



Colorado Evaluation & Action Lab
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Using data to drive action

Fostering Healthy Futures for Teens: Preliminary Findings on Reducing System Involvement

An Evaluation Conducted Through the Family First Evidence-Building Hub

REPORT HIGHLIGHTS:

- Young people who are involved in **both the child welfare and juvenile justice systems** are at risk for poorer mental health, educational, and placement outcomes.
- Fostering Healthy Futures for Teens (FHF-T) is a community-based mentoring and skill building program for eighth and ninth graders with open child welfare cases.
- FHF-T was tested in a **rigorous randomized controlled trial with 245 participants**.
- At long-term follow-up, FHF-T was found to decrease delinquent behavior and juvenile court charges, improve placement outcomes, and increase exits from the child welfare system.
- These findings suggest **FHF-T reduces system involvement for vulnerable youth**.

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Report Number: 21-10J. Date: March 2025

Abstract

Young people's dual involvement in the child welfare and juvenile justice systems is a long-standing, intractable problem that is associated with numerous adverse outcomes in adolescence and adulthood. Fostering Healthy Futures for Teens (FHF-T) is a 9-month community-based mentoring and skill-building program for eighth and ninth graders with open child welfare cases. A randomized controlled trial in Colorado enrolled 245 participants across four counties. Previous research has documented high rates of program engagement and satisfaction with the FHF-T program. This outcome study examined whether FHF-T reduced child welfare and juvenile justice system involvement. Participants were diverse with respect to race, ethnicity, sex, maltreatment, child welfare experiences, and family characteristics. The majority of youth (85%) were either living at home (55%) or with kin (30%) when the study began. Long-term follow-up interviews and court record data collection occurred 15 months post intervention. Analyses focused on four prioritized Title IV-E Clearinghouse outcomes including: delinquent behaviors, juvenile court involvement, placement outcomes, and exiting the child welfare system. Rigorous outcome analyses demonstrated that FHF-T improved outcomes in each domain. Recommendations, lessons learned, and study conclusions that discuss the use of positive youth development strategies to reduce youth system involvement are provided.



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Acknowledgements

This research was supported by the Colorado Department of Human Services. The opinions expressed are those of the authors and do not represent the views of the State of Colorado, the Colorado Department of Human Services, Arnold Ventures, Colorado county departments of human services, the State Court Administrator’s Office, or the University of Denver. Policy and budget recommendations do not represent the budget or legislative agendas of state agencies, the Governor’s Office, or other partners. Any requests for funding or statutory changes will be developed in collaboration with the Governor’s Office and communicated to the legislature through the regular budget and legislative processes.

This project was carried out with support from Arnold Ventures and funding from the Kempe Foundation, Pioneer Fund, and Tony Grampsas Youth Services Program. Drs. Kimberly Bender (Co-PI) and Erin Crites were key co-investigators. We wish to express our appreciation to the youth and families who made this work possible and to the participating county departments of social services for their longstanding partnership in our joint clinical research efforts. Finally, this project would not have been possible without exceptional project managers, research assistants, project interviewers, and interns/mentors.

Suggested Citation

Taussig, H. N., & Racz, S. J. (March 2025). *Fostering Healthy Futures for Teens: Preliminary findings on reducing system involvement* (Report No. 21-10J). Denver, CO: Colorado Evaluation and Action Lab at the University of Denver.

Note on Gender-Inclusive Language

The Colorado Evaluation and Action Lab affirms our commitment to the use of gender-inclusive language. We are committed to honoring the unique gender identity of each study participant. Throughout this report, we follow the guidance of the Associated Press Stylebook and the Chicago Manual of Style and use the gender-neutral, singular “they” when appropriate.

