oxford Review of Education* 29(3):349-360.
- U.S. Census Bureau. 2000c. "Profile of Selected Economic Characteristics."
- U.S. Census Bureau. 2000f. Table 7. "Homeownership Rates by Age of Householder." Fourth Quarter 2000 and 1999. In Housing Vacancy Survey.
- United Nations General Assembly (UNGA). 2010. "Guidelines for the Alternative Care of Children: Resolution." Adopted by the General Assembly. <http://www.refworld.org/cgi-bin/texis/vtx/rwmain?page=search&docid=4c3acd162&skip=0&query=guidelines%20for%20the%20alternative%20care%20of%20children>.
- Vorria, Panayiota, Zaira Papaligoura, Judy Dunn, Marinus H. van IJzendoorn, Howard Steele, Antioni Kontopoulou, and Yiasemi Sarafidou. 2003. "Early Experiences and Attachment Relationships of Greek Infants Raised in Residential Group Care." *Journal of Child Psychology and Psychiatry* 44(8):1208-1220.
- Winokur, Marc, Amy Holtan, and Deborah Valentine. 2009. "Kinship Care for the Safety, Permanency, and Well-being of Children Removed from the Home for Maltreatment." *Campbell Systematic Reviews* 1.
- Wyatt, David T., Mark Simms, and Sarah Horwitz. 1997. "Widespread Growth Retardation and Variable Growth Recovery in Foster Children in the First Year After Initial Placement." *Archives of Pediatrics and Adolescent Medicine* 151(8):813-816.
- Youth Homes Incorporated Contract for Guide Homes:
[https://cor.mt.gov/Portals/104/Resources/Contracts/y/Youth%20Homes%20\(16-021-YSD\).pdf](https://cor.mt.gov/Portals/104/Resources/Contracts/y/Youth%20Homes%20(16-021-YSD).pdf)
- Zeanah, Charles H. 2000. "Disturbances of Attachment in Young Children Adopted from Institutions." *Developmental and Behavioral Pediatrics* 21(3):230-236.