

Comprehensive Community Mental Health Services for Children and Their Families Program



Evaluation Findings: Report to Congress 2006–2008



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES
Substance Abuse and Mental Health Services Administration
Center for Mental Health Services
www.samhsa.gov



Substance Abuse and Mental Health Services Administration
www.samhsa.gov • 1-877-SAMHSA-7 (1-877-726-4727)



**The Comprehensive Community Mental
Health Services for Children and
Their Families Program**

Evaluation Findings



Report to Congress

2006–2008

**Center for Mental Health Services
Substance Abuse and Mental Health Services Administration
U.S. Department of Health and Human Services**

U.S. Department of Health and Human Services

Kathleen Sebelius
Secretary

Substance Abuse and Mental Health Services Administration

Pamela S. Hyde, J.D.
Administrator

Center for Mental Health Services

A. Kathryn Power, M.Ed.
Director

Division of Service and Systems Improvement

Fran Randolph, Dr.P.H.
Director

Child, Adolescent and Family Branch

Gary M. Blau, Ph.D.
Branch Chief

The Comprehensive Community Mental Health Services for Children and Their Families Program, Evaluation findings—Report to Congress, 2006–2008 was written by staff at ICF Macro and Walter R. McDonald & Associates, Inc. pursuant to a contract (contract numbers 280-03-1603, 280-03-1604, 280-05-0135) under the direction of the Child, Adolescent and Family Branch, Center for Mental Health Services, Substance Abuse and Mental Health Services Administration, United States Department of Health and Human Services.

Table of Contents

Program Overview	1
The System of Care Philosophy and Goals.....	1
System of Care Philosophy	1
System of Care Goals	2
Theory of Change Model.....	2
CMHI Program Funding Process	4
The National Evaluation of the CMHI	4
Studies of the National Evaluation	5
Performance Measurement.....	6
About This Report	7
Key Findings From the National Evaluation	10
Who Are the Children, Youth, and Families Participating in Systems of Care?.....	10
To What Extent Do Outcomes for Children, Youth, and Families Improve over Time?	12
Clinical Outcomes	13
Functional Outcomes	15
Caregiver Outcomes	18
Outcomes for Specific Populations of Focus.....	19
Outcomes for Specific Age Groups	21
What Is the Service Experience for Children, Youth, and Families in Systems of Care?	24
How Well Are System of Care Principles Implemented?	25
How Well Are Communities Implementing Evidence-Based Practices?	29
How Culturally and Linguistically Competent Are Practices in Systems of Care? ..	30
How Are Flexible Funds Used Within Systems of Care?.....	31
What Are the Cost Savings and Economic Benefits of Systems of Care?	31
How Well Do Systems of Care Integrate Data and Technology?	32
To What Extent Do Systems of Care Implement Strategies to Sustain Their Services Beyond the Federally Funded Grant Period?	33
Summary and Recommendations	36
Summary.....	36
Recommendations for the Future	37
References	39
Appendices	
A. Glossary of Terms	
B. System of Care Communities of the Comprehensive Community Mental Health Services for Children and Their Families Program, 1993–2009	
C. Description of CQI Indicators and Data Sources	
D. National Evaluation Components and Measures	
E. Descriptive and Outcomes Data Tables	

Program Overview

The Comprehensive Community Mental Health Services for Children and Their Families Program (Child Mental Health Initiative or CMHI) operates under the auspices of the Child, Adolescent and Family Branch (CAFB) in the Center for Mental Health Services (CMHS), Substance Abuse and Mental Health Services Administration (SAMHSA) within the Department of Health and Human Services (HHS). The CMHI is designed to promote the transformation of the national mental health care system that serves children and youth (aged 0 to 21 years) diagnosed with a serious emotional disturbance and their families. CMHI funds the development and implementation of comprehensive and coordinated “systems of care” among States, local communities, United States territories, American Indian Tribes, and Alaska Native communities. These systems of care are intended to build on the individual strengths of the children, youth, and families being served, and address their needs. Since CMHI’s inception in 1993, 173 grants and cooperative agreements have been awarded to communities for this purpose.

To be eligible for CMHI services children and youth must have, or have had at any time during the past year, a mental, behavioral, or emotional disorder of sufficient duration to meet diagnostic criteria as specified in the Diagnostic and Statistical Manual for Mental Disorders, Fourth Edition (*DSM-IV*; American Psychiatric Association [APA], 1994) that resulted in functional impairment that substantially interferes with or limits one or more major life activities. Beginning with the 2005 funding announcement, the Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood (DC:0–3; ZERO TO THREE, 1994) is specified for diagnostic assessment for children 3 years of age or younger.

The System of Care Philosophy and Goals

CMHI was shaped by several Federal and State initiatives, beginning with the Child and Adolescent Service System Program (CASSP) (see Stroul & Friedman, 1986, for a comprehensive discussion of the program’s background). CASSP was a national effort designed to help States and communities build comprehensive, community-based systems of care that were youth and family focused. Since that time, this approach has become the cornerstone of many mental health service delivery programs within communities across the country, and in the territories.

The Federal Action Agenda was the product of a collaborative effort of the Departments of Health and Human Services; Education; Housing and Urban Development; Justice; Labor; Veteran’s Affairs; and the Social Security Administration, and was intended to develop a common national mandate for mental health services. CMHI was based on the principles outlined in that document, which asserted that the mental health service delivery system must focus its efforts on helping children with serious emotional disturbance to “... live, work, learn, and participate fully in their communities” (SAMHSA, 2005, p. 78). SAMHSA’s utilization of the “system of care” philosophy as the approach for CMHI funding has made a substantive contribution to the fulfillment of this mandate.

System of Care Philosophy

Underlying the system of care approach is the belief that services should be both comprehensive and coordinated across public and private providers, consumers, and other key stakeholders. When this comprehensive and coordinated system is in place, it is

anticipated that resulting services and supports will (a) be effective, (b) build on the strengths of the individual; and (c) address each person's unique physical, emotional, social, cultural, intellectual, and linguistic needs. When mental health services achieve these objectives, children and youth are able to live, grow, learn, work, and participate in the communities in which they reside. The principles embodied in the system of care approach are listed below:

- Family driven
- Individualized, strengths-based, and evidence-informed service plans
- Youth guided
- Culturally and linguistically competent
- Provided in the least restrictive environment possible
- Community based
- Accessible
- Provided through a collaborative and coordinated interagency network

System of Care Goals

With the system of care philosophy and principles as the theoretical underpinning for the CMHI program, the following goals were developed for CMHI grant communities:

- Expand community capacity to serve children and adolescents with serious emotional disturbance and their families;
- Encourage communities to provide a broad array of accessible, clinically effective and fiscally accountable services, treatments and supports;
- Serve as a catalyst for broad-based, sustainable systemic change inclusive of policy reform and infrastructure development across the country and in United States territories;
- Create a care management team with an individualized service plan for each child;

- Deliver culturally and linguistically competent services with special emphasis on racial, ethnic, linguistically diverse and other underrepresented, underserved, or invisible cultural groups; and
- Implement the full participation of youth and families in service planning, in the development, evaluation, and sustainability of local services and supports, and in overall system transformation activities.

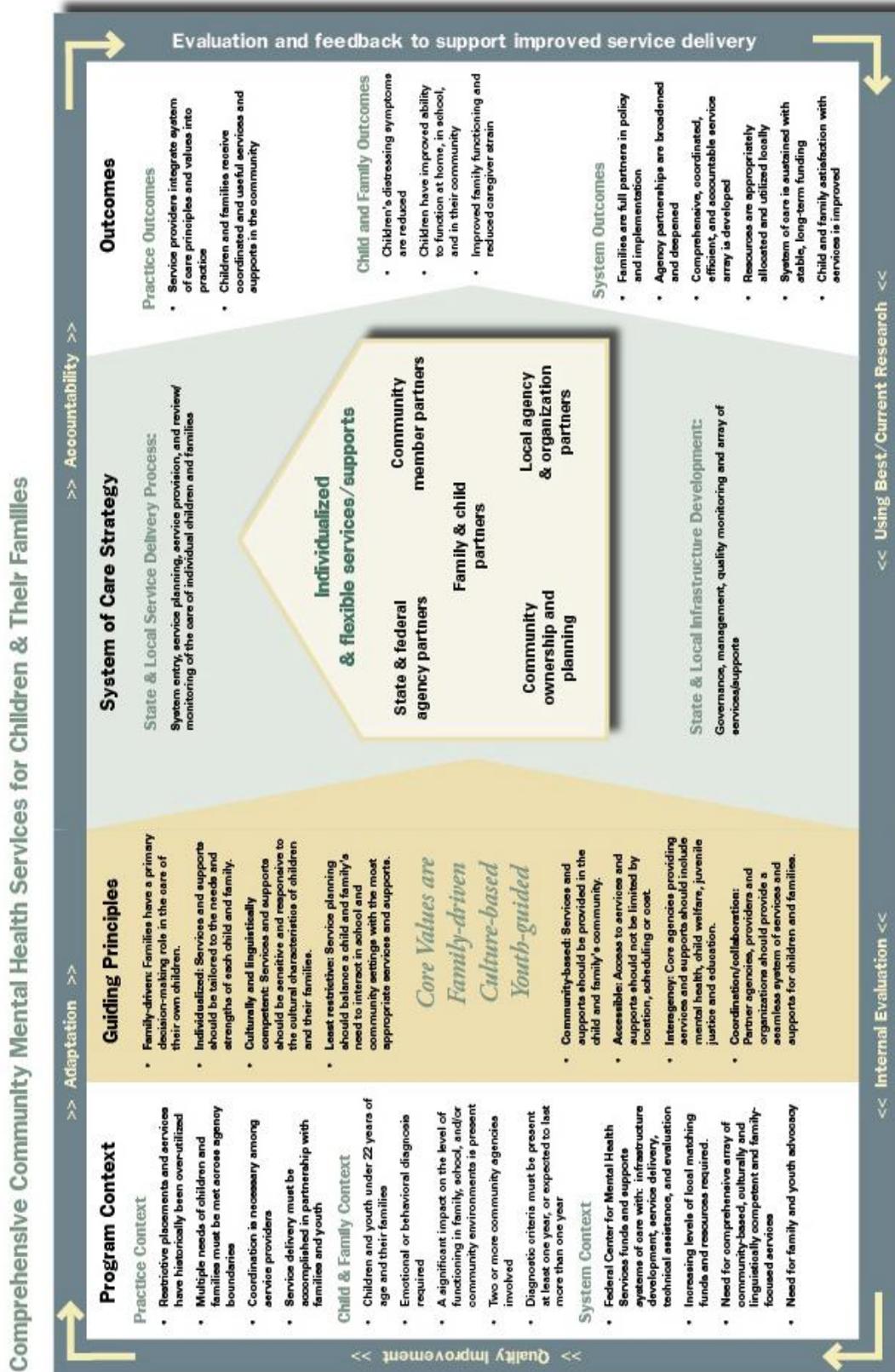
These goals help frame communities' strategies for implementing a system of care that both taps into the strengths and addresses the needs of the children and families they serve.

Theory of Change Model

Figure 1 depicts a *theory-based framework* to describe the program, which was developed with input from partners across the country. The framework articulates the underlying assumptions that guide service delivery and are believed to be critical to producing change and improvement in children and families. The framework has four core elements—program context, guiding principles, strategies, and outcomes—as well as an evaluation-and-feedback cycle.

The model and guiding principles provide a foundation upon which system of care strategies are built. These strategies are grounded in a community ownership and planning process that engages the multiple partners in work to improve the well-being of children and families. As depicted in the far right of the framework, the outcomes are organized into practice, child and family, and system categories. Finally, the framework includes an evaluation-and-feedback cycle that uses the best and most current research and incorporates concepts of internal evaluation, quality improvement, adaptation, and accountability.

Figure 1: System of Care Theory-Based Framework



CMHI Program Funding Process

State governments; governmental units within political subdivisions of a State, such as a county, city, or town; the District of Columbia, Indian Tribes or tribal organizations; and United States territories may apply for CMHI grants, which are funded on a matching basis over a 6-year period. During the first 3 years of the agreement, CMHS matches organizational funding at a 3-to-1 level. In the fourth year, there is a dollar-to-dollar match. During the fifth and sixth years, CMHS provides one dollar for every two contributed by the grant community.

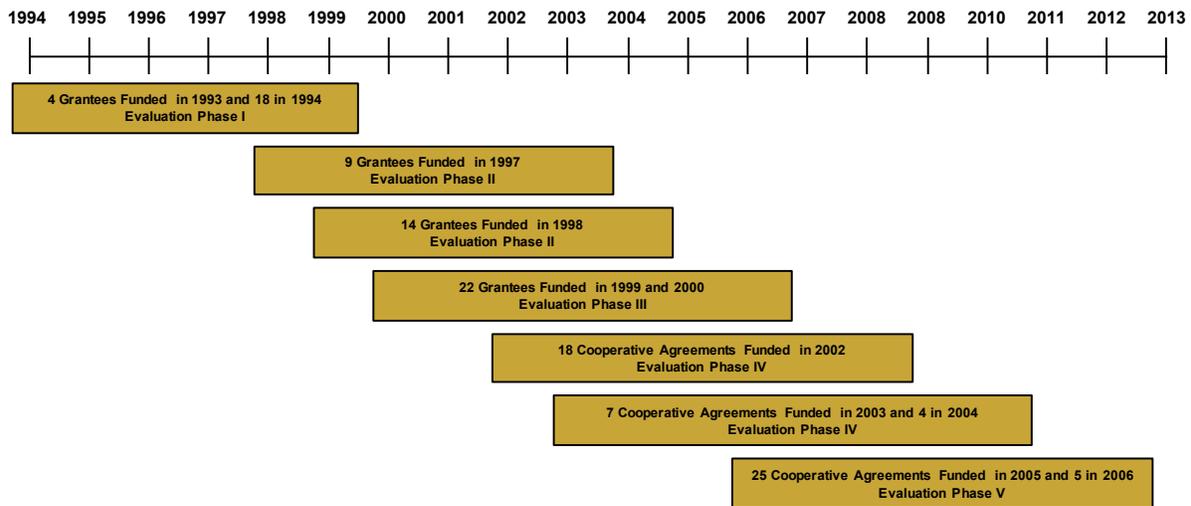
The CMHI provides resources to communities to develop their systems of care to best address the needs of children and youth who experience serious mental health challenges, and their families. The program has grown from initial program funding in 1993 of \$4.9 million to a total investment of over \$1.5 billion as of FY 2010. The funded grant communities have worked to increase capacity for services, and improve service provision in communities across all 50 States, Puerto Rico, and Guam, and among 18 American Indian/Alaska Native communities as of FY 2008. Through FY 2008, the CMHI has served over 92,990 children, youth, and families nationwide.

The National Evaluation of the CMHI

The national evaluation, mandated by Public Law 102–321, is an important component of the CMHI. Grant communities in all phases agree to participate in the national evaluation of CMHI at some level, as part of their agreement with SAMHSA. This component of the program has been designed to provide information on (a) the mental health outcomes of children and youth, and their families; (b) the implementation, process, and sustainability of systems of care; and (c) critical and emerging issues in children’s mental health. Findings from the national evaluation have informed future service delivery and treatment, program funding decisions, and modifications to existing U.S. mental health policies related to existing service systems. The national evaluation has provided the CMHI with monitoring and performance data and has demonstrated the program’s achievements (CMHS, 1997, 1998, 1999, 2000, 2001, 2003, 2004, 2005, 2006, 2007, and 2008). Table 1 shows the goals of the national evaluation as defined by Public Law 102-321.

Figure 2 provides a timeline of the years of program funding and the phases of the national evaluation. A list of all funded system of care communities and a map showing the distribution of funded sites are included in Appendix B.

Figure 2: Timeline of System of Care Funding and Phases of the National Evaluation



System of care communities are diverse with respect to their catchment areas. Some systems of care are located in high-risk postal ZIP code neighborhoods and others are statewide initiatives. The 81 sites addressed in this report include about 9 percent neighborhood-based initiatives, 41 percent single county-wide initiatives, 27 percent multi-county initiatives, 5 percent statewide initiatives, and 12 percent tribal initiatives. About 41 percent of the communities are largely urban, 32 percent are largely rural, and about 27 percent are an urban/suburban/rural mix.

Studies of the National Evaluation

The national evaluation consists of core and special studies. The descriptive core study provides demographic information on the children, youth, and families served by funded systems of care, whereas the longitudinal core study provides an assessment of changes over time in clinical and other outcomes of children, youth, and families. For these two studies, data are collected from youth and caregivers who agree to participate in the evaluation starting at intake into the program, and occurs at 6-month intervals over a number of years (from

intake to 36 months). This longitudinal approach enables the national evaluation to examine clinical and functional outcomes for children and youth, and family and caregiver outcomes, across time.

Other core studies examine the development and implementation of mental health services infrastructure and service delivery systems based upon the system of care philosophy and principles, and the long-term sustainability of such systems. Still others examine the services provided to children, youth, and families and the costs of those services, and the service experience of families.

Studies on special topics include, but are not limited to, examinations of cultural competence in the structure and provision of services, the use of evidence-based practices and treatments, and the role of primary care health providers in the mental health care system. Within the context of these studies, the national evaluation has addressed emerging needs of the program related to evidence-based practice, the development of practice-based evidence, provider practices, collaboration between pediatricians and mental health providers in systems of care, and comparisons between children and youth

receiving services by grant programs and those receiving services elsewhere.

Performance Measurement

The national evaluation also provides important feedback to the Federal program, communities, and technical assistance providers to strengthen program efforts at all levels.

Improvements in program outcomes as evidenced by the Government Performance

and Results Act (GPRA) of 1993 indicators are noteworthy. GPRA serves to hold communities accountable for program development, implementation, and sustainability and encourages the use of feedback for infrastructure and service level change. CMHI GPRA indicators are listed in Table 1.