Introduction

Adolescents whose families have contact with the child welfare system are at risk for placement in out-of-home care as well as juvenile justice system involvement.¹ System involvement in adolescence is associated with adverse long-term outcomes in mental and physical health, education, employment, and housing.² Child welfare policy has directed resources to focus on the primary aims of the child welfare system: creating safety, permanency, and well-being. A focus on youth well-being has highlighted the need for rigorously testing programs that use a positive youth development approach, focusing on building resiliency.³

The majority of interventions for system-impacted youth who have experienced trauma are offered in mental health clinics where the focus is on diagnosing and treating problems as opposed to building competencies. While these traditional interventions are a critical component among an array of strategies to improve outcomes for these youth, logistical constraints (e.g., accessing consistent treatment after a placement change) and stigma may inhibit engagement in these interventions.⁴ Therefore, there is a great need for evidence-based practices that support adolescents in developing assets that result in more positive life trajectories.⁵ We must continue to develop and test prevention programs for enhancing the well-being of adolescents with system involvement.

The need for contextually-sensitive and non-stigmatizing interventions for this population drove the development of the Fostering Healthy Futures for Preteens (FHF-P) Program, an evidence-based preventive intervention. FHF-P is a mentoring and skills group program that was initially designed for preadolescent children in out-of-home care.⁷ In contrast to a deficit-based framework (which assumes youth have problems which need to be fixed), FHF is grounded in the positive youth development (PYD) approach, which assumes that youth have strengths and resources that can be fostered to enhance well-being.^{8, 9, 10} Research suggested that a PYD approach may be more accessible, acceptable, and desirable for youth with system involvement, as it focuses on fostering long-term well-being rather than ameliorating immediate problems.¹¹

“Adult respect for their accomplishments makes it possible for young people to dream. Adult attention to young people’s needs provides practical ways to make those dreams come true.”

- William T. Grant Foundation, 1988, p. 5⁶

Following the inclusion of FHF-P on several national registries, there was increasing demand for the program; however, the narrow population for which FHF had demonstrated efficacy limited broader implementation. In response, the Fostering Healthy Futures for Teens (FHF-T) program was developed. FHF-T was designed to extend the reach of the program by adapting the FHF intervention for adolescents in eighth and ninth grade who had open child welfare cases at enrollment and who could be living at home or in out-of-home care. FHF-T revised the FHF-P program content to ensure that it was developmentally appropriate for adolescents, substituted

teen/mentor workshops for skills groups, and incorporated skills training into weekly 1:1 mentoring visits. Details about the adaptation and program components of FHF-T are described in Taussig et al. (2015).¹² This preliminary study sought to examine the impact of FHF-T on reducing dual system involvement (i.e., involvement in the child welfare and juvenile justice systems).

The Colorado Evaluation and Action Lab (Colorado Lab) serves as the Family First Evidence-Building Hub (Hub) to coordinate rigorous evaluation efforts on behalf of the Colorado Department of Human Services (CDHS). In this role, the Colorado Lab coordinates the pipeline of evidence building for Family First programs/services positioned to meet the needs of children, youth, and families in Colorado. Together with cross-system prevention partners, the Colorado Lab co-creates a strategic vision for evidence building, communicated annually in the [annual strategy report](#).

The Colorado Lab selected Dr. Heather Taussig from the University of Denver to lead the evaluation, in her role as Principal Investigator on the original randomized controlled trial (RCT).

Study Description

Evaluation Purpose

The study used an RCT to test the efficacy of the FHF-T 30-week mentoring program in reducing system involvement. Prespecified outcomes selected for analysis include those aligned with Clearinghouse Handbook 2.0 definitions. Specifically, within the *Child Well-Being Outcome Domain*, the study examined delinquent behaviors and juvenile court charges. Within the *Child Permanency Outcome Domain*, outcomes included movement from more restrictive/disruptive to less restrictive/disruptive settings (and vice versa) as well as exiting the child welfare system.

