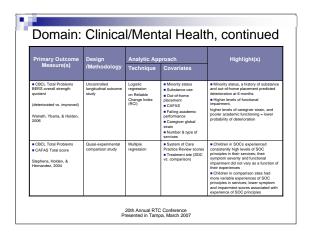
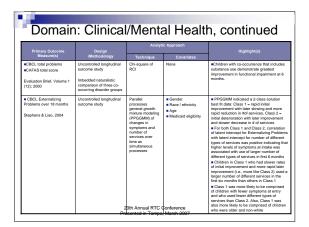


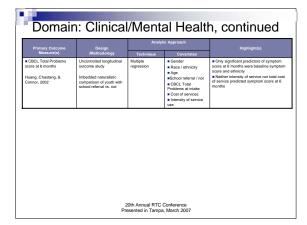
	Design /Methodology	Analyti	ic Approach	Highlight(s)
Primary Outcome Measure(s)		Technique	Covariates	
SBCL Internalizing, Externalizing A Total Problems Construction of the Constr	Quasi-experimental comparison study	Two level hierarchical linear model (HLM)	Treatment site (SOC vs. comparison) Age	Pair 1 (Stark Country vs. Mahoning, Orl) A White boys improve from baseline to 24 months on CAPAS at greater rate hand greater rate in non-DOC gift improve. Greater from in one DOC gift improve control of the Stark of the St
CAFAS Total score Laygo, Brimm, & Stephens; 2005	Uncontrolled longitudinal outcome study Children who received restrictive services between intake and 6- months	Two level HLM	Age; gender; race; comorbid disorder; history of physical & sexual abuse; suspension, detention & expulsion; CBCL anxious/depressed	Impairment improved at an average rate of 25 points per year Children with histories of physical abuse had slower rates of improvement



Primary Outcome Measure(s)	Design /Methodology	Analyt	ic Approach	Highlight(s)
		Technique	Covariates	
CAFAS Total score CBCL Externalizing and Internalizing Problem scores Foster, Stephens, Krivelyova, & Gyamfi (in review)	Quasi-experimental comparison study	Propensity score matching	Treatment site (SOC vs. comparison) Gender Age Medicaid enrollment Prior use of services Child & family risk factors	Children at one of the two SOC sites showed greater improvement than did the matched counterparts. For the other SOC site, no benefits of intervention were apparent. Differences in the effectiveness of SOC between two pairs of sites may reflect differences in system implementation, especially service use.
■ CBCL internalizing & externalizing problems Krivelyova, Matthews, Stephens, 2006	Quasi-experimental comparison study Imbedded naturalistic comparison of youth with and without prior justice involvement	General Linear Model	Treatment site (SOC vs. comparison) Age Gender Income Prior JJ involvement	■ Youth with prior justice contact served is SOC had greater rates of improvement frintake to 18 months relative to youth with prior justice contact in non-SOC Internalizing problems among non-SOC youth increased
CBCL total problems YSR total problems CAFAS total score Holden, 1999	Uncontrolled longitudinal outcome study Imbedded naturalistic comparison of sites	Descriptive using RCI	None	Nearly % of children display clinically significant improvement between intake a 12 months on either CAFAS or CBCL For children 11 years and older, nearly display clinically significant improvement between intake and 12 months on either CAFAS or CBCL Site variation in clinically significant rehance exists.

	Design /Methodology	Analyti	c Approach	n, continued
Primary Outcome Measure(s)		Technique	Covariates	Highlight(s)
■ CBCL Total Problems scores over 24 months Gilford & Stephens, 2002	Uncontrolled longitudinal outcome study	Hierarchical linear modeling (HLM)	Gender Age Race Custody status Length of time in SOC Income Contacts with law Custody status Custody status Comorbidity CAFAS Total score at intake Suicidal ideation at intake	On werap, children improved 647 points per six membry period *Longer duration of SOC services and suicidal ideation in inside predicted officer rates of improvement *Higher functional impairment at inside predicted faster rates of improvement
■BERS overall strengths ■CBCL total problems Evaluation Brief, Volume 7(4): 2006	Uncontrolled longitudinal outcome study Imbedded naturalistic comparison of youth in foster care vs. not	Chi-Square on RCI	None	Majority of children remained stable or improved from intake to 12 months with regard to functioning and strengths More foster care children improve in overall strengths; more non-foster care remain stable
BERS overall strengths, five subscales Evaluation Brief, Volume 2 (5): 2001	Uncontrolled longitudinal outcome study	Dependent t-tests	Age Gender Diagnostic differences	Overall strengths as well as intrapersonal interpersonal, affective, and family strengths significantly increased from baseline to 6 months