Table 1: GPRA Indicators for FYs 2006, 2007, and 2008

GPRA Program Indicators	Actual Performance 2006	Actual Performance 2007	Actual Performance 2008
1) Increase in number of children receiving services			
Target: 9,120	10,339	8,384	9,678
2) Increase in percentage of children attending school 75% or more of time after 12 months			
Target: 84%	89.7%	87.0%	87.0%
3) Increase in percentage of children with no law enforcement contacts at 6 months			
FY 2006 Target: 68% FY 2007 Target: 70% FY 2008 Target: 68%	69.3%	73.6%	73.8%
4) Decrease average days of inpatient facilities among children served in systems of care at 6 months			
FY 2006 Target: -3.65 days FY 2007 Target: -2.00 days FY 2008 Target: -2.00 days	-1.00%	-2.18 days	-1.68 days
5) Decrease in inpatient care costs per 1,000 children served			
FY 2006 Target: Establish new baseline FY 2007 Target: -\$2,670,000 FY 2008 Target: -\$2,670,000	-\$1,335,000	-\$2,990,300	-\$2,238,201

In addition, at the request of SAMHSA, the national evaluation developed the Continuous Quality Improvement (CQI) Progress Reports, to document program performance at the community and national levels, and to assist communities in furthering program goals of continuous quality improvement. The first reports were produced in 2006. Program performance addressed in these reports includes (a) system-level outcomes, (b) child and family outcomes, (c) satisfaction with services, (d) family and youth involvement, and (e) cultural and linguistic competence. These

indicators, which capture performance in areas such as service access, school performance, suicide attempts, youth arrests, caregiver employment, satisfaction with services, and provider cultural and linguistic competence, align with SAMHSA's National Outcome Measures (otherwise known as NOMs). The indicators assessed through the CQI process and an aggregate CQI report that uses longitudinal outcomes data collected as part of the national evaluation of grant communities initially funded in 2002–2004 are included in Appendix C.

About This Report

This report to Congress summarizes information about the systems of care developed through the CMHI, including the following: the characteristics of children, youth, and families served by systems of care; the outcomes attained for children, youth, and families; their service use and service experience; how well communities have implemented system of care principles; the cost savings and economic benefits; how well communities have implemented evidence-based practices, how culturally and linguistically competent the services are, how well systems of care integrate data and technology, and the sustainability of systems of care.

The report presents the combined evaluation findings from the 81 communities initially funded in FY 1999 through FY 2006. The findings are from three phases of the evaluation: communities:

Phase III: Initially funded in FY 1999–FY 2000 (22 sites)

Phase IV: Initially funded in FY 2002–FY 2004 (29 sites)

Phase V: Initially funded in FY 2005–FY 2006 (30 sites)

All findings presented in the report are based upon all available data for the combined phases. In some instances, data were not available from all three phases, and instruments sometimes changed from one phase to another. In each outcome area, the report indicates whether data were derived from the entire sample of 81 communities or from a subgroup of communities; the instruments used to derive data also are noted throughout the report. Descriptive data were collected from 28,423 children enrolled in these CMHI grant communities. Longitudinal data were collected from 9,952 caregivers and 6,392 youth aged 11 years and older. The longitudinal data were collected every 6 months for up to 36 months following intake into services.

Sources of data used for the report include the following:

- **Descriptive data** (e.g., demographic information, diagnosis, child and family history, functional characteristics, and referral sources) obtained at the time

children/youth entered system of care services across the grant-funded period.

- **Child, youth, and family outcomes data** based on longitudinal assessments of children/youth at intake, 6 months, 12 months, 18 months, and 24 months. Data were collected at these intervals regarding the child's or youth's clinical and social functioning, behavioral and emotional strengths, educational performance, delinquent activities and engagement with law enforcement, use of illegal substances, and the stability of their living arrangements. Data also were collected about family resources and family functioning and on the strain felt by family caregivers when caring for children/youth who experience serious emotional disturbance.
- **Service provision data**, including the services received by children, youth, and families, their experience with their service providers, and their satisfaction with their services.
- **Data related to cost savings and economic benefits** associated with systems of care that were interview data from the outcome study or were data made available by service agencies from their electronic information systems.
- **Data related to system-level changes made to implement system of care principles** collected through multiple comprehensive site visits that were conducted in all grant communities at regular intervals throughout the grant funding cycle.
- **Data related to sustainability** obtained by surveying key informants in CMHI systems of care.
- **Data on age-specific findings** based on longitudinal assessments of selected groups of children/youth at intake, 6 months, 12 months, 18 months, and 24 months.

- **Data on findings for specific populations of focus** based on longitudinal assessments of selected groups of children/youth at intake, 6 months, 12 months, 18 months, and 24 months.
- Data on how communities are implementing evidence-based practices obtained through a special study.
- Data on the cultural and linguistic competence of service delivery obtained through special studies.
- The design of the Longitudinal Child and Family Outcome Study in cohorts of grantees described in this report did not include a control group. Therefore, the findings presented are limited to the analyses of change in outcomes over time.
- Some children and youth dropped out from the study over time. Appendix E contains information about study enrollment and interview completion rates. The analyses of changes in outcomes over time were limited to those children and youth who had complete information on the variables of interest.

A glossary of terms used in this report is provided in Appendix A. Core study components of the evaluation are listed in Table 2. More details about national evaluation components and measures are provided in Appendix D.

Table 2: Core Components of the National Evaluation

- **System of Care Assessment** examines whether programs have been implemented according to system of care program theory and documents how systems develop over time to meet the needs of the children/youth and families they serve.
- **Cross-Sectional Descriptive Study** describes the children enrolled in the funded systems of care in terms of their demographics, functional status, living arrangement, diagnosis, risk factors, and mental health service history.
- **Longitudinal Child and Family Outcome Study** examines the changes in child/youth clinical and functional status and family life. Outcome data are used to assess change over time in symptomatology, social functioning, substance use, school attendance and performance, delinquency, and stability of living arrangements.
- **Service Experience Study** examines the types of services received and youth and family ratings of satisfaction with services provided.
- **Services and Costs Study** describes the services used by children/youth and families, their utilization patterns, and associated costs. The study also assesses the extent to which information about various services is captured through local management information systems.
- **Sustainability Study** explores the extent to which systems of care are maintained after funding from the CMHS grant program has ended, as well as steps being taken prepare for sustainability. The study identifies features of systems of care that are more likely to be sustained and factors that contribute to or impede the ability to sustain the systems of care developed with grant support.

In addition to these core study components, new issues have emerged over time; ongoing current studies added to the evaluation are presented in Table 3.

Table 3: Ongoing Current Studies Added to the National Evaluation

- **Treatment Effectiveness Study** examines the effectiveness of a specific evidence-based treatment provided to selected groups of children/youth with specific diagnoses served within CMHS-funded systems of care.
- **Evidence-Based Practices Study** examines the effects of various factors on the implementation of evidence-based practices in systems of care.
- **Family Education and Support Study** examines the critical elements of family education and support services in systems of care, their effectiveness across communities, and their impact on child/youth and family outcomes.
- **Primary Care Provider Study** investigates the role of primary health care providers in systems of care and factors that facilitate and interfere with interaction between primary care providers and mental health providers.
- **Culturally and Linguistically Competent Practices Studies** assess system of care service providers' level of competence across several domains of cultural competence, including the role that organizations and agencies play in hindering or facilitating culturally competent service provision.
- **Tribal Financing Study** examines the unique financing opportunities and challenges experienced by American Indian and Alaska Native systems of care.

Appendix D shows the specific measures used for each component of the national evaluation and lists the complete title of each measure. It shows that, in some cases, different measures were used to assess the

specific outcomes for communities initially funded in different time periods. Because of this variation, the relevant measures are specified for each outcome cited in this report.

Key Findings From the National Evaluation

Who Are the Children, Youth, and Families Participating in Systems of Care?

All grant communities serve children/youth with severe emotional disturbance and their families. Systems of care differ, however, with regard to the age of children served, the focus of service delivery programs, and the point at which intervention begins. Most systems of care target youth who are involved with multiple public child-serving agencies, especially those who are at-risk for out-of-home placement. Some of the communities include older children/youth who are transitioning out of the children's mental health or child welfare systems, and others focus on young children aged 0 to 5.

Table 4 shows that across all of the cohorts of sites included in this report, the children/youth served by federally funded systems of care are predominantly boys, with an average age of approximately 11.8 years and the largest age group served is between the ages of 6 and 15 (nearly 71 percent). The children, youth, and families served reflect racial and ethnic diversity. Approximately half of the children/youth live in single parent households and are in the custody of their mothers. Many of their households have very limited resources; over half have incomes below the poverty level.

Table 4: Baseline Characteristics: Child Demographic and Enrollment Information, Grant Communities Initially Funded in 1999–2006

Gender	(n = 28,075)
Male	64.2
Female	35.8
Age in Years	(n = 27,911)
0–5 Years	9.7
6–11 Years	31.0
12–15 Years	39.9
16–21 Years	19.4
Mean (SD)	11.8 (4.2)

Table 4: Baseline Characteristics: Child Demographic and Enrollment Information, Grant Communities Initially Funded in 1999–2006 (continued)

Race and Ethnicity	(n = 24,483)
American Indian or Alaska Native Alone	6.2
Asian Alone	1.0
Black or African American Alone	26.8
Native Hawaiian or Other Pacific Islander	1.3
White Alone	40.7
Of Hispanic Origin	20.3
Multiracial	3.4
Other	0.4
Custody Status	(n = 14,559)
Biological mother only	45.2
Two biological parents OR one biological and one step or adoptive parent	24.9
Grandparent(s)	4.1
Adoptive parent(s)	5.0
Ward of the State	6.7
Biological father only	4.0
Aunt and/or uncle	4.5
Sibling(s)	0.8
Friend (adult friend)	1.9
Other	2.8
Family Poverty^a	(n = 10, 871)
Below poverty level	55.5
At the poverty level	12.7
Above the poverty level	31.8

^a Poverty categories take into account both family income and household size, and are based on the 1999–2008 U.S. HHS poverty guidelines. According to the guidelines, the income thresholds for living in poverty used in the analyses varied from \$16,700 in 1999 to \$21,200 in 2008 for a family of four.

Table 5 shows the clinical diagnoses of children/youth when they entered the systems of care: mood disorders (e.g., depression), ADHD, oppositional defiant disorder, and adjustment disorders are the most common clinical diagnoses. The majority of children/youth served had clinically significant behavioral and emotional symptoms at intake, and their histories indicate considerable reports of severe and

multiple problems such as ADHD (34 percent), suicide-related problems (20 percent), and substance use problems (12 percent). In addition, many children/youth experienced risk factors including domestic violence, physical and sexual abuse, running away, and family histories of depression, substance use, and mental illness. Schools and mental health agencies were the most common referral sources for system of care services.

Table 5: DSM–IV Axis I and Axis II Diagnoses at Intake, Grant Communities Initially Funded in 1999–2006

Clinical Diagnoses ^a	(n = 21,820)
Mood Disorders	35.0%
Attention-Deficit/Hyperactivity Disorder (ADHD)	34.1%
Oppositional Defiant Disorder	24.6%
Adjustment Disorders	12.4%
Posttraumatic Stress Disorder and ASD	8.9%
Anxiety Disorder	6.9%
Conduct Disorder	7.0%
Disruptive Behavior Disorder	6.3%
Substance Use Disorders	5.8%
Learning, Motor Skills, and Communication Disorders	4.0%
Impulse Control Disorders	3.4%
Mental Retardation	3.1%
Schizophrenia and Other Psychotic Disorders	2.8%
Autism and Other Pervasive Developmental Disorders	2.9%
Personality Disorders	1.2%
V Code ^b	6.7%
Other	9.3%

^a The diagnoses listed are not just primary diagnoses. Because children may have more than one diagnosis, the percentages may sum to more than 100%

^b V Code refers to Relation Problems, Problems Related to Abuse or Neglect, and additional conditions that may be a focus of clinical attention

To What Extent Do Outcomes for Children, Youth, and Families Improve over Time?

After receiving services in systems of care, children/youth and their families showed substantial improvements in areas such as behavioral and emotional problems, level of functioning, school attendance and performance, involvement with law enforcement, and strain on families and other caregivers. In addition to improving in many areas, some children/youth and their families showed stability on other dimensions, also reflecting positive findings given the severity and complexity of their diagnoses and presenting problems. When multiple measures are considered, 72 percent of children and youth show

improvement on at least one clinical measure, and 77 percent show improvement on at least one functional measure after 24 months. Findings related to improvement and stability are highlighted below for each outcome area, with specification as to whether the results are derived from the entire group of 81 communities initially funded in 1999 through 2006 or from a subgroup of these communities. In addition, the instrument or measure used to derive each of the findings is specified. Improvement and stability were measured using Reliable Change Indices (Jacobson, Roberts, Berns, & McGlinchey, 1999) where appropriate.

Clinical Outcomes

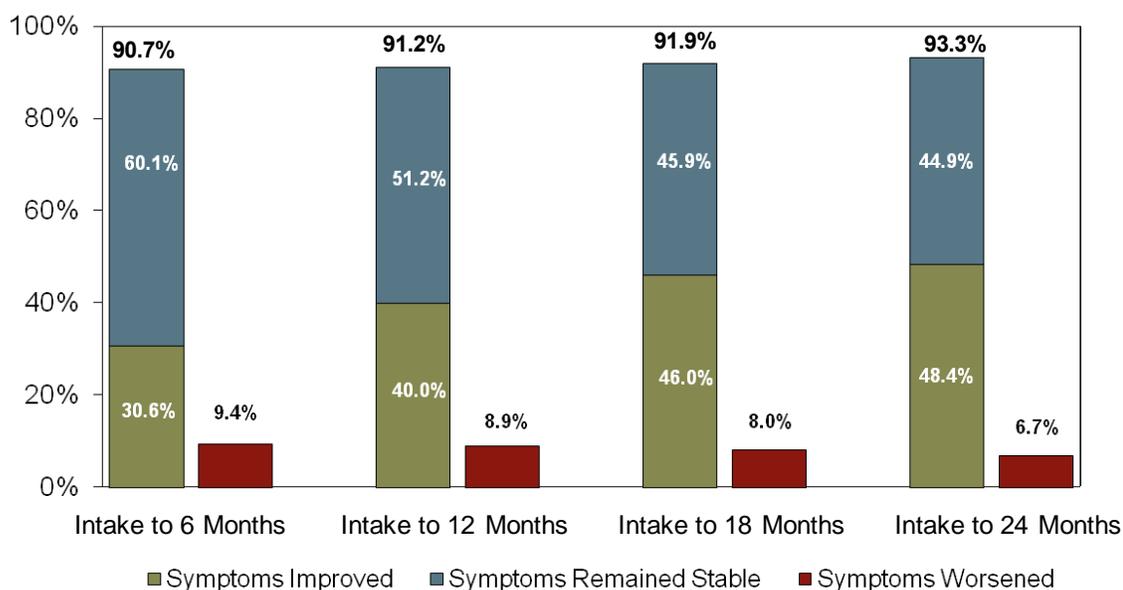
Child/Youth's Behavioral and Emotional Problems Were Reduced

Children/youth showed clinically significant reductions in their behavioral and emotional problems after receiving services within systems of care.

In all communities (Child Behavior Checklist):

- Improvements were found in 31 percent of children/youth after 6 months of services; improvements increased to 48 percent at 24 months of services.
- Approximately 93 percent of children/youth showed improvement or maintained stability in their symptoms 24 months after entering services.

Figure 3: Change in Children and Youth's Overall Behavioral and Emotional Problems from Intake to 6 Months, Intake to 12 Months, Intake to 18 Months, and Intake to 24 Months, Grant Communities Initially Funded in 1999–2006, Outcome Sample (CBCL 4–18)



(n = 1,306)
z = 12.40, p = .00

Youth's Self-Reported Behavioral and Emotional Problems Were Reduced

Youth reported significantly lower levels of depression and anxiety after receiving services within systems of care.

In communities initially funded in 2002–2006 (Revised Children's Manifest Anxiety Scale; Reynolds Adolescent Depression Scale–2nd Edition):

- After 6 months in services, 13 percent of youth reported less depression, and after

24 months in services this change nearly doubled to 25 percent (statistically significant).

- The percentage of youth reporting less anxiety doubled from 16 percent after 6 months in services to 32 percent after 24 months in services (statistically significant).
- Over 90 percent of children/youth reported either improved or stable symptoms of depression and anxiety after 24 months.

In communities initially funded in 1998–2000 (Youth Self-Report):

- After 6 months in services, the percentage of youth reporting being less anxious/depressed increased from 13 percent to 21 percent after 24 months in services (statistically significant).

Child/Youth’s Level of Functioning Improved

The profound functional impairments that are associated with emotional and behavioral problems among children/youth decreased after receiving services within systems of care.

In communities initially funded in 2002–2006 (Columbia Impairment Scale):

- The percentage of youth with significant improvements in social functioning, more than doubled from 16 percent after 6 months in services to 32 percent after 24 months in services (statistically significant).
- Approximately 95 percent of children/youth showed improvement or stability in their level of functioning after 6 and 24 months in services.

Child/Youth’s Strengths Increased

The behavioral and emotional strengths of children/youth increased after receiving services within systems of care.

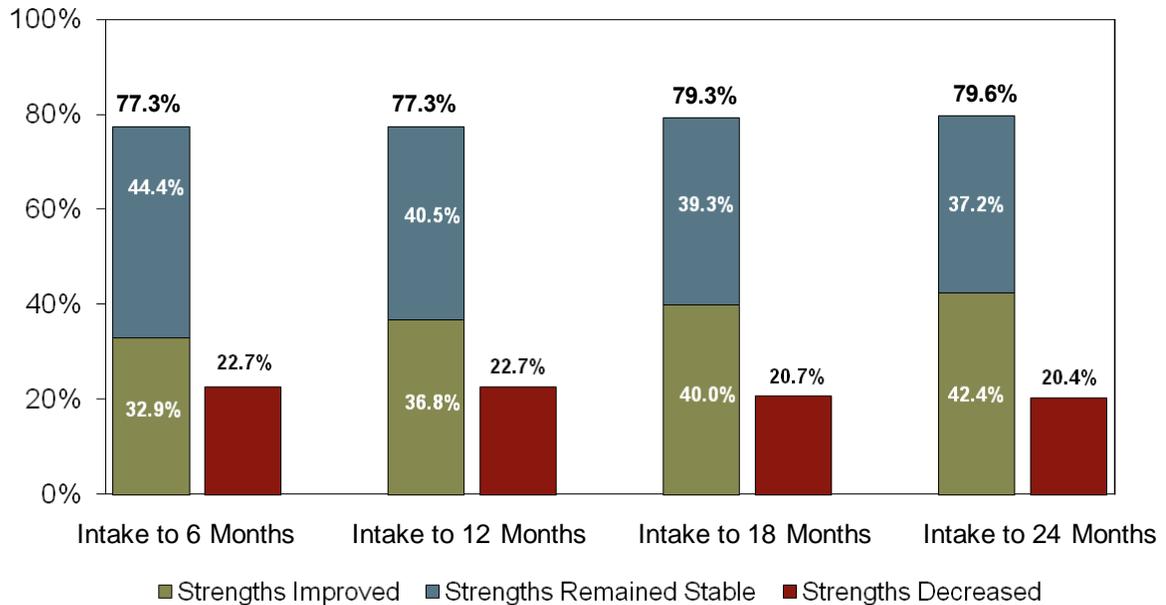
In all communities (Behavioral and Emotional Rating Scale–2nd Edition; Parent Rating Scale):

- Caregiver reports indicated that the percentage of children/youth with improved behavioral and emotional strengths increased from 33 percent after 6 months to more than 42 percent after 24 months (statistically significant).
- Caregiver reports consistently demonstrated improved or stable strengths for over 77 percent of the children/youth after 6 and 24 months of services.