Additional Learning Goals

An RCT of FHF *for Preteens* found decreases in delinquency and juvenile justice involvement over time, particularly during peak offending years (i.e., ages 15 and 16).¹³ Therefore, an additional goal of the current analysis was to build on this evidence from FHF-P and determine if FHF *for Teens* would also lead to reductions in delinquency among a sample of teenagers. Furthermore, since FHF-T was implemented with a population different from FHF-P, namely with families who had open child welfare cases, an additional learning goal was to understand the acceptability of and engagement/satisfaction with the FHF-T program (these results have been previously published and are summarized below; see Taussig et al., 2019¹⁴).

FHF-T Program Engagement: Of the 125 teens who were randomized to the intervention, 85.6% chose to enroll and 86.0% of those completed the 30-week program. On average, youth attended 23.0 mentoring visits over the 30-week period. The average length of their weekly mentoring visits was 2.4 hours. These numbers include data from nine youth who began the program late as well as 15 youth who did not receive the full program.

FHF-T Program Satisfaction: Program satisfaction data were collected from those youth and their caregivers who completed the program ($n = 92$). In response to questions about program impact and satisfaction, 74.1% and 64.6% of youth, respectively, rated the following statements as “very true”: *Since being in the program, I find myself being more focused about my future* and *The program helped me learn new skills or improve my skills*. Only 2.5% of the teens rated each statement as “not true.” Youth’s average rating of their relationship with their mentor was 9.3/10.0 and their average overall program rating was 9.2/10.0. Caregivers were similarly positive about the program with 85.1% reporting that the program was “very helpful” to their teen. Their average overall program rating on a scale of 1–5 was 4.7.

My teen’s mentor:

“... was a role model to look up to.”

“... was an outside resource and support.”

“... let her know that she is worth it and that her input is relevant.”

“... cared about him genuinely.”

- Quotes from four FHF-T parents/caregivers

Research Questions

The study was pre-registered on [ClinicalTrials.gov](https://clinicaltrials.gov) and addresses the following research questions in this preliminary report:

1. *Child Well-Being Outcome Domain*
 - a. Did the Fostering Healthy Futures for Teens (FHF-T) program reduce self-reported delinquent behavior outcomes?
 - b. Did FHF-T reduce court-reported delinquent behavior outcomes?
2. *Child Permanency Outcome Domain*
 - a. Did FHF-T improve the least restrictive placement outcomes?
 - b. Did FHF-T increase planned permanent exits from the child welfare system?



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Methods



Methods

The study's research questions were addressed by examining data from a rigorously conducted RCT of FHF-T with long-term follow-up (15 months post-intervention). A total of 245 youth in Grades 8 or 9 who had open cases in the Denver metro area were randomized to control or intervention conditions. Those who were randomized to the intervention condition were offered FHF-T, a 30-week individualized mentoring and skill-building program. Those who were not randomized received treatment as usual. Statistical analyses compared the intervention and control groups on child well-being and permanency outcomes at the long-term follow-up.

Participants

The RCT began in 2015, and eligible participants were recruited in four cohorts over four consecutive summers. To recruit participants, we obtained a list of potentially eligible teens from four participating Colorado counties (i.e., Denver, Adams, Arapahoe, and Jefferson). Caseworkers then received a secure web-based link where they provided additional information on these potentially eligible participants so that the study team could assess the teens' eligibility.

Teens with open child welfare cases who were either living at home or placed in non-relative foster care, kinship care, or congregate care were recruited for study participation if they also met several criteria, noted below.

Eligibility Criteria

1. Incoming eighth or ninth grader
2. Had an open child welfare case due to maltreatment within the family
3. Lived within a 35-minute drive of workshop sites at the time of recruitment
4. Lived with their current caregiver for at least 3 weeks

Given the preventive nature of the program, youth with significant developmental delays, those who had been adjudicated for a sexual or violent offense, and those who were parenting or expecting a child were not eligible for enrollment. We did not, however, exclude youth with significant mental health and behavioral problems or youth with mild developmental delays, as youth with these characteristics are at high risk for system involvement. By minimizing our exclusion criteria, we aimed to maximize the generalizability of our findings and the replicability of the intervention's effects.