Domain: Clinical/Mental Health Summary

- Clinical/mental health outcomes dissemination focused more on CBCL and CAFAS than BERS
- Findings indicate improvement over time for most children in SOCs
- Some specific child characteristics associated with differential rates of improvement (demographic, risk factors, initial severity, presenting problems, placements)

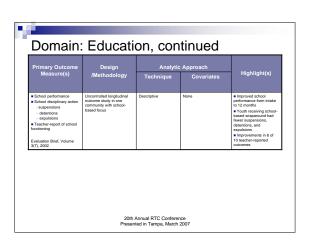
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Domain: Clinical/Mental Health Summary

- Some evidence of disparities in outcomes for racial/ethnic minorities
- Relative effectiveness of SOCs compared to non-SOCs for improving clinical outcomes is equivocal
- SOCs relatively more effective for older, nonminority males with externalizing problems and prior JJ involvement

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Primary Outcome	Design	Analytic	Highlight(s)	
Measure(s)	/Methodology	Technique	Covariates	
School Attendance School Achievement Evaluation Brief, Volume 7(4)	Uncontrolled longitudinal outcome study Imbedded naturalistic comparison of youth in foster care vs. not	Chi-Square on categorized change in school outcomes (improved, remained stable, deteriorated)	None	Majority of children remained stable or improved from intake to 12 months with regard attendance and achievement More foster care children remained stabl in attendance and fewe deteriorated
School performance (pass/fail) at 6 months post- intake Doucette, Hodges, & Liao, 1999	Uncontrolled longitudinal outcome study in one funded community	Logistic regression	# Gender # Race / ethnicity # Age # Diagnosis # School attendance # CAFAS Total score at intake (excluding School Role) # CBCL Total Problems at intake	Regular school attendance associated with 4 times greater likelihood of passing school performance at months Mild or moderate CAFAS severity at Intal associated with greater likelihood of passing performance at 6 month.



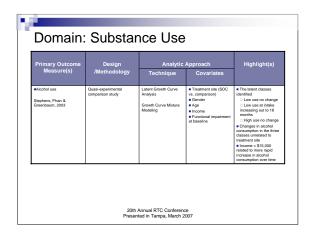
Domain: Education Summary

- No dissemination of education outcome findings from quasi-experimental comparison study
- Attendance and performance more often focus than disciplinary or other education outcomes
- Generally, education outcomes show improvement over time in SOCs
- Some specific child characteristics associated with differential rates of improvement (initial severity, placements)

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Primary Outcome Measure(s)	Design /Methodology	Analytic	Highlight(s)	
		Technique	Covariates	
JJ contacts from MIS Foster, Qaseem, & Connor, 2004	Quasi-experimental comparison study	Cox regression proportional hazards model	■ Treatment site (SOC vs. comparison) ■ Pre vs. post entry	 Mental health services in SOC relative more effective for reducing risk of subsequent juvenile justice involvement
Arrest data (MIS) Connor, Phan, Stephens, 2003	Quasi-experimental comparison study	Cox regression Survival analysis	Treatment site (SOC vs. comparison) Gender Race Age Income Prior offense history	■ Uncontrolled effect of treatment site on arrest indicated more children in SOC survived without an arrest for first 1000 days ■ Treatment site effect disappeared upon entry of additional covariates (prior offense and age particularly strong)

Domain: Justice, continued Primary Outcome Measure(s) Proprimary Outcome Measure(s) Possign Methodology Analytic Approach Technique Covariates Proprimary Outcome Methodology Proprimary Outcome Methodology Proprimary Outcome Outcome



Summary

Majority of dissemination on children's outcomes has focused on clinical / mental health outcomes

Functional indicators receiving most dissemination attention are education and juvenile justice related

Majority of findings based on analysis of data from uncontrolled longitudinal outcome study

Improvement in outcomes varies as a function of characteristics.cof the children served

Next Steps

- Conduct a comprehensive systematic literature review
- Continued dissemination emphasis on analysis of data from quasi-experimental comparison studies
- Expand dissemination of findings from randomized controlled trials of effectiveness of evidence-based treatments in SOCs
 Identify and address under-investigated outcomes domains

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