In communities initially funded in 2002–2006 (Behavioral and Emotional Rating Scale–2; Youth Rating Scale):

- Nearly 24 percent youth reported improvement in strengths after 6 months of services, increasing to 33 percent after 24 months of services (statistically significant).

Figure 4: Change in Caregiver Report of Child and Youth Behavioral and Emotional Strengths from Intake to 6 Months, Intake to 12 Months, Intake to 18 Months, and Intake to 24 Months, Grant Communities Initially Funded in 1999–2006, Outcome Sample



(n = 1,268)
z = 6.63, p = .00

Functional Outcomes

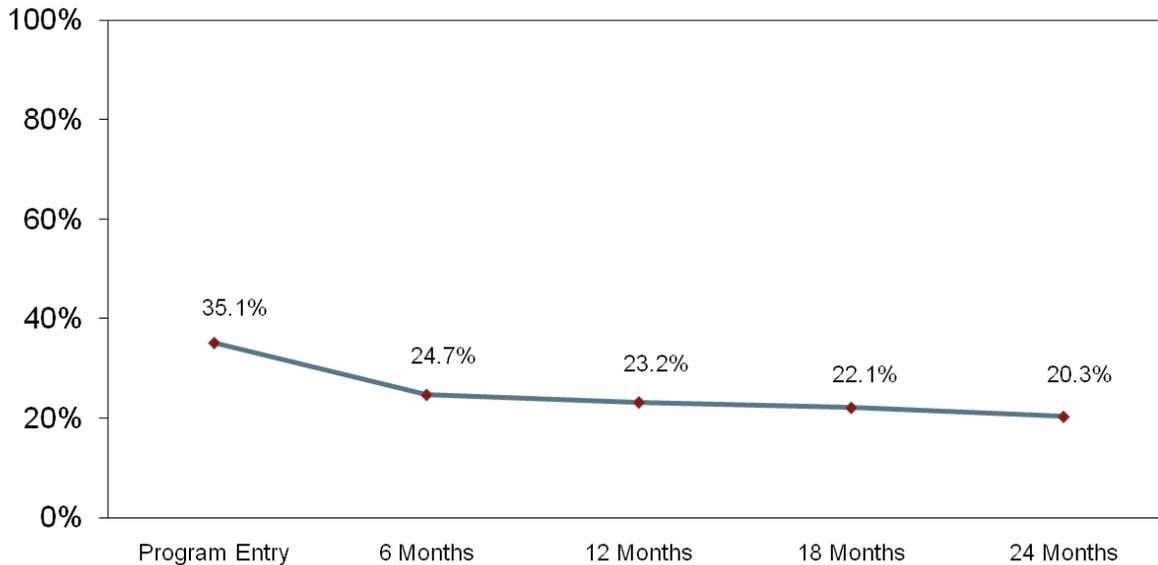
Stability of Living Arrangements/Situation Improved

The number of changes in living situation for children/youth decreased after receiving services within systems of care.

In all communities (Living Situations Questionnaire and Restrictiveness of Living Environments; Placement Stability Scale–Revised):

- At intake, 35 percent of the children/youth had two or more living placements during the 6 months before entering system of care services. This percentage decreased to 20 percent after 24 months of services.

Figure 5: Change in Children’s or Youth’s Multiple Living Arrangement, Intake to 24 Months, Grant Communities Initially Funded in 1999–2006, Outcome Sample



(n = 1,417)
z = 9.92, p = .000

School Attendance Improved

School attendance increased for children/youth after receiving services within systems of care.

In all communities (Educational Questionnaire):

- As they entered systems of care, about 83 percent of children/youth attended school regularly (80 percent of the time or more). School attendance increased to 90 percent after 6 months and 12 months of entry to system of care and remained stable at 90 percent after 24 months (statistically significant).

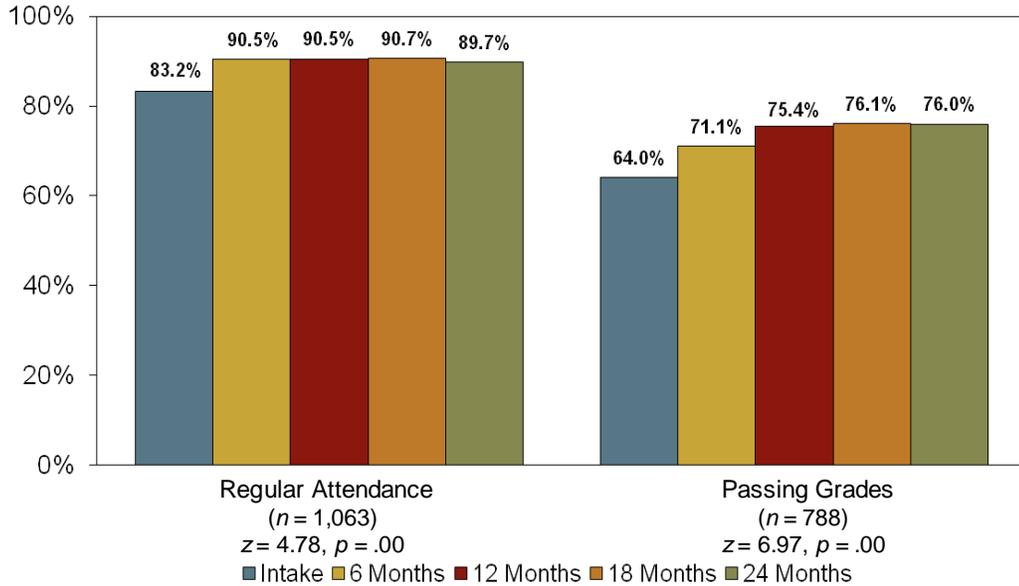
School Performance Improved

Children/youth receiving passing grades in school increased after receiving services within systems of care.

In all communities (Educational Questionnaire):

- At entry into services, about 64 percent of children received passing grades (defined as a grade average of C or better) during the 6 months prior to entry. After 6 months of services, nearly 71 percent received passing grades, increasing to 76 percent at 24 months (statistically significant).

Figure 6: Change in Children’s or Youth’s School Attendance and School Performance, Intake to 24 Months, Grant Communities Initially Funded in 1999–2006, Outcome Sample



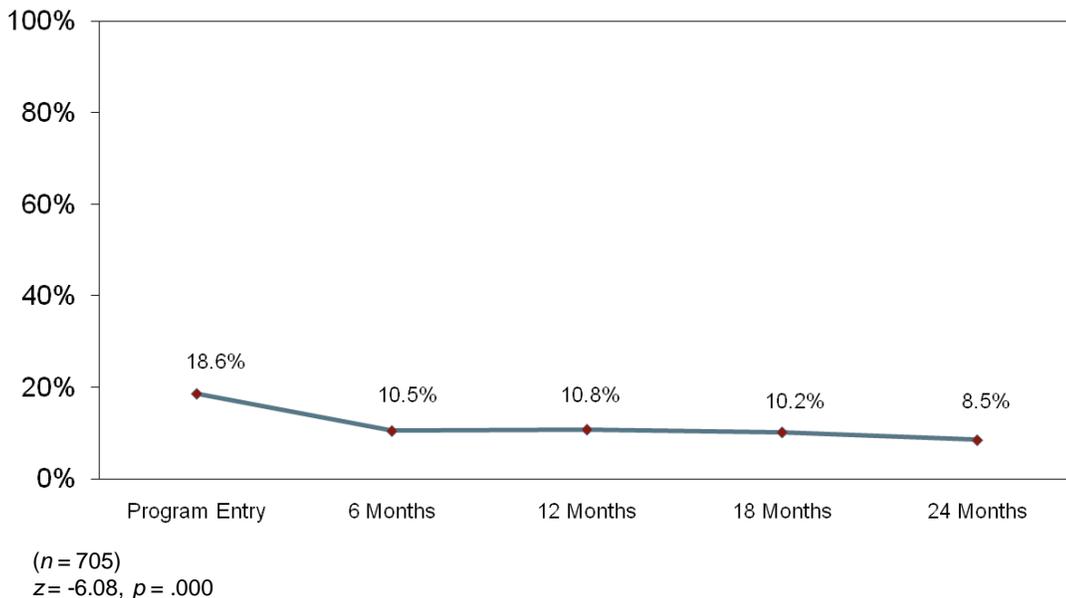
Law Enforcement Contacts Decreased

Arrests decreased significantly for children/youth after receiving services within systems of care.

In all communities (Delinquency Survey):

- The percentage of youth reporting they had been arrested in the previous 6 months decreased significantly over time. Nearly 19 percent of children reported having been arrested at intake, dropping to just over 11 percent at 12 months, and about 8 percent at 24 months (statistically significant).

Figure 7: Change in Youth Arrests from Intake to 24 Months, Grant Communities Initially Funded in 1999–2006, Outcome Sample



Caregiver Outcomes

Caregiver Strain Decreased

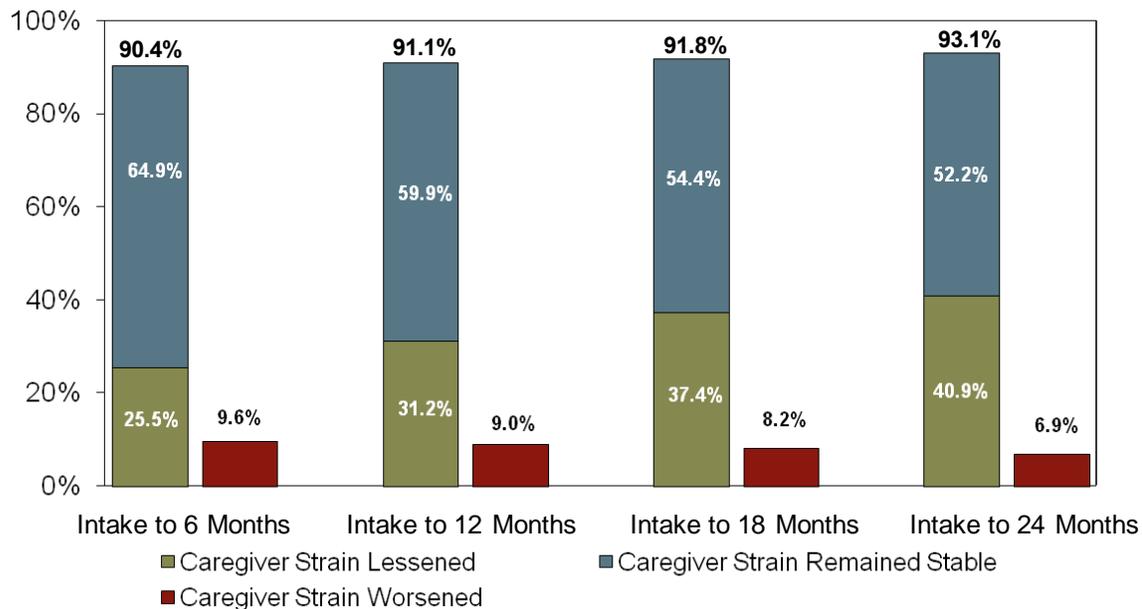
Caregivers showed significant reductions in their reported strain after receiving services within systems of care.

Caregiver strain is defined as negative consequences associated with the child/youth's disorder that had been a problem for the family, such as negative events; worry, guilt, and fatigue; and embarrassment and anger toward the child.

In all communities (Caregiver Strain Questionnaire):

- After 6 months in services, approximately 26 percent of caregivers showed significant reductions in strain, and after 24 months in services this increased to 41 percent (statistically significant).
- Over 90 percent of caregivers reported a reduced or stable level of strain after 6 months and 24 months in services.

Figure 8: Change in Caregiver Objective Strain from Intake to 6 Months, Intake to 12 Months, Intake to 18 Months, and Intake to 24 Months, Grant Communities Initially Funded in 1999–2006, Outcome Sample



(n = 1,329)
z = 12.2, p = .00

Family Functioning Improved

Families showed significant improvement in functioning after receiving services within systems of care.

Family functioning pertains to how family members communicate, relate, maintain relationships, make decisions, and solve problems.

In communities initially funded in 2002–2006 (Family Life Questionnaire):

- Improvement in family functioning was shown in 9 percent of families after 6 months and increased to 16 percent at 24 months (statistically significant).
- Approximately 90 percent of caregivers reported improvement or stability in family functioning after 6, 12, 18, and 24 months of services.

Caregiver Adequacy of Available Time Improved

Families showed improvement in the availability of time after receiving services within systems of care.

In communities initially funded in 1999–2000 (Family Resource Scale):

- The proportion of caregivers reporting improvement in availability of family time resources increased significantly, nearly doubling from 13 percent to 22 percent from 6 to 24 months in services.

Employment of Caregivers Improved

Unemployment of families and other caregivers decreased after receiving services within systems of care.

In communities initially funded in 2002–2006 (Caregiver Information Questionnaire):

- At service intake, 17 percent of caregivers of children/youth entering system of care services reported being unemployed because of their child’s or youth’s emotional and behavioral problems. This percentage decreased to 15 percent at 12 months and to 13 percent at 24 months (statistically significant).

Outcomes for Specific Populations of Focus

Youth at Risk for School-Related Problems

School performance and behavior improved significantly for youth at risk for school-related problems after receiving services within systems of care.

In communities initially funded in 2002–2006 (Educational Questionnaire):

- More than half of the youth referred for system of care services were at risk for school-related problems, including failing half or more of their classes, attending school less than 60 percent of the time, being expelled or suspended, and attending multiple schools because of their emotional and behavioral problems.
- At the time of entry into services, 44 percent of caregivers reported that poor school performance was a major problem for their child. After 6 months, this percentage decreased significantly to 27 percent.
- The percentage of caregivers reporting that their child’s behavior in school was problematic decreased significantly from 46 percent at entry into services to 29 percent at 6 months.
- Compared to children/youth who were not at risk for school-related problems, children at risk for school-related problems improved significantly more with regard to school performance and school behavior.

Youth Referred by the Juvenile Justice System

Property and violent offenses were reduced significantly for youth who were referred by the juvenile justice system after receiving services within systems of care.

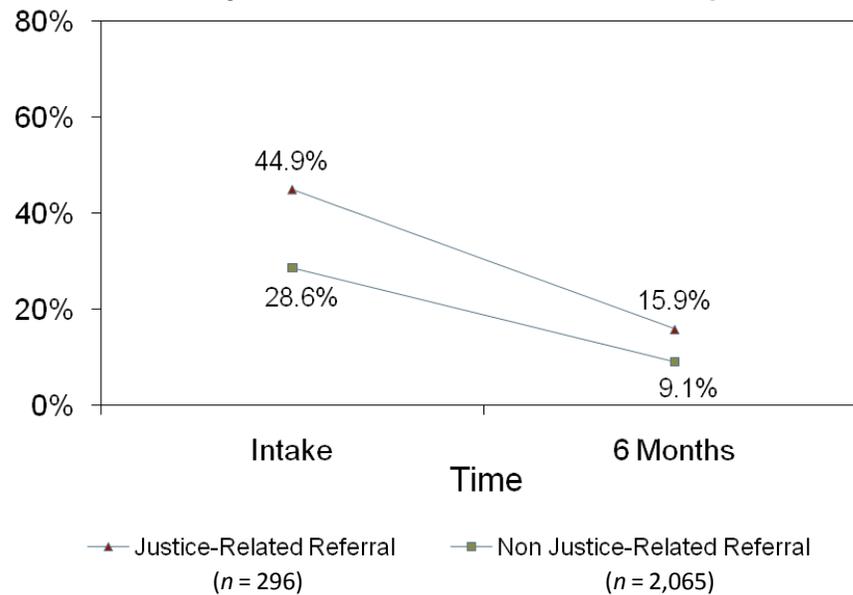
In all communities (Enrollment Demographic Information Form; Delinquency Survey):

- Youth with a juvenile justice referral source showed significantly greater improvement in property offenses after 6 months in services than youth referred from other agencies. Nearly 45 percent reported having engaged in property offenses at intake; this dropped by close to two-thirds (to 16 percent) at 6 months. The percentage of youth reporting

violent offenses also improved after 6 months in services, with 53 percent reporting violent offenses at intake and

41 percent reporting such at 6 months (statistically significant).

Figure 9: Change in Percent of Youth Reporting Property Offenses from Intake to 6 Months, Grant Communities Initially Funded in 1999–2006, Outcome Sample



$z = -16.80, p < .000$ — time main effect.

Youth Involved with the Child Welfare System

Clinical and functional problems decreased for youth who were involved with the child welfare system after receiving services within systems of care.

In communities initially funded in 2002–2006 (EDIF, CIUF, CIQ, MSSC–R, LSQ, CIS, CBCL, RADS, and RCMAS):

- Youth involved with child welfare differed significantly on some demographic variables compared to youth not involved with child welfare. They were younger and more likely to be female and African American, live in poorer households, and have a history of sexual and physical abuse.
- Clinical problems for youth involved with child welfare decreased over time.

After 12 months in services, behavioral and emotional problems, child functional impairment, anxiety, and depression decreased significantly for both youth involved with child welfare and youth not involved with child welfare. There were no significant differences for the child welfare population, which improved at a lower rate than for youth not involved with child welfare.

Youth Who Attempted Suicide

Suicide attempts were reduced significantly for youth after receiving services within systems of care.

In communities initially funded in 2002–2006 (Caregiver Information Questionnaire and Youth Information Questionnaire):

- Reported youth suicide attempts were reduced by more than half within 12

months after entering systems of care from 9 percent to 4 percent, and further declined by about three quarters after 24 months to approximately 2 percent (statistically significant).

- Youth without a history of suicide attempt experienced fewer depressive symptoms and greater strengths than those who had recently or in the past attempted suicide.

Youth with Complex Trauma

–Complex trauma” was defined as having experienced a lifetime of history of physical abuse, experienced sexual abuse, and witnessing domestic violence. –Less trauma” was defined as experiencing two or fewer trauma events.

Behavioral and emotional problems improved among youth with histories of trauma after receiving services within systems of care.

In all communities (Enrollment Demographic Information Form, Caregiver Information Questionnaire, Child Behavior Checklist):

- Youth who had experienced complex trauma entered systems of care with more severe profiles. They were more likely to have a diagnosis of post-traumatic stress disorder and presenting problems of depression, anxiety, conduct disorder, delinquency, and adjustment problems, and their emotional and behavioral problems were significantly more severe than youth who had experienced two or fewer traumatic events or no traumatic events at all.
- Between intake and followup, youth with histories of trauma improved on measures assessing emotional and behavioral problems. There was no significant difference in the amount of improvement between youth with

complex trauma, less trauma, or no trauma histories.