For the current study, data were collected at baseline (pre-randomization) and at long-term follow-up (15-months post intervention). As noted above, there were high study recruitment and intervention engagement rates.¹⁵ The retention rate for the long-term follow-up interviews was 78.8% (193 of 245), and juvenile court record data were available for 100% of the participants.

Teens were an average of 14 years old at enrollment and almost two-thirds identified as female. Half of the youth self-identified as Hispanic/Latinx, half as White, a quarter American Indian/Native American, and a quarter as Black/African American (racial/ethnic categories were not mutually exclusive). According to child welfare records, one in 10 of the youth had a documented history of experiencing sexual abuse, a quarter had a history of experiencing physical abuse, half had experienced emotional abuse, over two-thirds had experienced some type of neglect, and over half had been exposed to domestic violence. Participants came from families facing considerable adversity; over half of the teens' birth mothers had a history of criminal activity or substance use, a third had documented parental mental health problems, and almost half had experienced domestic violence victimization. Almost two-thirds of the families had a legal dependency petition filed, but very few of the youth's parents had their parental rights terminated. At the time of the baseline interview, about half of the youth were living at home, a third were living with kin, and the remaining youth were in foster care or some type of congregate care (i.e., group homes or residential treatment).

FHF-T Program

FHF-T employs 1:1 mentoring, consisting of relationship development, advocating for and empowering youth, and skill-building activities to promote positive youth development (see Taussig et al., 2015¹⁶ and Taussig et al., 2019¹⁷ for further details on the program).

Building skills and competencies in FHF-T's six *REACH* domains are hypothesized to prevent and reduce child welfare and juvenile justice system involvement:

- ***Identity development***
- ***Relationships***
- ***Education***
- ***Activity involvement***
- ***Career exploration***
- ***Health, both physical and mental***

Data Sources

Demographic Information

Teens' age, sex, race, ethnicity, living situation (e.g., foster care, kinship care, and congregate care), and parental characteristics were obtained from child welfare records and teens' and caregivers' reports.

Child Well-Being Outcomes

Self-Reported Delinquent Behavior Outcomes

Self-reported delinquency was indexed with data collected via The Adolescent Risk Behavior Survey, a compilation of scales from three risk behavior surveys that have shown adequate reliability and validity: the National and Denver Youth Surveys, The Problem Behavior Survey, and the National Adolescent Student Health Survey.¹⁸

At baseline and follow-up time points, youth reported on four past-year delinquency index items, (each scored no/yes).

Delinquency Index Items

1. Any non-violent delinquent behavior, including one or more of the following: skipped school, shoplifted, avoiding paying for things, went into a house/building to steal something, took a vehicle for a ride without the owner's permission stole or attempted to steal a motor vehicle, and sold drugs.
2. Any violent delinquent behavior, including one or more of the following: started a fist fight or shoving match; used a weapon to attack someone or get things from someone; hurt or tortured animals; hit or tried to hit a parent, caregiver, supervisor, or teacher; hit or beat someone up so badly that they probably needed to see a doctor; and attacked someone with the idea of seriously hurting or killing that person.
3. Received detention, suspension, and/or expulsion due to delinquency (e.g., for truancy, gang-related activities, weapons, fighting, vandalism, and theft).
4. Got in trouble with the police (e.g., arrested or given a ticket).

Two outcome variables were created from these four items. The first was a dichotomous outcome of any self-reported delinquency (65.1% reported any past-year delinquency) and the second was a continuous measure of the number of self-reported delinquency items (Range 0–4, $M = 1.2$, $SD = 1.2$).

“Studies should not limit their outcome variable to officially recorded or self-reported measures of offending alone. It has been shown that experiences of maltreatment can exert different influences on officially measured and self-reported offending outcomes. In order to better understand the maltreatment–offending association, studies . . . that measure both official and self-reported outcomes in the same sample are encouraged.”

