





	BERS	CBCL	CGSQ
	(n = 2,717)	(n = 2,709)	(n = 2,702)
American Indian	2.5%	2.1%	2.6%
Black	21.8%	21.8%	21.9%
White	58.5%	59.2%	58.7%
Hispanic	6.4%	6.5%	6.3%
Other Race	10.7%	10.4%	10.5%
Male	67.6%	67.7%	67.8%
Age - Mean (sd)	11.8 (3.2)	11.8 (3.2)	11.8 (3.2)
Lives w/ at least one biological parent	80.0%	80.1%	80.3%
Income < \$20K	56.8%	56.9%	57.0%
Caregiver Some College	42.6%	42.9%	42.7%
Child in Home Past 6 Months	75.7%	76.0%	76.4%
# Different Services Prior - Mean (sd)	5.9 (2.9)	5.9 (2.9)	5.9 (2.9)

Presenting Problems			
	BERS	CBCL	CGSQ
	(n = 2,717)	(n = 2,709)	(n = 2,702)
Suicidal Tendencies	26.1%	26.1%	25.9%
Depression	45.5%	45.9%	44.9%
Hyperactivity	51.9%	51.9%	52.0%
Conduct Problems	70.9%	70.9%	70.5%
Delinquency	53.2%	53.0%	52.3%
Adjustment	62.4%	62.6%	62.3%
Other Problems	43.5%	43.2%	43.4%



RCI category	BERS (n = 2,717)	CBCL (n = 2,709)	CGSQ (n = 2,702)
Improved	40.6%	35.8%	30.0%
Remained stable	37.3%	54.8%	61.8%
Deteriorated	22.1%	9.4%	8.2%
Deteriorated	22.1%	9.4%	8.2%

Results: Predictors of Improvement in BERS Strengths Quotient

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Covariate	Unstandardized coefficient	<i>p</i> -value
Age	047	.002
Male	.211	.041
Income < \$20K	.246	.011
CG some college	208	.028
Child in home past 6 months	244	.030
Suicidal tendencies	.223	.048
Hyperactivity	271	.009

Results: Predictors of Improvement in CBCL Total Problems

Covariate	Unstandardized coefficient	<i>p</i> -value
Age	.031	.033
# Different Services Prior	099	.000

Results: Predictors of Deterioration in BERS Strengths Quotient

Covariate	Unstandardized coefficient	<i>p</i> -value
Black	.295	.032
Other Race	.379	.030
Child in home past 6 months	357	.007

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Covariate	Unstandardized coefficient	<i>p</i> -value
Other Race	.533	.015
Male	474	.003
Conduct Problems	.361	.046

Results: Predictors of Improvement in CGSQ Global Strain

Covariate	Unstandardized coefficient	<i>p</i> -value
CG some college	235	.016
Child in home past 6 months	308	.006
# Different Services Prior	125	.000
Conduct Problems	311	.006





Programmatic and Policy Implications-1

- Findings provide insight into the complexity of identifying children and youth who are "atrisk" for deterioration
- Results can be used to help identify those children and youth most likely to benefit from services
- Understanding differences between these groups of children and youth can help providers and organizations tailor treatment to those most at-risk

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Programmatic and Policy Implications-2

- Goal: to be able to identify youth who are atrisk upon program entry so providers can customize services and intervene with youth and family quickly to minimize likelihood of deterioration
- This requires very early intervention to stem decline - perhaps an intake assessment tool to help identify predictors associated with youth at-risk

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Limitations-1

 RCIs reflect meaningful change over time without respect to initial level of severity / strengths (but models controlled for scores at intake)

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