Outcomes for Specific Age Groups

Children Aged 0 to 5

Children aged 0 to 5 showed improvements in adaptive behavior after receiving services within systems of care.

In communities initially funded in 2002–2006:

- Improved socialization was found in 19 percent of the young children, daily living skills in 19 percent, communication in 14 percent, and motor skills in 6 percent. (Vineland Screener) Approximately 35 percent of children aged 1½ to 5 showed improvement in behavioral and emotional symptoms after 6 months in services (Vineland Screener).
- At least 80 percent showed improvement or stability in all four domains of adaptive behavior after 6 months of services (Vineland Screener).
- About 35 percent of children aged 1½ to 5 showed improvement in behavioral and emotional symptoms after 6 months in services (Child Behavior Checklist).

Children Aged 6 to 10

Children aged 6 to 10 showed significant improvements in overall functioning after receiving services within systems of care.

In communities initially funded in 2002–2006:

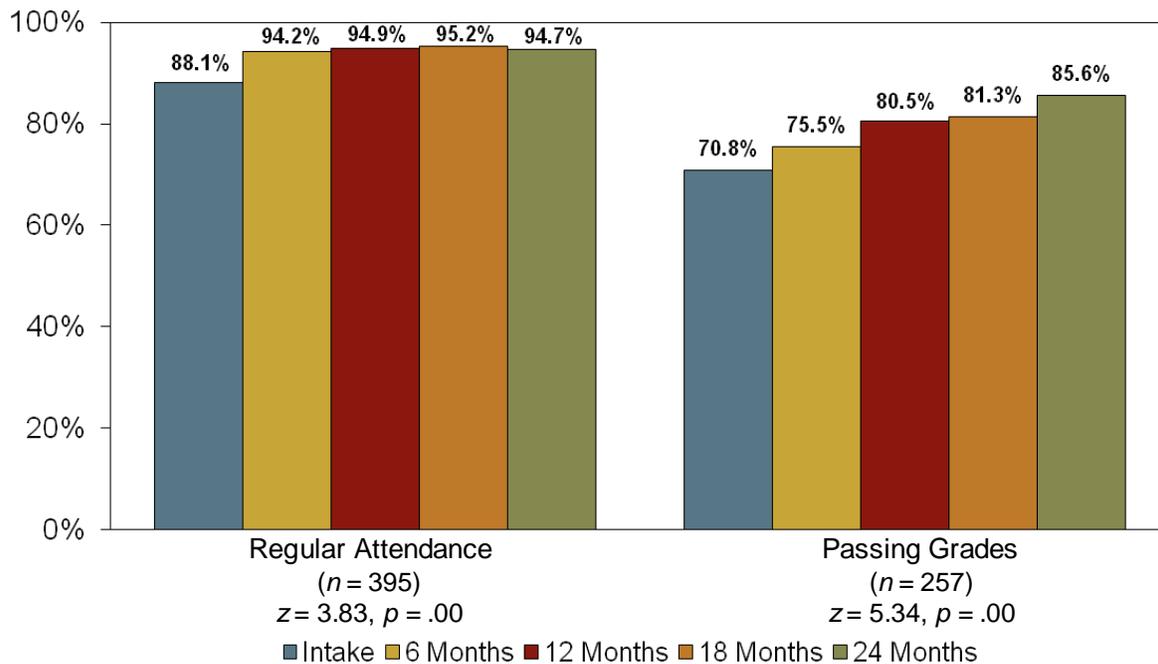
- Approximately 95 percent of children in this age group showed an improved or stable level of functioning after 6 and 24 months of services (Columbia Impairment Scale).

In all communities initially funded in 1999–2006:

- Behavioral and emotional symptoms improved (Child Behavior Checklist).

- School attendance and performance improved at 6 and at 24 months (Educational Questionnaire).

Figure 10: Change in School Attendance and School Performance for Children Aged 6 to 10, Intake to 24 Months, Grant Communities Initially Funded in 1999–2006, Outcome Sample



Youth Aged 11 to 18

Children aged 11 to 18 showed significant improvements in school-related outcomes, law enforcement involvement, and suicidal behavior after receiving services within systems of care.

In all communities:

- Regular school attendance increased for youth in this age group, from 80 percent at intake to 88 percent at 6 months and 89 percent at 24 months (statistically significant) (Educational Questionnaire).

- The percentage of youth receiving passing grades (defined as a grade average of C or better) increased from 60 percent at intake to 73 percent at 12 months, and 71 percent received passing grades at 24 months (statistically significant) (Educational Questionnaire).
- Arrests among youth aged 11 and older also decreased. After 24 months in services, youth reporting arrests decreased from 19 percent to 9 percent (Delinquency Survey).

Figure 11: Change in Percentage of Youth (Aged 11 to 18) Who Attended School Regularly and Earned Passing Grades, at Intake, 6 Months, 12 Months, 18 Months, and 24 Months, Grant Communities Initially Funded in 1999–2006, Outcome Sample

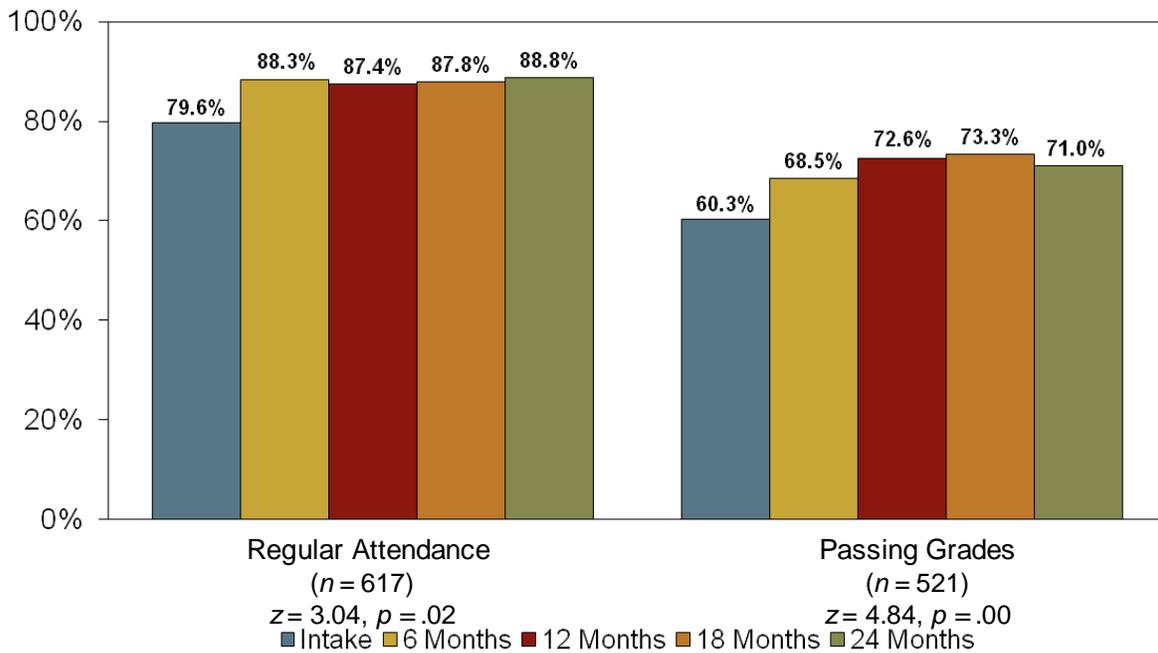
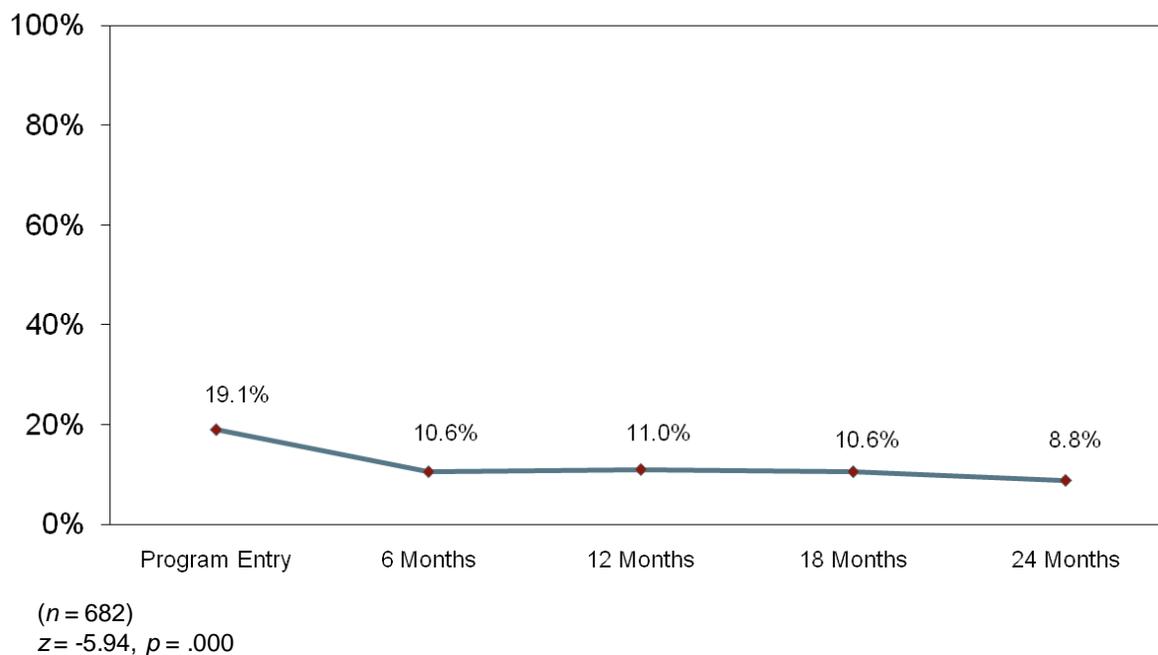


Figure 12: Percent of Youth (Aged 11 to 21) Arrested At Intake, 6 Months, 12 Months, 18 Months, and 24 Months, Grant Communities Initially Funded in 1999–2006, Outcome Sample



What Is the Service Experience for Children, Youth, and Families in Systems of Care?

Children/Youth Received a Variety of Services and Supports to Meet Their Needs

Children/youth and their families received a variety of types of services and supports within systems of care.

In all communities (Multi-Sector Service Contacts):

- Children/youth and families received an average of 5.7 different types of services during their first 6 months of receiving services within a system of care, typically the most intensive time of service use.
- Of children/youth remaining in services for the entire 24-month timeframe, an average of 5.1 services was received between 18 and 24 months after intake.
- The most frequently reported service provided was case management, followed by individual therapy, medication treatment/monitoring, assessment/evaluation, and family therapy.

Children/Youth Experienced a Decrease of Residential Services and an Increase of Community-Based Care

The use of restrictive services decreased, and the use of home and community-based services, including innovative/nontraditional services and supports, increased for children/youth served within systems of care.

In all communities (Multi-Sector Service Contacts):

- The use of residential services settings, such as inpatient hospitalization,

declined by more than half, from 15 percent to nearly 7 percent after 24 months of services. Similar reductions were not found for residential treatment centers, therapeutic group homes, and therapeutic foster care.

- An average of 113 days of services (any type of services) was received by children/youth during the 6 months following entry. The fewest days represented residential services averaging 12 days (e.g., inpatient, residential treatment, therapeutic group homes). Traditional services accounted for an average of 37 days (e.g., assessment; medication monitoring; crisis services; and individual, group, and family therapy). The majority of service days (64) represented nontraditional/innovative services (e.g., family preservation, case management, day treatment, behavioral/therapeutic aide, family support, independent living services, respite, and after-school services).

Caregivers and Children/Youth Were Satisfied with Their Services over Time

Caregivers, children, and youth were satisfied with their service experience within systems of care.

In communities initially funded in 2002–2006 (Youth Services Survey for Families; Youth Services Survey):

- Caregivers, children, and youth either agreed or strongly agreed with statements about their satisfaction with their service experience over time throughout the 24 month period, including access to services, participation in treatment, cultural sensitivity, outcome of services, and overall satisfaction.

- Youth were least satisfied with their participation in treatment planning.

How Well Are System of Care Principles Implemented?

The national evaluation includes a system of care assessment that measures the implementation of system of care principles across system of care infrastructure and service delivery domains. The infrastructure domain includes the organizational structures and processes that support and facilitate service delivery. The service delivery domain consists of the activities and processes that are undertaken to provide mental health services and related supports to children and families. Each of these domains is assessed in relation to the system of care principles of family focused, individualized, culturally competent, interagency, collaborative/coordinated, accessible, community-based, and least restrictive care. Ratings on a scale of 1 to 5 (5 being highest) track the implementation of these principles at various intervals in system development over the life of each grant-funded community. The ratings presented in this report are not aggregated across all three phases of the evaluation because data collection was not complete across all phases at the time of the 2006–2008 reports to Congress.

System of Care Principles Were Increasingly Implemented

An upward trend in the implementation of system of care principles over time was shown by systems of care.

- Figure 13 shows the average ratings for each system of care principle for the infrastructure domain for 22 communities initially funded in 1999 and 2000 across the entire 6 years of their grant funding; Figure 14 presents average ratings for the

service delivery domain for the same group of communities. The findings show an upward trend across all assessment points for all system of care principles assessed, with generally better performance in the service delivery domain than in the infrastructure domain.

- Across all assessment points, communities performed better in implementing the principles of family focused, individualized, collaborative/coordinated, and accessible care, and were least successful at providing culturally competent care and maintaining interagency involvement.
- Figures 15 and 16 show the average ratings for each system of care principle for the infrastructure and service delivery domains respectively for 27 communities initially funded in 2002–2004 in their second and fourth years of grant funding. The ratings are based upon the most current and available data at the time of the 2006–2008 Reports to Congress. Similar to the 1999–2000 funded cohort of communities described above, the findings show an upward trend across the two assessment points for all system of care principles assessed, with generally better performance in the service delivery domain than the infrastructure domain.
- This group of communities performed better in implementing the principles of family focused, individualized, collaborative/coordinated, accessible, community-based and least restrictive care than in providing culturally competent care and maintaining interagency involvement, particularly in the service delivery domain. More dramatic improvements were made at the second assessment in the infrastructure domain than in the service delivery domain.

Figure 13: Average Infrastructure Ratings for System of Care Communities Funded in 1999 and 2000 across Assessment Points

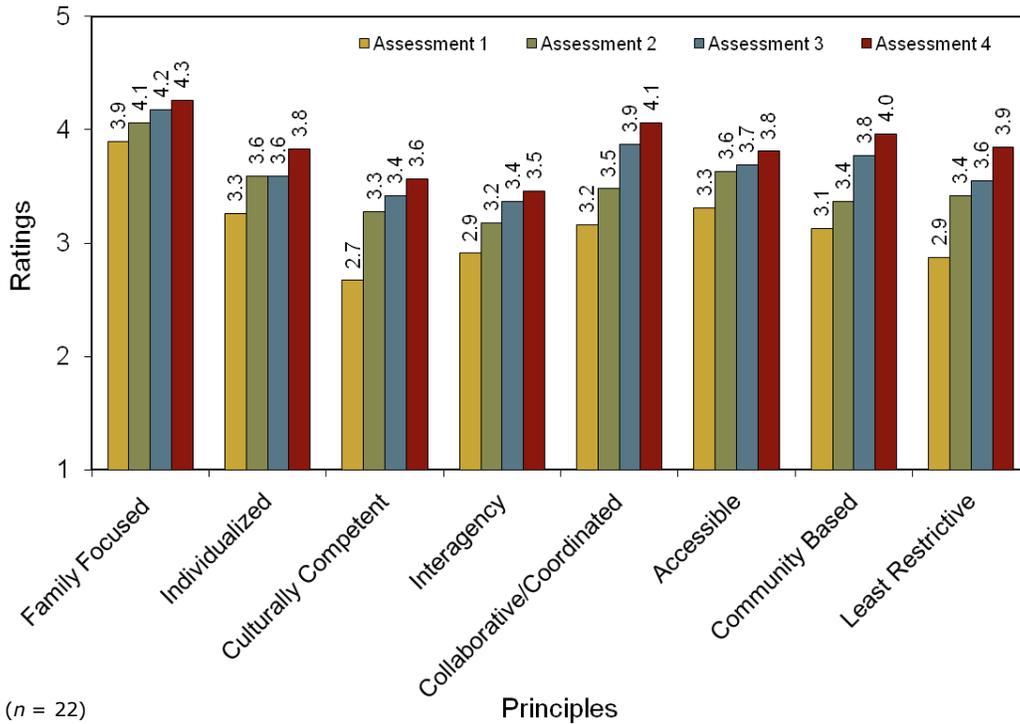


Figure 14: Average Service Delivery Ratings for System of Care Communities Funded in 1999 and 2000 across Assessment Points

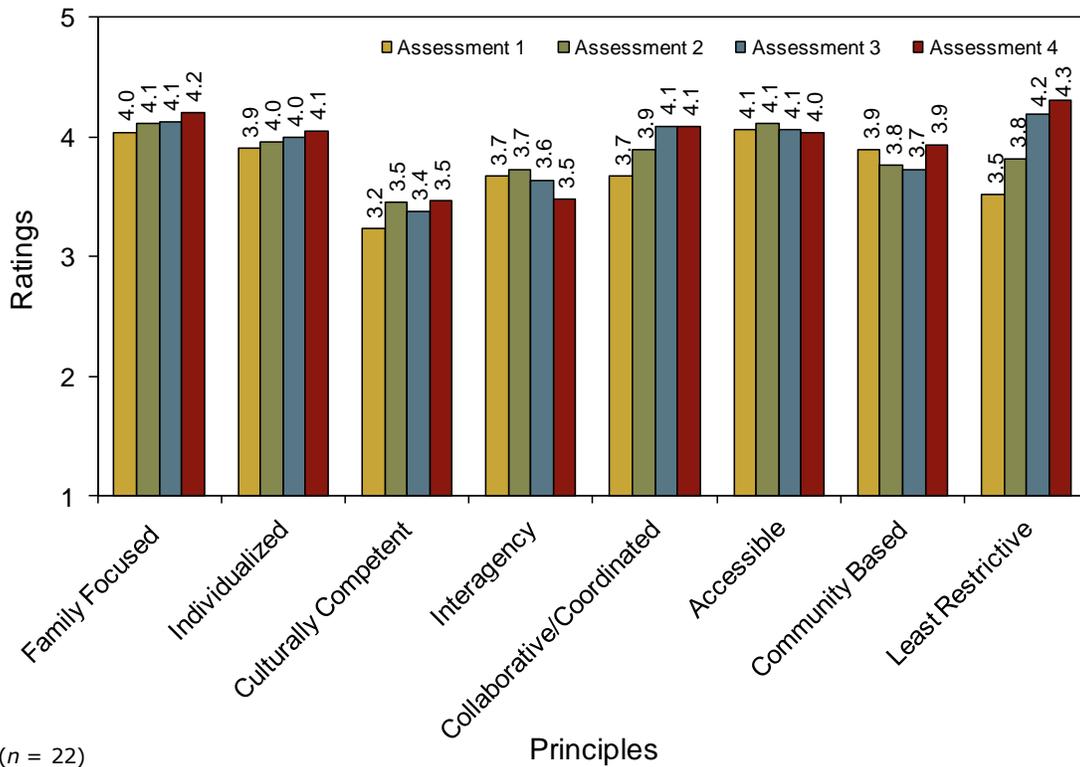


Figure 15: Average Infrastructure Ratings for System of Care Communities Funded in 2002, 2003, and 2004 across Assessment Points