- Malvaso et al., 2015, p. 30¹⁹

Court-Reported Delinquent Behavior Outcomes

Data on court-reported delinquent behaviors were obtained from Colorado’s Integrated Courts On-line Network, which provides statewide information on juvenile court charges for delinquent behaviors. Any court charge (no/yes) for delinquent behavior was the unit of analysis.

Long-term post-intervention charges were examined within a 20-month window that began 3 months into the intervention and ended 15 months post-intervention.

The court-record data in the latter years of the study was greatly impacted by three factors. First, Colorado Senate Bill 19-108 implemented statewide screening protocols to divert all but the most serious or high-risk juvenile offenders out of the juvenile justice system, resulting in many fewer young people who had a court filing in the state. Second, there was the passage of Colorado House Bill 19-1335, which required courts to automatically expunge juvenile delinquency records. Finally, the COVID-19 pandemic began during data collection for the last two cohorts’ follow-up time period. COVID likely reduced opportunities for youth to be arrested and charged for engaging in delinquent behaviors.

Not surprisingly, there was a steep decline in the number of post-program court-reported delinquency charges between Cohorts 1 and 2 (with 23.5% and 11.3% of the sample receiving one or more post-program delinquency charges, respectively) and Cohorts 3 and 4 (with 1.3% and 3.3% of the sample receiving one or more post-program delinquency charges, respectively). Therefore, as described below, after analyzing the full sample’s court-reported delinquency outcome, we also analyzed this outcome within Cohorts 1 and 2 only.

Child Permanency Outcomes

Least Restrictive Placement Outcomes

Over half (55%) of teens were living at home at baseline, with another 30% living with kin; therefore, we did not anticipate many living situation changes among these youth. In fact, 66% of teens did not experience any change in their living situation from baseline to follow-up. We did,

however, code movement from more restrictive/disruptive to less restrictive/disruptive settings (Positive Moves) and movement from less restrictive/disruptive to more restrictive/disruptive settings (Negative Moves). These moves were determined by coding where the teen was living at baseline and then again at a long-term follow-up.

Least Restrictive Placement Outcomes

Any Positive Move was indexed by one or more of the following: moving from non-relative foster care or congregate care (i.e., either group home or residential care) to live with kin, a legal guardian, an adoptive home, or back to family of origin (i.e., home). Eleven percent of the sample experienced a Positive Move.

Any Negative Move was indexed by either of the following: a) moving from home or kinship care to any type of non-relative out-of-home placement, detention, or living without a supervising adult; or b) moving from non-relative foster care to residential treatment or detention. Six percent of the sample experienced a Negative Move.

Planned Permanent Exit Outcomes

Since over half of youth at study enrollment were living at home (the target population for Family First Prevention Services programming), we used case closure as the measure of “planned permanent exit.”

At the follow-up interview, participants were asked: “Do you currently have an open child welfare case with social services; that is, do you/your family have a caseworker?” Response options included “Yes,” “No,” and “Don't Know.” After consultation with a senior child welfare administrator, the 15 *Don't Know* responses were recoded to *No* as the administrator felt that young people would know if they had an open case/caseworker. Results did not differ regardless of whether the *Don't Know* responses were included or not. For this outcome, analyses were run with the full sample and with one randomly selected participant from each sibling group (to avoid non-independence of findings). Results did not differ across these two sets of analyses, and so this report presents the results with the full sample and with the *Don't Know* responses recoded to *No*.



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Preliminary Findings



Preliminary Findings


Preliminary Finding #1

 **At long-term follow-up, FHF-T reduced delinquent behavior outcomes.**

To examine whether the FHF-T program reduced the likelihood of having *any* self-reported delinquent behavior outcomes at the 15-month post-intervention follow-up, we conducted a logistic regression using full intent-to treat analysis (i.e., included data from all participants randomized to the intervention, even if they did not participate in FHF-T). Teens in the FHF-T program had a 59% reduction in the odds of having any past-year delinquent behaviors outcomes (that included non-violent delinquency, violent delinquency, suspensions/expulsions and/or police contact). Specifically, 55.3% of intervention youth reported past-year delinquency versus 75.1% of control youth ($p = 0.02$).

To examine whether the FHF-T program reduced the *number* of self-reported delinquent behavior outcomes at the 15-month post-intervention follow-up, we conducted a linear regression using full intent-to treat analysis. Of the four index delinquent behavior outcomes, the intervention group reported significantly fewer delinquent behaviors ($M = 1.1$) than the control group ($M = 1.5$; $p = 0.03$).

Preliminary Finding #2

 **FHF-T led to fewer court charges among the subsample of youth who were not impacted by policy changes and COVID.**

To examine whether the FHF-T program reduced the likelihood of having any court-reported delinquent behavior outcome at the 15-month post-intervention follow-up, we conducted a logistic regression using intent-to treat analysis. Using data from all four cohorts, there was a non-significant reduction in the odds of any court-reported delinquent behavior for the intervention group (28.0%) versus the control group (14.7%). Among the first two cohorts not impacted by policy changes and COVID, participants in the FHF-T program had a 78% reduction in the odds of having a court charge for delinquent behaviors. Specifically, 9.1% of intervention youth had a court charge versus 31.0% of control youth ($p = 0.05$).

Preliminary Finding #3

FHF-T increased positive placement moves between baseline and long-term follow-up.

To examine whether the FHF-T program increased the number of Positive Moves and/or reduced the number of negative moves between baseline and the 15-month post-intervention follow-up, we conducted two logistic regressions using intent-to treat analysis. Intervention youth, relative to the control group, had over three times the odds of having a Positive Move between baseline and long-term follow up. Specifically, 12.8% of intervention youth experienced a Positive Move as compared to 3.9% of control youth ($p = 0.02$). There was no significant group difference in the percentage of youth who experienced a Negative Move (4.7% in the intervention group versus 6.1% in the control group). This finding may, in part, be due to the very low incidence of Negative Moves (and indeed any moves) across the sample.

Preliminary Finding #4

At long-term follow-up, more intervention youth (relative to control youth) had planned permanent exits from the child welfare system.

To examine whether the FHF-T program reduced the likelihood of having a planned permanent exit from the child welfare system by 15-month post-intervention, we conducted a logistic regression using intent-to treat analysis. Participants in the FHF-T program had a 2.5 increase in the odds of having exited the system relative to control youth. Specifically, 82.8% of intervention youth had exited child welfare as compared to 66.2% of control youth ($p = 0.02$).



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Making Data Actionable



Making Data Actionable

This Hub model advances Colorado’s 5-year vision for [Evidence-Based Decision Making](#) (EBDM). EBDM recognizes that research evidence is not the only contributing factor to policy and budget decisions. It is the intersection of the best available research evidence, community needs and implementation context, and decision-makers’ expertise. Recommendations and lessons learned below capture actionable insights primarily based on the best available research evidence. Consider pairing this report with community needs and implementation context as well as decision makers’ expertise to make these findings more actionable for Colorado’s children, youth, and families.

Recommendations

Preliminary findings from this rigorous evaluation suggest that the Fostering Healthy Futures for Teens (FHF-T) program demonstrates positive impacts on reducing system involvement (i.e., child welfare and juvenile justice), for teens whose families have open child welfare cases. A major risk factor for contact with the juvenile justice system is child welfare involvement.²⁰ This is the first known program to demonstrate a reduction in dual system involvement for eighth and ninth graders who have open child welfare cases, with over half of the teens living at home during program enrollment. *These favorable results show the potential for FHF-Teen to be added to Colorado’s Prevention Services Plan.*