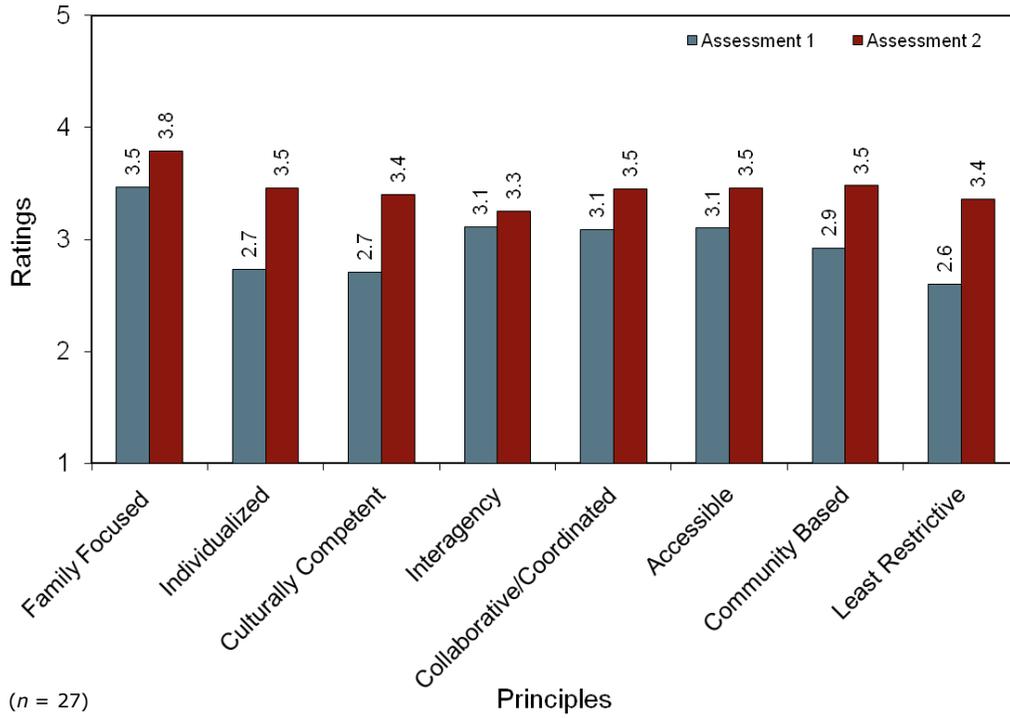
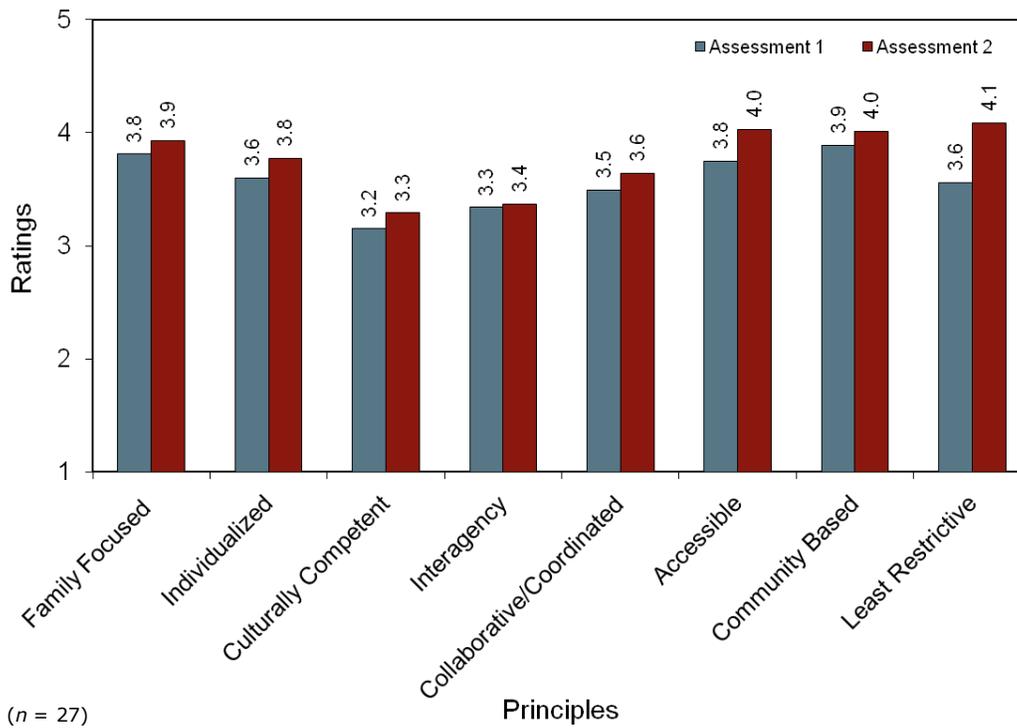


Figure 16: Average Service Delivery Ratings for System of Care Communities Funded in 2002, 2003, and 2004 across Assessment Points



Multiple Strategies Were Used to Implement System of Care Principles

Systems of care used multiple strategies to implement system of care principles across all communities.

Examples of these strategies include the following.

- **Family-Focused Care.** Including families in service planning meetings and in decisionmaking about care; providing services and supports to families; providing family peer-to-peer support; and involving families in governance, program evaluation and data collection, and system management and operations (e.g., serving as staff, providing training to staff, participating on hiring panels).
- **Individualized Services.** Using the “wraparound” approach with child and family teams to plan and deliver individualized services and supports to meet the unique needs of each child, youth and family; including children/youth in service planning meetings and decisionmaking about their own care; training staff on the concept of individualized care and strengths-based approaches; hiring wraparound facilitators; using flexible funds creatively to meet unique needs; providing peer-to-peer support; requiring and monitoring individualized treatment plans; and assessing the extent to which care had been individualized.
- **Cultural Competence.** Conducting outreach to minority populations and cultural organizations; conducting entry, service planning meetings, and providing services in the preferred language of the family (e.g., Spanish); providing culturally appropriate services; training staff and supervisors; translating and interpreting services and materials; collecting data; and using parent advocates.
- **Interagency Involvement.** Accepting referrals from multiple child-serving agencies; involving direct service staff from multiple agencies in child and family teams; involving core agency representatives in governance and case review activities; integrating staff across agencies (e.g., cross-training; outstationing); developing cross-agency referral and intake forms, service plans, and management information systems.
- **Collaboration with and Coordination of Services across Agencies.** Collaborating with and coordinating services across publicly funded child-serving agencies and other community-based organizations through information sharing, care coordination and case review mechanisms; and cross-agency membership on child and family teams.
- **Accessibility of Services.** Creating an easy process for entry into services; short wait periods for services; providing services at convenient times and locations for families; providing transportation; and enhancing the breadth and depth of the service array to ensure adequate range and capacity of service options.
- **Community-Based Care in the Least Restrictive Environment.** Implementing services such as mobile crisis teams, crisis stabilization, family preservation, and therapeutic foster care to prevent out-of-home placement and use of restrictive service settings; providing an array of home and community-based services and supports; creating procedures to use progressively less restrictive care for children already placed in restrictive settings; and using a case review process that discourages placement in restrictive settings.

How Well Are Communities Implementing Evidence-Based Practices?

Reflecting and increased focus on the changes that have occurred within systems of care at the practice level, the implementation of evidence-based and promising practices within systems of care was examined beginning with communities initially funded in 2005 and 2006.

Widespread Use of a Diverse Array of Evidence-Based Practices Was Found in Systems of Care

There is widespread use of a broad array of evidence-based and promising practices in the treatment of children/youth served within systems of care.

In communities initially funded in 2002–2004 (Evidence-based Treatment Survey):

- Broad support for evidence-based treatments was found.
- A wide range of evidence-based and promising practices was included in the array of clinical services provided within systems of care. The communities identified 50 evidence-based practices that are provided; 12 of these were offered by more than one community, as shown on Table 6.
- Systems of care were adapting evidence-based practices to respond to identified cultures within their communities, including racial/ethnic diversity, geographical location, literacy level, socioeconomic status, individualization, and time constraints.
- Service providers reported being less adaptable and less willing to try new ideas and practices than administrators, highlighting the need for education, training, coaching, and other approaches to improve practice.

Table 6: Evidence-Based Treatments Used in Systems of Care

Practice	Number of Communities That Use or Plan To Use the Practice
Wraparound Process	12
Positive Behavioral Interventions and Support	8
Multisystemic Therapy	7
Cognitive Behavioral Therapy (CBT)	6
Trauma-Focused CBT	6
Parent–Child Interaction Therapy	5
Incredible Years Program	4
Family Group Decisionmaking	3
Functional Family Therapy	3
Parent Management Training–Oregon Model	3
Dialectical Behavior Therapy	2
Therapeutic Foster Care	2

How Culturally and Linguistically Competent Are Practices in Systems of Care?

The national evaluation has examined cultural competence in three ways: (a) through a qualitative study assessing the implementation of culturally competent practices; (b) through a mixed-method study examining providers' level of competence in several domains of cultural competence; and (c) through the Child and Family Longitudinal Outcome Study, assessing caregivers' perception of the cultural competence of their providers.

Communities reported serving widely diverse individuals, including underserved groups of people who are not easily identified as being different from the dominant ethnic and language group. Disparities in service availability and access are apparent for very young children (aged 0 to 5); transition-age youth (aged 18 to 21); low-income families; Lesbian, Gay, Bisexual, Transgender, Questioning, Intersex, and Two-Spirit (GLBTQI2-S) youth; members of local subcultures; and small religious groups.

Although cultural competence is an area with significant challenges for systems of care, a number of improvements have been achieved.

Communities Reported Implementing Cultural and Linguistic Competent Practices

Adaptations of evidence-based practices, training, and policies were being implemented in systems of care to improve cultural and linguistic competence at the system and practice levels.

In four communities initially funded in 2005 (Butte County, CA; Harris County, TX; Monroe County, NY; and the State of Arkansas [qualitative interviews]):

- Communities reported widespread adaptations of evidence-based practices and the use of practice-based evidence interventions that have been tested with culturally diverse groups.
- Communities implemented training in cultural and linguistic competence and displayed a strong awareness of the need for culturally and linguistically competent staff.
- Communities actively examined the needs of their systems of care to develop policies and procedures that support the implementation of cultural and linguistic competence.

Providers Rated Highly the Relevance of Culture and Incorporating Families' Beliefs into Service Provision

Service providers within systems of care considered cultural norms, beliefs, and characteristics to be significantly important in service delivery to diverse populations.

In communities initially funded in 2002–2004 (Culturally Competent Practices Survey):

- Service providers within systems of care rated statements related to beliefs about cultural norms, treatment of mental illness, interaction style, and the relevance of cultural characteristics as significantly important in service delivery to diverse populations.
- Service providers within systems of care rated these elements of cultural competence in services delivery to diverse populations as significantly more important than did providers from partner agencies.

- Organizational characteristics, such as whether training activities were offered or an evaluation of culturally competent practices was conducted, were considered to be most important in determining whether providers were culturally competent.

Service Providers Were Rated Highly for Culturally Competent Practices

Caregiver ratings of service providers within systems of care indicated frequent use of culturally competent practices in service delivery.

In all communities (Culturally Competent Service Provision Survey):

- Caregivers rated the frequency of their providers' culturally competent practices high from 6 months after entering services to 24 months. Average ratings exceeded 4.5 on a 5-point scale.
- The provider's cultural background did not influence ratings with respect to the importance of understanding the family's culture or the frequency of culturally competent practices.

How Are Flexible Funds Used Within Systems of Care?

Flexible Funds Were Used to Fill Service Gaps

Flexible funds were used by systems of care to finance services and supports that were not covered by other funding sources.

In four communities funded in 1999 (Management Information System Data):

- Flexible funds were used to pay for services and supports needed by the child/youth and family to improve functioning that were not covered by other funding sources.

Flexible Funds Provided Families with Essential Needs and Supports

Basic needs and supports for children/youth and their families, as well as some clinical treatments, were fulfilled by using flexible funds within systems of care.

In four communities funded in 1999 (Management Information System data):

- Flexible funds were used to fulfill many of the families' basic needs such as housing support, transportation, food, and childcare. Systems of care also used flexible funds to pay for some traditional mental health and substance abuse treatment services that were not covered by other sources, e.g., assessment and evaluation, therapeutic camps, after-school services, medical care, and educational support such as tutoring.

What Are the Cost Savings and Economic Benefits of Systems of Care?

Cost Savings Were Achieved by Decreasing Inpatient Hospitalizations and Arrests

Cost savings were achieved by decreasing the utilization of inpatient services and by offsetting costs in other systems, for example by decreasing arrests, for youth receiving services within system of care.

In all communities (Delinquency Survey):

- Cost savings were realized due to decreases in the number of arrests (savings estimated at \$913 per child served) over the 24-month period.
- In communities initially funded in 2002–2006 (Living Situation Questionnaire): Cost savings were realized due to decreased inpatient hospitalization, with

savings estimated at \$1,228 per child over the 24-month period.

How Well Do Systems of Care Integrate Data and Technology?

Management Information Systems Were Implemented

Data on service utilization were gathered by systems of care through the implementation and use of management information systems.

In communities initially funded in 2005 (Management Information Systems and Technology, MIS&T Survey):

- The majority of systems of care implemented management information systems to capture data on the services they provide. Data were captured more often for traditional services than for nontraditional –support services.”
- The majority of systems of care (79 percent) could access mental health data; 45 percent could access social service data, 27 percent could access juvenile justice data, 18 percent could access education data, and 10 percent could access physical health data. Approximately three-quarters of systems of care (76 percent) indicated that they have access to the Medicaid records of the children served.
- Building data integration into system infrastructure was the most frequent strategy used for cross-agency data sharing; confidentiality concerns were the most significant barrier cited for integrated data systems across agencies.

Telehealth Technology Was Used to Increase Accessibility of Services to Underserved Areas

Video-conferencing, long-distance case conferencing, email, and remote therapy

were used by systems of care to increased the accessibility of services to underserved geographic areas.

In communities initially funded in 2005 (Management Information Systems and Technology, MIS&T Survey):

- Approximately 40 percent of surveyed communities reported using at least one telehealth technology for serving their clients.
- Behavioral assessments conducted via video-conferencing and long-distance case conferencing were employed by 20 percent of the surveyed communities, and 8 percent of communities ensured continuity of care by using e-mail to send appointment reminders. One of the least frequently used telehealth technologies was remote therapy, with only 4 percent of communities employing it to provide services.

Web Sites Were Developed

Systems of care have developed Web sites to provide information about services and supports, how to access care, activities, and information about children’s mental health.

In communities initially funded in 2005 (Management Information Systems and Technology, MIS&T Survey):

- Approximately 52 percent of the system of care communities had Web sites.

To What Extent Do Systems of Care Implement Strategies to Sustain Their Services Beyond the Federally Funded Grant Period?

The intent of the CMHI is that the systems of care receiving Federal funds will be maintained and will continue to provide services beyond the grant-funded period. Systems of care have used a variety of strategies to sustain their systems of care over time, including a range of general strategies and a range of financing strategies as shown in Table 7. The use of these strategies is assessed during the sixth year of the Federal funding cycle. Five years after Federal program funding ends, the

communities included in this report will be assessed to determine the extent to which the key components of their systems of care have been maintained, as well as the perceived effectiveness of the strategies that they have employed for sustaining their systems of care over time.

Communities Implemented Strategies for the Long-Term Maintenance of their Systems of Care

Systems of care used a wide variety of approaches and financing strategies to sustain their infrastructure and services and supports beyond the grant-funded period.

Sustainability Strategies

General Strategies

- 1) Established an Ongoing Locus of Accountability
 - Created viable, ongoing focal points for system of care management at the local level (e.g., agency, office, staff) to support and manage sustaining systems of care
 - Created a viable, ongoing focal point for system of care management at the State level (e.g., agency, office, staff) to support and manage sustaining and statewide development of systems of care
- 2) Established a Strong Family Organization and Advocacy Base
 - Established a strong family organization to advocate, support, and be involved in sustaining systems of care (e.g., through funding, involvement at the system and policy levels, contracting for training and specific services, etc.)
 - Cultivated partnerships with key stakeholders using social marketing and other approaches to create support for sustaining systems of care (e.g., families, youth, providers, managed care organization leaders, State and community leaders, etc.)
 - Created an effective advocacy base among key constituencies and audiences to advocate sustaining systems of care through social marketing approaches
 - Identified key audiences and developed “messages” for these audiences on the need and urgency of focusing on children’s mental health to generate understanding and support for sustaining systems of care

Sustainability Strategies (continued)

General Strategies

- 3) Used Evaluation/Accountability Data
 - Used evaluation/accountability results strategically to “make the case” for sustaining systems of care
 - Used research, needs assessment, services assessment, etc., results strategically to “make the case” for sustaining systems of care
- 4) Cultivated Interagency and Other Partnerships
 - Cultivated strong interagency relationships and partnerships to coordinate services and support sustaining systems of care
 - Cultivated strong interagency partnerships for ongoing financing of services to support sustaining systems of care
- 5) Infused System of Care Approach into Larger System

Made local and State-level policy and regulatory changes that infuse and “institutionalize” the system of care philosophy and approach into the larger service system to support sustaining systems of care:

 - Developed and implemented strategic plans that establish the system of care philosophy and approach as goals for the State’s service delivery system and that support sustaining systems of care
 - Incorporated the system of care philosophy and approach into memoranda of understanding and interagency agreements
 - Passed legislation that supports the system of care philosophy and approach
 - Promulgated rules, regulations, standards, or guidelines that require elements of the system of care philosophy and approach
 - Incorporated requirements for elements of the system of care philosophy and approach in RFPs and contracts with managed care organizations and providers
 - Incorporated the system of care philosophy and approach into monitoring protocols for assessing the performance of managed care organizations and providers and for assessing service quality
 - Made the system of care philosophy and approach the way the larger service system operates
 - Created new types of programs and services to establish the approaches and services comprising systems of care (e.g., individualized/wraparound approach to service planning and delivery, care management, home-based services, respite, therapeutic foster care, etc.)
 - Created new types of financing mechanisms to support the infrastructure and services comprising systems of care
- 6) Provided Training, Technical Assistance, and Coaching
 - Provided ongoing training and coaching on the system of care philosophy and approach to support sustaining systems of care
 - Provided ongoing training on effective services (evidence-based and promising interventions) to support high-quality and effective service delivery within the framework of systems of care
 - Created the capacity for ongoing training and technical assistance on systems of care and effective services (e.g., institutes, centers of excellence, TA centers) to support sustaining of systems of care

Sustainability Strategies (continued)

General Strategies

- 7) Generated Commitment and Support for System of Care Approach
 - Generated political and policy-level support for the system of care philosophy and approach among high-level administrators and policy makers at the local and State levels for sustaining systems of care through social marketing, use of evaluation data, advocacy, etc.
 - Cultivated ongoing leaders and champions for system of care philosophy and approach to support sustaining systems of care through training, leadership development, etc.