The high rates of FHF-T program initiation and engagement, coupled with strong program satisfaction metrics, suggest that employing a skill-building mentoring program that focuses on building resiliency may be an effective prevention/intervention strategy for youth in the child welfare system. As we seek to grow the array of evidence-based programs for young people who are often marginalized by their family’s involvement with child welfare, we should consider developing additional positive youth development approaches that are embedded in young people’s contexts and that build on their strengths and assets while simultaneously avoiding stigmatizing and deficit-based labeling.²¹ This approach may allow teens and their caregivers to feel proud of, and positive about, their involvement in prevention programming, as they invest in their well-being rather than solely focusing on treatment for problems.²² Contextually sensitive interventions are necessary to fully realize the impact of the recent FFPSA legislation which has, at its center, a focus on achieving permanency through implementation of preventive and empirically-based interventions.²³ Further, FHF-Teen has the potential to inform Colorado’s larger prevention continuum and its design is favorable to scaling across Colorado.

“It was helpful to set goals with my mentor because once I set them, I achieved more.”

- FHF-T participant

Results of this study are anticipated to meet Clearinghouse standards for design and execution and achieve a “promising” or “supported” evidence designation. To this end, FHF-Teen will continue to be supported by the Family First Evidence-Building Hub in the coming year to submit a request for re-review by the Clearinghouse.

Lessons Learned

Although we demonstrated high engagement rates in our FHF-P study through two prior RCTs, those trials enrolled children who were in out-of-home care. With FHF-T, we were unsure of whether youth who were largely (i.e., 85%) living at home or with kin and their parents/caregivers would be open to becoming involved with a study based on their family's child welfare involvement. We were also unsure of whether we would be able to obtain the necessary approvals to collect data from youth, their parents, and court records. With great collaboration between county departments of child welfare, the State Court Administrator's office, and a sensitive and attuned research and prevention program team, we learned it was possible to conduct a rigorous and ethical RCT with long-term follow-up with this population of vulnerable youth and their families.

There were also challenges to the current study—some anticipated (such as the effort required to locate and interview youth at the long-term follow-up) and some unanticipated (such as changes in state policies and the COVID pandemic)—which increased attrition and reduced data available for analysis. In addition, as we have found in prior studies, the control group attrited (i.e., dropped out of the study) higher-risk participants while the intervention group retained higher-risk participants, suggesting that the self-report delinquency findings reported here might be conservative.

In addition, the current study could not tease out the temporal order of exiting the child welfare system and a reduction in delinquent behavior outcomes, and future analyses are needed to understand the mechanisms that led to reduced system involvement. Further research should also examine whether there are differences in program impacts for youth with different demographic and/or baseline characteristics (e.g., adverse childhood experiences and trauma symptoms).

Despite these limitations, we hope that the lessons learned from implementing and rigorously testing a mentoring and skill-building intervention will encourage the development of other contextually sensitive preventive interventions for system-involved youth.

Conclusion

Most child welfare interventions that focus on achieving permanency for youth have strong parent-training components. Similarly, most evidence-based preventive interventions for reducing delinquency also have parent training at the core of the program. The Fostering Healthy Futures for Teens' study findings suggest that a non-stigmatizing, positive youth development-focused approach, which is highly acceptable to both teenagers and their families, may also lead to reductions in child welfare and delinquency involvement. As we seek to improve the array of evidence-based programs for child welfare-involved families, intentional youth mentoring may be an important strategy to consider. Indeed, the bipartisan Congressional Caucus on Foster Youth, which recommends improvements to the child welfare system, just named six priorities for the 119th Congress, five of which are addressed by FHF-T: keeping families together, family stabilization, strengthening kinship care, reducing juvenile justice involvement, and providing mentorship.²⁴ The Office of Juvenile Justice and Delinquency Prevention has funded mentoring programs for over 2 decades and two pieces of pending federal legislation are prioritizing mentorship for system-involved youth. We hope that once the final results of this study are published, that its conclusions can be leveraged to implement evidence-based mentoring programs to reduce youth system involvement and associated costs, with the ultimate goal of fostering healthy futures for all of our young people.

"I always felt really good inside noticing that there was a text from my mentor reminding me to strive for something better in life and never settling for less."

- FHF-T participant

Endnotes

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