Financing Strategies

- 1) Increased the Use of Medicaid to Finance Systems of Care
 - Increased ability to obtain Medicaid reimbursement for services by adding new services, changing existing service definitions, obtaining waivers, using EPSDT, using the rehabilitation option, etc.
- 2) Increased the Use of State Mental Health Funds to Finance Systems of Care
 - Obtained new or increased State mental health funds to support system of care infrastructure and services (e.g., State general revenue, special appropriations, Federal block grant funds coming to States etc.)
- 3) Increased the Use of Funds from Other Child-Serving Systems to Finance Systems of Care
 - Obtained new or increased funds from other child-serving agencies to finance infrastructure and/or services to support sustaining systems of care
 - Coordinated or braided funds with other child-serving agencies to finance infrastructure and/or services to support sustaining systems of care
 - Blended funds with other child-serving agencies to finance infrastructure and/or services to support sustaining systems of care
- 4) Redeployed Funds
 - Redeployed, redirected, or shifted funds from higher to lower cost services to finance infrastructure and/or services to support sustaining and statewide development of systems of care
- 5) Increased the Use of Local Funds to Finance Systems of Care
 - Obtained new or increased local funds (e.g., taxing authorities, special funding districts, county funds) to finance infrastructure and/or services to support sustaining and statewide development of systems of care

Summary and Recommendations

Summary

An estimated 4.5 to 6.3 million children and youth in the United States face mental health challenges. About two-thirds do not receive mental health services due to high costs and limited availability of services in many communities. Families are challenged with obtaining services, and children and youth are left at risk for difficulties in school and/or in the community. The *Comprehensive Community Mental Health Services for Children and Their Families Program* (CMHI) has addressed these challenges through the development of community-based systems of care that promote positive mental health outcomes for children and youth and their families.

The CMHI provides resources to communities to develop their systems of care to best address the needs of children/youth who experience serious mental health challenges and their families. Children and youth receiving services in funded systems of care range in age from birth to 21 years. The program has grown from initial program funding in 1993 of \$4.9 million to a total investment of \$1.26 billion as of FY 2008. The funded systems of care have increased capacity and improved services in communities across all 50 States, Puerto Rico, and Guam, and among 15 American Indian/Alaska Native communities. The CMHI continues to grow and change to meet the challenges of serving children/youth with emotional and behavioral disorders and their families and stands at the forefront of the larger system change initiatives to transform the mental health care system in America.

This report to Congress provides critical information about the characteristics of children and youth and families served by

systems of care; the outcomes attained for children and youth and their families; service use and service experience; how well communities have implemented system of care principles; and the sustainability of systems of care. Data from the national evaluation of the system of care program demonstrate that the system of care communities are achieving meaningful gains for children, youth and their families.

Participation in systems of care has resulted in meaningful outcomes related to resilience, recovery and quality of life for the children, youth, and families served. Children/youth experienced meaningful improvement in important clinical and functional indicators and reported continued improvements 24 months following the initiation of system of care services. Caregivers experienced reduced strain associated with caring for a child with a serious emotional disturbance and reported increasing reductions in strain 24 months after their children or youth began services in systems of care. Families made smaller but significant gains in functioning. Caregivers were less likely to be unemployed due to their child's emotional or behavioral problems, and, in particular, reported reductions in missed days of work.

Children, youth, and families received multiple services, averaging from more than six different services during the first 6 months after entering systems of care, to 5.1 different types of services among those who received services between 18 and 24 months after service intake. Most children/youth received case management, assessment, individual therapy, and/or medication monitoring. The provision of nontraditional services to stabilize families is a key goal of systems of care. These services are intended to stabilize children, youth, and families and allow families to remain together as the

child's mental health needs are met. Family support, informal supports, transportation and recreation activities, and flexible funds were among the most used nontraditional services.

Residential services are utilized at low levels and in a system of care are intended to be utilized when appropriate and when less restrictive alternatives may not be appropriate. The use of inpatient hospitalization declined dramatically from 6 months to 24 months after service intake, with less than one-third of children or youth using these services from 18 to 24 months after service intake than in their first 6 months.

Youth and caregivers generally reported high levels of satisfaction with the services they received. A consistent finding among systems of care is that youth are more satisfied with their own progress than are their caregivers. Youth are least satisfied with their participation in treatment planning, a finding that has been consistent over many years. As systems of care increase their implementation of efforts to address the need for youth-guided care, it is anticipated that this finding will improve.

Communities report broad support for evidence-based practices (EBPs) and employ diverse approaches to the use of EBPs. Communities also report adaptations to EBPs for reasons related to culture, racial/ethnic diversity, socioeconomic status, geographical location, literacy, individualization, and time constraints.

Systems of care improved in their implementation according to the principles that serve as the guide to system change. Improvement occurred at both the infrastructure and service delivery levels, with the greatest improvements occurring for individualized, least restrictive, and community-based services in the communities assessed twice. Culturally and linguistically competent service delivery and

interagency service delivery are the most challenging areas for systems of care.

The average and per child costs of services and the type of services associated with the greatest cost vary considerably among systems of care based on data obtained from agency management information systems. In all communities, a relatively large proportion of cost is incurred by a relatively small number of children. However, per child decreases in use of inpatient hospitalization yielded per child cost savings of about \$1,228 over the 24-month time period. Substantial cost savings were also identified from a reduction in the number of arrests among those served in systems of care. Cost savings were \$913 per child served over the 24-month time period.

Recommendations for the Future

The CMHI's experience with system change is an invaluable resource to the larger transformation agenda in children's mental health. As an approach for providing home and community-based care, the CMHI provides a successful and effective approach to coordinated service delivery for children/youth with serious emotional disturbance and their families. The community-level system transformation begun under Federal funding continues to evolve in subsequent years. The collaboration among funded and "graduated" communities, the structures established among agencies, and the experience of individuals involved in systems of care are opportunities for furthering larger mental health system reform. In collaboration with partners in funded and graduated system of care communities, many State governments are using the expertise of these systems of care to inform and facilitate the expansion of this approach to additional areas of the State,

with statewide development of systems of care as the ultimate goal.

Findings indicate that achieving cultural and linguistic competence and interagency collaboration continues to be challenging for system of care communities. In addition, in the study of evidence-based practices implementation, service providers were found to be less adaptable and less willing to try new ideas and practices than administrators. The areas in which systems of care encounter barriers to change are areas in which efforts need to continue to be developed and studied through the national evaluation. These areas include continued focus on the following:

- Implementing strategies to improve cultural and linguistic competence
- Addressing the challenges of cross-agency collaboration to support an efficient multi-agency infrastructure
- Increasing the effectiveness of services by providing resources for adoption, training, and fidelity monitoring of evidence-informed practices, EBPs, practice-based evidence, and promising treatment practices
- Developing a skilled workforce through education, training, technical assistance, coaching and information dissemination

A significant challenge for systems of care is their role in partnership with State agencies to leverage their work in order to support and facilitate the expansion of the system of care approach to other areas of the State. Qualitative data derived from the sustainability study and the system of care assessments have underscored the importance of system of care communities being part of a larger State strategy for sustaining systems of care and for expanding their application to other areas. Given these findings, the need for partnerships between system of care communities and State

mental health and other child-serving agencies is critical. States can strategically employ funded and graduated communities to serve in many ways to develop these partnerships.

The communities can serve as learning labs where approaches are tested and evaluated, demonstration sites for improving practice through the implementation of EBPs, models for addressing racial and ethnic disparities in services, sources of training and coaching for other communities, technical assistance providers for other communities, sources of data for assessing the outcomes of systems of care at the system and service delivery levels, conveners of family members and youth to develop and strengthen family and youth organizations, and developers of social marketing materials to build constituencies.

In recognition of the importance of this partnership, requirements for local–State partnerships in the CMHI have been strengthened. Additional efforts are recommended to strengthen these partnerships and to assist system of care communities and State agencies to work together strategically to both sustain and expand systems of care.

Establishing a longer term vision for evolving systems of care, built on the incremental change established during grant funding years, is an area in which systems of care may benefit from Federal leadership. Individuals from grant communities near the end of their funding or post-Federal funding find that 5 or 6 years is just a start and that long-range planning for 15 years or longer is needed to fully result in systems change. Alumni communities funded in 1993–1994, and increasingly those funded in 1997–2000, are a resource for understanding the evolution that occurs over the longer term.

References

- Achenbach, T. M. (1991). *Manual for the Child Behavior Checklist and 1991 profile*. Burlington, VT: University of Vermont Department of Psychiatry.
- Achenbach, T. M., & Edelbrock, C. (1987). *Manual for the Youth Self-Report and profile*. Burlington, VT: University of Vermont Department of Psychiatry.
- Achenbach, T. M., & Rescorla, L. A. (2000). *Manual for ASEBA Preschool Forms & Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.
- Achenbach, T. M., & Rescorla, L. A. (2001). *Manual for ASEBA School-Age Forms & Profiles*. Burlington, VT: University of Vermont, Research Center for Children, Youth, & Families.
- American Psychiatric Association. (1994). *Diagnostic and statistical manual of mental disorders* (4th ed.). Washington, DC: Author.
- Bird, H. R., Shaffer, D., Fisher, P., Gould, M. S., Staghezza, B., Chen, J. Y., et al. (1993). The Columbia Impairment Scale (CIS): Pilot findings on a measure of global impairment for children and adolescents. *International Journal of Methods in Psychiatric Research*, 3, 167–176.
- Brannan, A. M., Heflinger, C. A., & Bickman, L. (1998). The Caregiver Strain Questionnaire: Measuring the impact on the family of living with a child with serious emotional disturbance. *Journal of Emotional and Behavioral Disorders*, 5, 212–222.
- Brunk, M., Koch, J. R., & McCall, B. (2000). *Report on parent satisfaction with services at community services boards*. Richmond, VA: Virginia Department of Mental Health, Mental Retardation, and Substance Abuse Services.
- Brunk, M., Santiago, R., Ewell, K., & Watts, A. (1997). Family satisfaction with level of cultural competence in systems of care: Development of a cultural competence scale. In C. J. Liberton, K. Kutash, & R. Friedman (Eds.), *The 10th Annual Research Conference Proceedings, A System of Care for Children's Mental Health: Expanding the Research Base* (pp. 113–118). Tampa, FL: University of South Florida, Florida Mental Health Institute, Research and Training Center for Children's Mental Health.
- Center for Mental Health Services. (1997). *Annual report to Congress on the evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, 1997*. Atlanta, GA: Atlanta, GA: Macro International Inc.
- Center for Mental Health Services. (1998). *Annual report to Congress on the evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, 1998*. Atlanta, GA: Atlanta, GA: Macro International Inc.
- Center for Mental Health Services. (1999). *Annual report to Congress on the evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, 1999*. Atlanta, GA: ORC Macro.
- Center for Mental Health Services. (2000). *Annual report to Congress on the evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, 2000*. Atlanta, GA: ORC Macro.

- Center for Mental Health Services. (2001). *Annual report to Congress on the evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program, 2001*. Atlanta, GA: ORC Macro.
- Center for Mental Health Services. (2003). *The Comprehensive Community Mental Health Services for Children and Their Families Program: Evaluation findings—Annual reports to Congress, 2002–2003*. Atlanta, GA: ORC Macro.
- Center for Mental Health Services. (2004). *The Comprehensive Community Mental Health Services for Children and Their Families Program: Evaluation findings—Annual report to Congress, 2004*. Atlanta, GA: Macro International Inc.
- Center for Mental Health Services. (2005). *The Comprehensive Community Mental Health Services for Children and Their Families Program: Evaluation findings—Annual report to Congress, 2005*. Atlanta, GA: Macro International Inc.
- Center for Mental Health Services. (2006). *The Comprehensive Community Mental Health Services for Children and Their Families Program: Evaluation findings—Annual report to Congress, 2006*. Unpublished manuscript.
- Center for Mental Health Services. (2007). *The Comprehensive Community Mental Health Services for Children and Their Families Program: Evaluation findings—Annual report to Congress, 2007*. Unpublished manuscript.
- Center for Mental Health Services. (2008). *The Comprehensive Community Mental Health Services for Children and Their Families Program: Evaluation findings—Annual report to Congress, 2008*. Unpublished manuscript.
- Dunst, C. J., & Leet, H. E. (1985). *Family Resource Scale*. Asheville, NC: Winterberry Press.
- Epstein, M. H. (2004). *Behavioral and Emotional Rating Scale: A strength-based approach to assessment. Examiner's manual* (2nd ed.). Austin, TX: Pro-Ed.
- Epstein, M. H., & Sharma, J. (1998). *Behavioral and Emotional Rating Scale: A Strengths-based Approach to Assessment*. Austin, TX: PRO-ED.
- Epstein, N. B., Baldwin, L. M., & Bishop, D. S. (1983). The McMaster Family Assessment Device. *Journal of Marital and Family Therapy*, 9(2), 171–180.
- Hodges, K. (1990). *Child and Adolescent Functional Assessment Scale (CAFAS)*. Ypsilanti, MI: Department of Psychology, Eastern Michigan University.
- Isaacs, M. R., Huang, L. N., Hernandez, M., and Echo-Hawk, H. (2005). *The road to evidence: The intersection of evidence-based practices and cultural competence in children's mental health*. Washington, DC: The National Alliance of Multi-Ethnic Behavioral Health Associations.
- Jacobson, N. S., Roberts, L. J., Berns, S. B., & McGlinchey, J. B. (1999). Methods for defining and determining the clinical significance of treatment effects: Description, application and alternatives. *Journal of Consulting and Clinical Psychology*, 67, 300–307.
- Koren, P. E., DeChillo, N., & Friesen, B. J. (1992). Measuring empowerment in families whose children have emotional disabilities: A brief questionnaire. *Rehabilitation Psychology*, 37, 305–321.

- Reynolds, C. R., & Richmond, B. O. (1978). What I think and feel: A revised measure of children's manifest anxiety. *Journal of Abnormal Psychology, 6*(2), 271–280
- Reynolds, W. M. (1986). *Reynolds Adolescent Depression Scale, 2nd Edition (RADS-2)*. Lutz, FL: Psychological Assessment Resources.
- Sparrow, S., Carter, A., & Cicchetti, D. (1993) *Vineland Screener: Overview, reliability, validity, administration and scoring*. New Haven, CT: Yale University Child Study Center.
- Stephens, R. L., Connor, T., Nguyen, H., Holden, E. W., Greenbaum, P., & Foster, E. M. (2005). The longitudinal comparison study of the national evaluation of the Comprehensive Community Mental Health Services for Children and Their Families Program. In M. H. Epstein, K. Kutash, & A. J. Duchnowski (Eds.), *Outcomes for children and youth with behavioral and emotional disorders and their families: Programs and evaluation best practices* (2nd ed., pp. 525–550). Austin, TX: PRO-ED.
- Stroul, B. A., & Friedman, R. M. (1986). *A system of care for children and youth with severe emotional disturbances* (Rev. ed.). Washington, DC: Georgetown University Child Development Center, CASSP Technical Assistance Center.
- Substance Abuse and Mental Health Services Administration, U.S. Department of Health and Human Services. (2005). *Transforming mental health care in America. Federal action agenda: First steps*. DHHS Pub. No. SMA-05-4069. Rockville, MD.
- Titus, J. C., & Dennis, M. L. (2005). *Global Appraisal of Individual Needs–Quick (GAIN–Q): Administration and scoring guide for the GAIN–Q (version 2)*. Retrieved August 30, 2006, from http://www.chestnut.org/LI/gain/GAIN_Q/GAIN-Q_v2_Instructions_09-07-2005.pdf
- U.S. Department of Health and Human Services. (1999, March 18). *The 1999 HHS poverty guidelines: One version of the [U.S.] Federal poverty measure*. [Electronic version]. *Federal Register, 64*(52), 13428–13430.
- U.S. Department of Health and Human Services. (2000, February 15). *The 2000 HHS poverty guidelines: One version of the [U.S.] Federal poverty measure*. [Electronic version]. *Federal Register, 65*(31), 7555–7557.
- U.S. Department of Health and Human Services. (2001, February 16). *The 2001 HHS poverty guidelines: One version of the [U.S.] Federal poverty measure*. [Electronic version]. *Federal Register, 66*(33), 10695–10697.
- U.S. Department of Health and Human Services. (2002, February 14). *The 2002 HHS poverty guidelines: One version of the [U.S.] Federal poverty measure*. [Electronic version]. *Federal Register, 67*(21), 6931–6933.
- U.S. Department of Health and Human Services. (2003, February 7). *The 2003 HHS poverty guidelines: One version of the [U.S.] Federal poverty measure*. [Electronic version]. *Federal Register, 68*(26), 6456–6458.
- U.S. Department of Health and Human Services. (2004, February 13). *The 2004 HHS poverty guidelines: One version of the [U.S.] Federal poverty measure*. [Electronic version]. *Federal Register, 69*(30), 7335–7338.

- U.S. Department of Health and Human Services. (2005, February 18). *The 2005 HHS poverty guidelines: One version of the [U.S.] Federal poverty measure*. [Electronic version]. *Federal Register*, 70(33), 8373–3875.
- U.S. Department of Health and Human Services. (2006, January 24). *The 2006 HHS poverty guidelines: One version of the [U.S.] Federal poverty measure*. [Electronic version]. *Federal Register*, 71(15), 3848–3849.
- U.S. Department of Health and Human Services. (2007, January 24). *The 2007 HHS poverty guidelines: One version of the [U.S.] Federal poverty measure*. [Electronic version]. *Federal Register*, 72(15), 3147–3148.
- U.S. Department of Health and Human Services. (2008, January 23). *The 2008 HHS poverty guidelines: One version of the [U.S.] Federal poverty measure*. [Electronic version]. *Federal Register*, 73(15), 3971–3972.
- Walker, J. S. & Bruns, E. J. (2006). Building on practice-based evidence: Using expert perspectives to define the wraparound process. *Psychiatric Services*, 57, 1579–1585
- ZERO TO THREE. (1994). *Diagnostic classification of mental health and developmental disorders in infancy and early childhood*. Washington, DC: Author.



Appendices



Appendix A

Glossary of Terms

Accessible Services: Services that are affordable, located nearby, and open during evenings and weekends. Staff is sensitive to and incorporates individual and cultural values. Staff is also sensitive to barriers that may keep a person from getting help. An accessible service can handle consumer demand without placing people on a long waiting list.

Collaborative: Draws on the resources of a community, or works in coordination with other programs to provide a range of services, in-house or through interagency agreements.

Community Based: The provision of services within close geographical proximity to the targeted community.

Cultural Competence: Requires systems and organizations to

- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally;
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge, and (5) adapt to diversity and the cultural contexts of the communities they serve;
- incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key constituencies and communities.

Evidence-Based Practice: A *decision-making process* that integrates the best available research, clinician expertise, and client characteristics.

Evidence-Based Treatments: *Interventions* that have been proven effective through rigorous research methodologies.

Family-Driven Care: Families have a primary decision-making role in the care of their own children, as well as the policies and procedures governing care for all children in their community, State, Tribe, territory, and nation.

Individualized Services: Services designed to meet the unique needs of each child and family. Services are individualized when the *caregivers* pay attention to the needs and strengths, ages, and stages of development of the child and individual family members.

Interagency: The involvement and partnership of core agencies in multiple child-serving sectors including child welfare, health, juvenile justice, education, and mental health.

Least Restrictive: The priority that services should be delivered in settings that maximize freedom of choice.

Linguistic Competence: The capacity of an organization and its personnel to communicate effectively, and convey information in a manner that is easily understood by diverse audiences including persons of limited English proficiency, those who have low literacy skills or are not literate, and individuals with disabilities. Linguistic competency requires organizational and provider capacity to respond effectively to the health literacy needs of populations served. The organization must have policy, structures, practices, procedures, and dedicated resources to support this capacity.

Practice-Based Evidence: Practice-based evidence is evidence derived from community consensus to support the effectiveness of treatments which are unique to a culture and supportive of cultural traditions (Isaacs, Huang, Hernandez, & Echo-Hawk, 2005).

Poverty Level: Based on Department of Health and Human Services poverty guidelines, which are available for the 50 States; the National Poverty Levels (based on a family of four) are as follows (U.S. Department of Health and Human Services, 1999, 2000, 2001, 2002, 2003, 2004, 2005, 2006, 2007, 2008):

Year	Poverty Guideline for a Family of Four
2008	\$21,200
2007	\$20,650
2006	\$20,000
2005	\$19,350
2004	\$18,850
2003	\$18,400
2002	\$18,100
2001	\$17,650
2000	\$17,050
1999	\$16,700

Reliable Change Index: Because numeric change may vary in magnitude and implications for actual behavioral change are often difficult to interpret, we provide a quantitative indicator of clinical change for clinical outcome measures. The reliable change index (RCI; Jacobson et al., 1999) is used to assess whether individual behavioral and emotional change over time was clinically significant. This statistic compares a child’s scores at two different points in time, adjusting for the reliability of the measure, and indicates whether a change in scores shows clinically significant improvement, stability, or deterioration. Improvement and deterioration are defined as a difference in outcome scores, adjusted for measurement error of the outcome, which exceeds the 95 percent confidence bounds around a change score of zero. In other words, a difference of that magnitude would not be expected simply due to the unreliability of the measure.

Serious Emotional Disturbance: Defined by the CMHI grant program as

- having an emotional, socio-emotional, behavioral or mental disorder diagnosable under the *DSM-IV* or its *ICD-9-CM* equivalents, the *Diagnostic Classification of Mental Health and Developmental Disorders of Infancy and Early Childhood-Revised (DC: 0-3R)*, or the *Diagnostic Interview Schedule for Children (DISC)* for children at least 4 years old.
- unable to function in the family, school or community, or in a combination of these settings, or the level of functioning is such that the child or youth requires multiagency intervention involving two or more community service agencies providing services in the areas of mental health, education, child welfare, juvenile justice, substance abuse, or primary health care. The identified disability must have been present for at least 1 year or, on the basis of diagnosis, severity, or multiagency intervention, and is expected to last longer than 1 year.

System of Care: An organizational philosophy and framework that involves collaboration across agencies, families, and youth for the purpose of improving access and expanding the array of coordinated community-based, culturally and linguistically competent services and supports for children and youth who are diagnosed with a serious emotional disturbance and their families (Stroul & Friedman, 1986).

System of Care Principles: Accessible, collaborative, community based, culturally and linguistically competent, family driven, individualized, interagency, least restrictive, youth guided.

Transition-Age Youth: Youth transitioning from adolescence to adulthood, ages 14 years and older.

Wraparound: —Team-based, collaborative process for developing and implementing individualized care plans for children with severe disorders and their families...The values associated with wraparound specified that care was to be strengths based, culturally competent, and organized around family members' own perceptions of their needs and goals" (Walker & Bruns, 2006).

Youth-Guided Care: Youth are engaged as equal partners in creating systems change in policies and procedures at the individual, community, State, and national levels.

Appendix B

System of Care Communities of the Comprehensive Community Mental Health Services for Children and Their Families Program, 1993–2009

Project Name	Catchment Area	State
Phase I (grants awarded in 1993 and 1994)		
Children's Systems of Care/California 5	Riverside, San Mateo, Santa Cruz, Solano, and Ventura counties	California
Multiagency Integrated System of Care (MISC)	Santa Barbara County	California
Sonoma-Napa Comprehensive System of Care	Sonoma and Napa counties	California
Hawai'i 'Ohana Project	Wai'anae Coast and Leeward O'ahu	Hawai'i
Community Wraparound Initiative	Lyons, Riverside, and Proviso townships	Illinois
COMCARE	Sedgwick County	Kansas
KanFocus	13 southeastern counties	Kansas
Wings for Children and Families	Piscataquis, Hancock, Penobscot, and Washington counties	Maine
East Baltimore Mental Health Partnership	East Baltimore, Maryland	Maryland
K'é Project	Navajo Nation	Arizona, New Mexico, Utah
Olympia (formerly Doña Ana County Child and Adolescent Collaborative)	Doña Ana County	New Mexico
Families Reaching in Ever New Directions (FRIENDS)	Mott Haven	New York
Pitt-Edgecombe-Nash Public Academic Liaison Project (PEN-PAL)	Pitt, Edgecombe, and Nash counties	North Carolina
Partnerships Project	Minot, Bismarck, and Fargo regions	North Dakota
Stark County Family Council and Southern Consortium	Stark County and 10 southeastern counties	Ohio
New Opportunities	Lane County	Oregon
South Philadelphia Family Partnership Project	South Philadelphia	Pennsylvania
Project REACH Rhode Island	Statewide	Rhode Island
The Village Project	Charleston and Dorchester counties	South Carolina
City of Alexandria System of Care	City of Alexandria	Virginia
ACCESS	Statewide	Vermont
Wraparound Milwaukee	Milwaukee County	Wisconsin

Project Name	Catchment Area	State
Phase II (grants awarded in 1997 and 1998)		
The Jefferson County Community Partnership	Jefferson County	Alabama
Children's Mental Health Services Initiative	San Diego County	California
Tampa-Hillsborough Integrated Network for Kids (THINK) System	Hillsborough County	Florida
Kentucky Bridges Project	3 Appalachian regions	Kentucky
Kmihqitahasultipon ("We Remember") Project	Passamaquoddy Tribe Indian Township	Maine
Mno Bmaadzid Endaad ("Be in good health at his house")	Sault Ste. Marie Tribe of Chippewa Indians and Bay Mills Ojibwa Indian Community; Chippewa, Mackinac, and Schoolcraft counties	Michigan
Southwest Community Partnership	Detroit	Michigan
Partnership With Families	St. Charles County	Missouri
Families First and Foremost	Lancaster County	Nebraska
Nebraska Family Central	22 central counties	Nebraska
Neighborhood Care Centers	Clark County	Nevada
North Carolina Families and Communities Equal Success (FACES)	Blue Ridge, Cleveland, Guilford, and Sandhills	North Carolina
Sacred Child Project	Fort Berthold, Standing Rock, Spirit Lake, and Turtle Mountain Indian reservations	North Dakota
Clackamas Partnership	Clackamas County	Oregon
Community Connections for Families	Allegheny County	Pennsylvania
Project Hope	Statewide	Rhode Island
The Children's Partnership	Travis County	Texas
Utah Frontiers Project	Beaver, Carbon, Emery, Garfield, Grand, and Kane counties	Utah
Children's UPstream Services	Statewide	Vermont
Children and Families in Common	King County	Washington
Clark County Children's Mental Health Initiative	Clark County	Washington
Northwoods Alliance for Children and Families	Forest, Langlade, Lincoln, Marathon, Oneida, and Vilas counties	Wisconsin
With Eagle's Wings	Wind River Indian Reservation	Wyoming

Project Name	Catchment Area	State
Phase III (grants awarded in 1999 and 2000)		
Yuut Calilriit Ikaiyuquulluteng (“People Working Together”) Project	Delta region of southwest Alaska	Alaska
Project MATCH (Multi-Agency Team for CHildren)	Pima County	Arizona
AK-O-NES	Humboldt and Del Norte counties	California
Spirit of Caring Project	Contra Costa County	California
Colorado Cornerstone System of Care Initiative	Denver, Jefferson, Clear Creek, and Gilpin counties	Colorado
Families and Communities Together (FACT) Project	Statewide	Delaware
Family HOPE (Helping Organize Partnerships for Empowerment)	West Palm Beach	Florida
KidsNet	Rockdale and Gwinnett counties	Georgia
Circle Around Families	East Chicago, Gary, and Hammond	Indiana
Dawn Project	Marion County	Indiana
Community Kids	Montgomery County	Maryland
Worcester Communities of Care	Worcester	Massachusetts
PACT (Putting All Communities Together) 4 Families Collaborative	Kandiyohi, Meeker, Renville, and Yellow Medicine counties	Minnesota
COMPASS (Children of Mississippi and Their Parents Accessing Strength-Based Services)	Hinds County	Mississippi
CARE NH: Community Alliance Reform Effort	Manchester, Littleton, and Berlin	New Hampshire
Burlington Partnership	Burlington County	New Jersey
Westchester Community Network	Westchester County	New York
North Carolina System of Care Network	11 counties	North Carolina
Gateways to Success	Greenwood County	South Carolina
Nagi Kicopi–Calling the Spirit Back Project	Oglala Sioux Tribe, Pine Ridge Indian Reservation, Pine Ridge	South Dakota
Nashville Connection	Nashville	Tennessee
Mountain State Family Alliance	12 counties	West Virginia

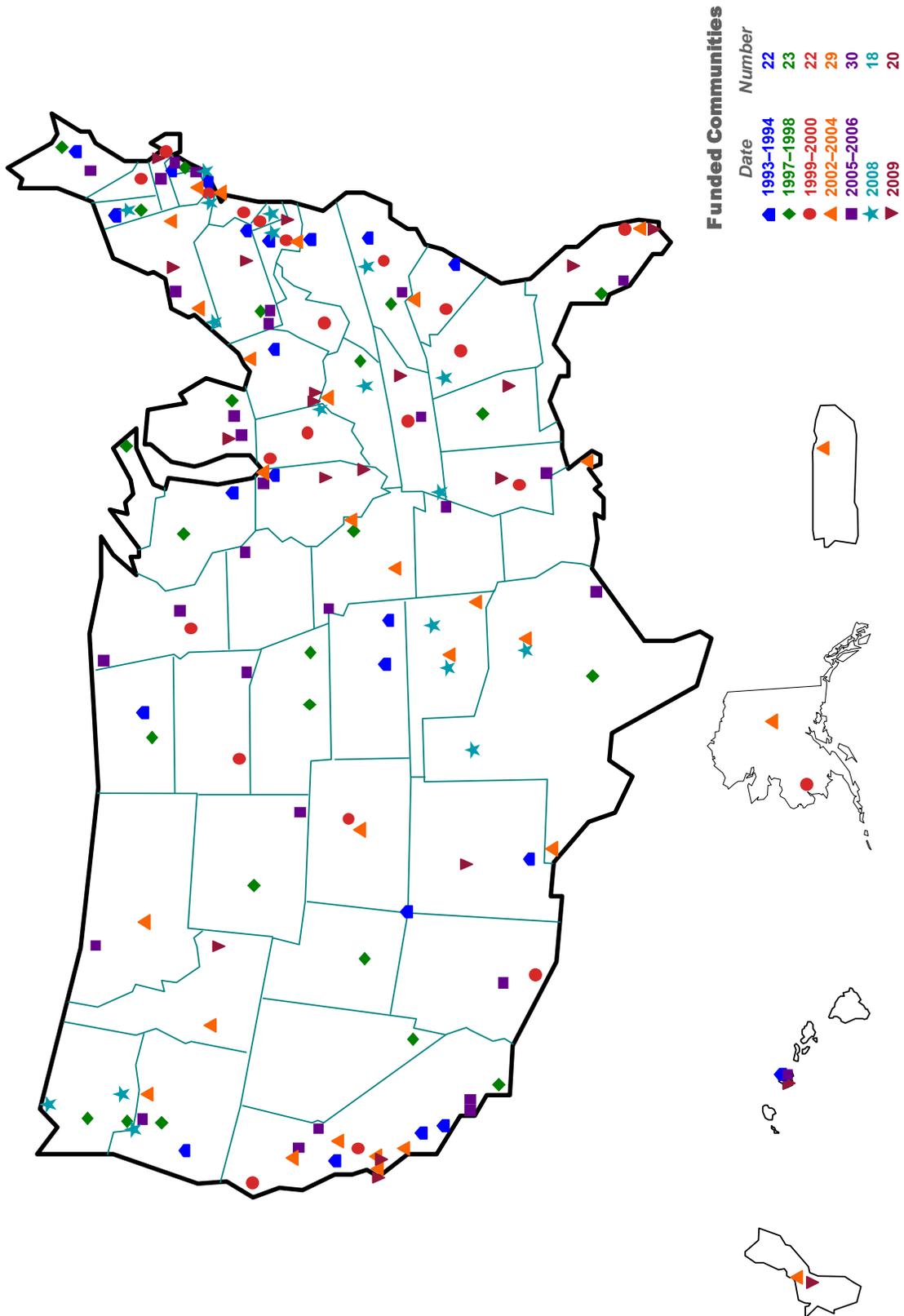
Project Name	Catchment Area	State
Phase IV (cooperative agreements awarded in 2002, 2003, and 2004)		
Ch'eghutsen' A System of Care	Fairbanks Native Association	Alaska
Glenn County Children's System of Care	Glenn County	California
La Familia Sana	Monterey County	California
OASIS (Obtaining and Sustaining Independent Success)	Sacramento County	California
San Francisco Children's System of Care	San Francisco	California
Urban Trails	Oakland	California
Project BLOOM	El Paso, Fremont, and Mesa counties, and the City of Aurora	Colorado
Partnership for Kids (PARK) Project	Statewide	Connecticut
D.C. Children Inspired Now Gain Strength (D.C. CINGS)	Districtwide	Washington, District of Columbia
One Community Partnership	Broward County	Florida
I'Famagu'onta (Our Children)	Territorywide	Guam
Building on Each Other's Strengths	Statewide	Idaho
System of Care Chicago	Chicago	Illinois
Kentuckians Encouraging Youth to Succeed (KEYS)	Boone, Campbell, Carroll, Gallatin Grant, Kenton, Owen, and Pendleton counties	Kentucky
Louisiana Youth Enhanced Services for Children's Mental Health (LA-YES)	Jefferson, Orleans, Plaquemines, St. Bernard, and St. Tammany parishes	Louisiana
Show Me Kids	Barry, Christian, Green, Lawrence, Stone, and Taney counties	Missouri
Transitions	St. Louis County and City	Missouri
Kids Integrated Delivery System for Montana (KIDS fm)	Statewide and Crow Indian Nation	Montana
Families Together in Albany County	Albany County	New York
Family Voices Network	Erie County	New York
Coordinated Children's Services Initiative (CCSI)/The Family Network	New York City	New York
Tapestry	Cuyahoga County	Ohio
Choctaw Nation CARES	Choctaw Nation of Oklahoma	Oklahoma
Great Plains Systems of Care	Beckham, Canadian, Kay, Oklahoma, and Tulsa counties	Oklahoma
Columbia River Wraparound	Gilliam, Hood River, Sherman, and Wasco counties	Oregon
Puerto Rico Mental Health Initiative for Children	Llorens Torres Housing Project in San Juan and Municipality of Gurabo	Puerto Rico
YouthNet	Chester, Lancaster, and York counties and Catawba Nation	South Carolina

Project Name	Catchment Area	State
Phase IV (cooperative agreements awarded in 2002, 2003, and 2004) (continued)		
Border Children's Mental Health Collaborative	El Paso County	Texas
Community Solutions	Fort Worth	Texas
Phase V (cooperative agreements awarded in 2005 and 2006)		
Sewa Uusim/Flower Children, Our Hope, Our Light, Our Future	Pascua Yaqui Tribe of Arizona	Arizona
ACTION for Kids (Arkansas Collaborating to Improve Our Network)	Craighead, Lee, Mississippi, and Phillips counties	Arkansas
Connecting Circles of Care	Butte County	California
Seven Generations	Los Angeles County	California
About Building Connections for Young Children and Families (Project ABC)	Los Angeles County	California
Transforming Children's Mental Health Through Community and Parent Partnerships	Placer County	California
Building Blocks for Bright Beginnings	New London County	Connecticut
Sarasota Partnership for Children's Mental Health	Sarasota County	Florida
Project Ho'omohala	Honolulu	Hawai'i
McHenry County Family CARE (Child/Adolescent Recovery Experience)	McHenry County	Illinois
Community Circle of Care	10 northeastern counties	Iowa
Thrive: A Trauma-Informed System of Care for Children with Serious Emotional Disturbance in Maine	Androscoggin, Franklin, and Oxford counties	Maine
Central Massachusetts Communities of Care	Worcester County (excluding the City of Worcester)	Massachusetts
Impact	Ingham County	Michigan
Kalamazoo Wraps	Kalamazoo County	Michigan
Our Children Succeed Initiative	Kittson, Mahnomon, Marshall, Norman, Polk, and Red Lake counties	Minnesota
System Transformation of Area Resources and Services (STARS)	Benton, Sherburne, Stearns, and Wright counties	Minnesota
CommUNITY Cares	Forrest, Lamar, and Marion counties	Mississippi
Circle of H.O.P.E. (Home, Opportunities, Parents and Professionals, Empowerment)	Andrew and Buchanan counties	Missouri
Blackfeet Po=Ka System of Care	Blackfeet Reservation	Montana

Project Name	Catchment Area	State
Phase V (cooperative agreements awarded in 2005 and 2006) (continued)		
Monroe County Achieving Culturally Competent and Effective Services and Supports (ACCESS)	Monroe County	New York
Mecklenburg CARES	Mecklenburg County	North Carolina
Wraparound Oregon: Early Childhood	Multnomah County	Oregon
Starting Early Together (SET)	Allegheny County	Pennsylvania
Beaver County Systems of Care: Optimizing Resources, Education, and Supports (BC _B SCORES)	Beaver County	Pennsylvania
Rhode Island Positive Educational Partnership (PEP)	Statewide	Rhode Island
Tiwahe Wakan (Families as Sacred)	Yankton Sioux Reservation	South Dakota
Mule Town Family Network	Maury County	Tennessee
Systems of Hope	Harris County	Texas
Wyoming Support, Access, Growth, and Empowerment (SAGE) Initiative	Statewide	Wyoming
Phase VI (cooperative agreements awarded in 2008)		
Delaware's B.E.S.T. (Bringing Evidence-based System-of-Care & Treatment) for Young Children and Their Families	Statewide	Delaware
KidsNet Northwest	Bartow, Dade, Floyd, Haralson, Paulding, Polk, and Walker Counties	Georgia
One Community, One Family	Dearborn, Decatur, Franklin, Jennings, Ohio, Ripley, Rush, and Switzerland counties	Indiana
Kentucky SEED (System to Enhance Early Development)	Statewide	Kentucky
MD CARES (Maryland Crisis and At Risk for Escalation Diversion Services)	Baltimore City	Maryland
Tapestry of Chautauqua Initiative	Chautauqua County	New York
Nassau County Family Support System of Care	Nassau County	New York
Orange County System of Care	Orange County	New York
Alamance Alliance for Children and Families	Alamance County	North Carolina
Protecting the Future	Muskogee (Creek) Nation	Oklahoma
Oklahoma System of Care Statewide Initiative (OSOCSI)	Statewide	Oklahoma

Project Name	Catchment Area	State
Phase VI (cooperative agreements awarded in 2008) (continued)		
Nak-Nu-Wit	Clackamas, Multnomah, and Washington Counties, Oregon, and Clark County, Washington	Oregon, Washington
JustCare Family Network, A System of Care for Shelby County	Shelby County	Tennessee
Hand in Hand: Planting Seeds for Healthy Families	Hood, Johnson, Palo Pinto, Parker, and Tarrant Counties	Texas
Rural Children's Initiative	11 Panhandle counties	Texas
Mental Health Services for Transition-Aged Youth	Statewide	Vermont
Lummi System of Care Initiative	Lummi Nation	Washington
Yakima Valley Youth and Family Coalition	Yakima County	Washington
Phase VII (cooperative agreements awarded in 2009)		
East Central Children's Health Collaborative (ECCHCO) Project	Bulloch, Macon, and Pike Counties	Alabama
Early Connections	Alameda County	California
Urban Trails San Francisco	San Francisco	California
Families and Communities Empower for Success	Miami-Dade County	Florida
Wraparound Orange	Orange County	Florida
Project Kariñu	Territorywide	Guam
Project Kealahou—A New Pathway for Girls	Central Oahu, Windward Oahu, and East Honolulu	Hawai'i
Madison CARES	Madison County	Idaho
ACCESS Initiative	Champaign County	Illinois
Project Connect	Gallatin, Saline, and White Counties	Illinois
RURAL Crisis and At Risk for Escalation Diversion Services (CARES)	11 Southeast Shore counties	Maryland
Massachusetts Young Children's Health Interventions for Learning and Development (MYCHILD)	Boston	Massachusetts
Community Family Partnership (CFP)	Kent County	Michigan
Mississippi Transitional Outreach Program	Statewide except for Hinds, Forrest, Lamar, and Marion Counties	Mississippi

Project Name	Catchment Area	State
Phase VII (cooperative agreements awarded in 2009) (continued)		
Families and Organizations Collaborating for a United System (FOCUS)	Highland Cluster School District in Albuquerque; Grant, Hidalgo, and Luna Counties; and Santa Clara Pueblo	New Mexico
ON CARE	Onondaga County	New York
FAST TRAC	Clermont County	Ohio
Journey to Successful Living (Journey)	Hamilton County	Ohio
Pennsylvania System of Care Partnership	15 counties	Pennsylvania
K-Town Youth Empowerment Network (K-Town)	Knox County	Tennessee



Appendix C

Description of CQI Indicators and Data Sources

Definition of Indicators	Instrument
System-Level Outcomes	System-Level Outcomes
Service Accessibility	
1. Number of Children Served (with descriptive data). The total number of children who have received system of care services since the start of the grant-funded program and have been enrolled in the Descriptive Study (i.e., have a completed EDIF).	EDIF
2. Linguistic Competency Rate. The percentage of caregivers who indicated the provider spoke the same language or that interpreters were available to assist them always (5) or most of the time (4) during the first 6 months of services, excluding cases where English is the primary language spoken in the home.	CIQ-I, CCSP
3. Agency Involvement Rate–Service Provision. The percentage of caregivers who identified more than one agency involved in providing services to their child and their family during the first 6 months of services.	MSSC
4. Caregiver Satisfaction Rate–Access to Services. The mean score across all cases on a scale of 1 (strongly disagree) to 5 (strongly agree) measuring agreement with access to service statements at 6 months after service intake.	YSS-F
5. Timeliness of Services (average days). The average number of days between the assessment date and the first date of service across all cases with an EDIF.	EDIF
Service Quality	
6. Agency Involvement Rate–Treatment Planning. The percentage of cases with staff other than mental health involved in the development of the child’s service plan.	EDIF
7. Informal Supports Rate. The percentage of caregivers who reported receiving informal supports during the first 6 months of services.	MSSC
8. Caregiver Satisfaction Rate–Quality of Services. The mean score across all cases on a scale of 1 (strongly disagree) to 5 (strongly agree) measuring caregiver agreement with quality of service statements at 6 months after service intake.	YSS-F
9. Youth Satisfaction Rate–Quality of Services. The mean score across all cases on a scale of 1 (strongly disagree) to 5 (strongly agree) measuring youth agreement with quality of service statements at 6 months after service intake.	YSS
10. Caregiver Satisfaction Rate–Outcomes. The mean score across all cases on a scale of 1 (strongly disagree) to 5 (strongly agree) measuring agreement at 6 months after service intake with statements concerning the outcomes resulting from the services their child or family received.	YSS-F
11. Youth Satisfaction Rate–Outcomes. The mean score across all cases on a scale of 1 (strongly disagree) to 5 (strongly agree) measuring youth agreement at 6 months after service intake with statements concerning the outcomes resulting from the services they received.	YSS
Service Appropriateness	
12. Increase in Individualized Education Plan (IEP) Development (intake to 6 months). The percent increase in the number of cases that had an IEP at intake to the total number of cases that had an IEP at 6 months after intake, for those cases with complete data at intake and at 6 months.	EQ-R
13. Substance Use Treatment Rate. The percentage of caregivers who reported that their child had a problem with substance abuse and reported that the child received at least one service during the first 6 months of services that was related to the child’s substance abuse problem.	MSSC

Definition of Indicators	Instrument
Child and Family Outcomes	
Caregiver Report	
Child Level	
14a. School Enrollment Rate. The percentage of caregivers who reported that their child attended school at any time during the first 6 months after service intake, excluding caregivers who reported that the youth graduated from high school or obtained a GED.	EQ-R
14b. School Enrollment Rate (PRESCHOOL). The percentage of caregivers who reported that their preschool child attended preschool at any time during the first 6 months after service intake.	EQ-R
15a. School Attendance Rate. The percentage of caregivers who report that their child attended school at least 80% of the time in the first 6 months after service intake.	EQ-R
15b. Daycare or Afterschool Attendance Rate. The percentage of caregivers who report that their child's daycare or afterschool program attendance was not affected by the child's behavioral or emotional problems during the first 6 months after service intake, among children who attended daycare or afterschool programs	
16. School Performance Improvement Rate (intake to 6 months). The percentage of cases where the youth's grades improved during the first 6 months of services.	EQ-R
17. Stability in Living Situation Rate. The percentage of cases where the youth lived in one living situation during the first 6 months of services.	LSQ
18. Inpatient Hospitalization Days per Youth. The average number of days per youth spent in inpatient hospitalization during the first 6 months of services.	LSQ
19. Suicide Attempt Reduction Rate—Caregiver Report (intake to 6 months). The percent change from intake to 6 months in the percent of caregivers who reported a suicide attempt for their child in the previous 6 months, for cases with complete data at intake and 6 months. A negative raw score indicates a positive outcome (i.e., fewer suicide attempts).	CIQ-I, CIQ-F
20a. Emotional and Behavioral Problem Improvement Rate—Ages 6–18 Years (intake to 6 months). The percentage of cases demonstrating improvement from intake to 6 months in emotional and behavioral total problem scores on the Child Behavior Checklist, according to the reliable change index (RCI).	CBCL 6–18
20b. Emotional and Behavioral Problem Improvement Rate—Ages 1½–5 Years (intake to 6 months). The percentage of cases of children aged 1½– years demonstrating improvement from intake to 6 months in emotional and behavioral total problem scores on the Child Behavior Checklist, according to the reliable change index (RCI).	CBCL 1½–5
Family Level	
21. Average Reduction in Employment Days Lost (intake to 6 months). The difference from intake to 6 months in the average number of days missed work due to child's problem for cases with complete data at intake and 6 months. A negative raw score indicates a positive outcome (i.e., fewer average days lost).	CIQ-I, CIQ-F
22. Family Functioning Improvement Rate (intake to 6 months). The percent change from intake to 6 months in mean score on the family functioning scale for cases with complete data at intake and 6 months.	FLQ
23. Caregiver Strain Improvement Rate (intake to 6 months). The percentage of cases demonstrating improvement from intake to 6 months in caregiver strain on the Caregiver Strain Questionnaire, according to the reliable change index (RCI).	CGSQ
Youth Report	
24. Youth No Arrest Rate (intake to 6 months). The percent change from intake to 6 months in the percent youth who reported no arrests in the previous 6 months for cases with complete data at intake and 6 months.	DS-R

Definition of Indicators	Instrument
Youth Report (continued)	
25. Suicide Attempt Reduction Rate– Youth Report (intake to 6 months). The percent change from intake to 6 months in the percent of youth who reported a suicide attempt in the previous 6 months for cases with complete data at intake and 6 months. A negative raw score indicates a positive outcome (i.e., fewer suicide attempts).	YIQ–I, YIQ–F
26. Anxiety Improvement Rate (intake to 6 months). The percentage of cases demonstrating improvement from intake to 6 months in total scores on the Revised Children’s Manifest Anxiety Scales (RCMAS) according to the reliable change index (RCI).	RCMAS
27. Depression Improvement Rate (intake to 6 months). The percentage of cases demonstrating improvement from intake to 6 months in total scores on the Reynold’s Adolescent Depression Scale (RADS) according to the reliable change index (RCI).	RADS–2
Satisfaction with Services	
28. Caregiver Overall Satisfaction. The score for caregiver overall satisfaction is the mean score across all satisfaction items on the Youth Services Survey–Family (YSS–F), on a scale of 1 (strongly disagree) to 5 (strongly agree). This indicator represents a compilation of all questions on the YSS–F.	YSS–F
29. Youth Overall Satisfaction. The score for youth overall satisfaction is the mean score across all satisfaction items on the Youth Services Survey (YSS) on a scale of 1 (strongly disagree) to 5 (strongly agree). This indicator represents a compilation of all questions on the YSS.	YSS
Family and Youth Involvement	
30. Caregiver Satisfaction Rate–Participation. The mean score across all cases on a scale of 1 (strongly disagree) to 5 (strongly agree) measuring agreement at 6 months after service intake with statements related to caregiver participation in treatment, services, and setting treatment goals.	YSS–F
31. Youth Satisfaction Rate–Participation. The mean score across all cases on a scale of 1 (strongly disagree) to 5 (strongly agree) measuring agreement at 6 months after service intake with statements related to youth participation in treatment, services and setting treatment goals.	YSS
32. Family Involvement Rate–Treatment Planning. The percentage of cases with caregiver or other family members involved in the development of the child’s service plan.	EDIF
33. Youth Involvement Rate–Treatment Planning. The percentage of cases with a child age 11 or older, where the child was involved in the development of the child’s service plan.	EDIF
Cultural and Linguistic Competency	
34. Caregiver Satisfaction Rate–Cultural Competency. The mean score across all cases on a scale of 1 (strongly disagree) to 5 (strongly agree) measuring caregiver agreement at 6 months after service intake with statements related to the cultural competency of staff.	YSS–F
35. Youth Satisfaction Rate–Cultural Competency. The mean score across all cases on a scale of 1 (strongly disagree) to 5 (strongly agree) measuring youth agreement at 6 months after service intake with statements related to the cultural competency of staff.	YSS

**COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN AND THEIR FAMILIES PROGRAM
CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRESS REPORT
National Aggregate, July 2008**

Date Services Started: Oct-03

Number Enrolled in the Descriptive Study: 15951

Number Enrolled in the Outcome Study: 4325

	ACTUALS		CHANGE		INDEX		
	Performance Mark ¹	Raw Score	Previous Raw Score	Change from Previous Report	Benchmark ²	Max Points	Actual Points
TOTAL SITE SCORE						100.00	82.72
System-Level Outcomes							
Service Accessibility							
1. Number of Children Served (with descriptive data)		15,356	14,349	↑	n/a	.	.
2. Linguistic Competency Rate		90.5%	90.3%	↑	91.7%	n/a	0.00
3. Agency Involvement Rate–Service Provision		75.3%	75.6%	↓	92.9%	3.50	2.84
4. Caregiver Satisfaction Rate–Access to Services		4.25	4.25	↔	4.42	3.67	3.53
5. Timeliness of Services (average days)*		23.08	23.02	↓	10.18	1.36	0.60
Service Quality							
6. Agency Involvement Rate–Treatment Planning		31.8%	32.5%	↓	64.1%	3.00	1.49
7. Informal Supports Rate		36.6%	36.2%	↑	51.4%	1.55	1.10
8. Caregiver Satisfaction Rate–Quality of Services		4.02	4.02	↑	4.13	3.94	3.83
9. Youth Satisfaction Rate–Quality of Services		3.92	3.94	↓	4.02	3.83	3.73
10. Caregiver Satisfaction Rate–Outcomes		3.52	3.50	↑	3.61	3.86	3.76
11. Youth Satisfaction Rate–Outcomes		3.86	3.87	↓	3.92	4.04	3.98
Service Appropriateness							
12. Individualized Education Plan (IEP) Development (% at 6 mos) ^{3,4}		53.3%	53.5%	n/a	55.9%	n/a	n/a
13. Substance Use Treatment Rate		63.6%	63.3%	↑	67.8%	3.25	3.05
System-Level Outcomes Subtotal						32.00	27.91
Child and Family Outcomes							
Caregiver Report							
Child Level							
14a. School Enrollment Rate ³		95.8%	95.7%	↑	97.8%	n/a	n/a
14b. School Enrollment Rate (Preschool)		94.4%	94.0%	↑	n/a	n/a	n/a
15a. School Attendance Rate (80% of the time)		79.1%	79.1%	↔	84.4%	3.68	3.45
15b. Daycare or Afterschool Attendance Rate		73.9%	73.1%	↑	n/a	n/a	n/a
16. School Performance Improvement Rate (intake to 6 mos)		36.3%	36.0%	↑	39.8%	2.20	2.01
17. Stability in Living Situation Rate (intake to 6 mos)		77.8%	78.1%	↓	86.2%	2.85	2.57
18. Inpatient Hospitalization Days per Youth (intake to 6 mos)*		5.21	5.31	↑	0.78	2.75	0.41
19. Suicide Attempt Reduction Rate–Caregiver Report**		-42.9%	-41.8%	↑	-43.8%	3.90	3.82
20a. Emotional and Behavioral Problem Improvement Rate–Ages 6–18 Years (intake to 6 mos)		28.7%	28.7%	↔	35.0%	3.27	2.68
20b. Emotional and Behavioral Problem Improvement Rate–Ages 1½–5 Years (intake to 6 mos)		40.3%	39.3%	↑	n/a	n/a	n/a

**COMPREHENSIVE COMMUNITY MENTAL HEALTH SERVICES FOR CHILDREN AND THEIR FAMILIES PROGRAM
CONTINUOUS QUALITY IMPROVEMENT (CQI) PROGRESS REPORT
National Aggregate, July 2008**

Date Services Started: Oct-03

Number Enrolled in the Descriptive Study: 15951

Number Enrolled in the Outcome Study: 3623

	ACTUALS		CHANGE		INDEX		
	Performance Mark ¹	Raw Score	Previous Raw Score	Change from Previous Report	Benchmark ²	Max Points	Actual Points
Family Level							
21. Average Reduction in Employment Days Lost (intake to 6 mos)*		-2.34	-2.25	↑	-3.98	3.58	2.11
22. Family Functioning Improvement Rate (intake to 6 mos)		3.4%	3.3%	↑	5.8%	3.32	1.95
23. Caregiver Strain Improvement Rate (intake to 6 mos)		28.5%	28.5%	↔	33.8%	3.34	2.82
Youth Report							
24. Youth No Arrest Rate (intake to 6 mos)		7.8%	8.0%	↓	21.0%	3.78	1.41
25. Suicide Attempt Reduction Rate–Youth Report (intake to 6 mos)**		-50.9%	-53.6%	↓	-100.0%	3.74	1.90
26. Anxiety Improvement Rate (intake to 6 mos)		16.8%	17.1%	↓	12.6%	2.95	2.95
27. Depression Improvement Rate (intake to 6 mos)		14.5%	14.7%	↓	22.9%	2.64	1.68
Child and Family Outcomes Subtotal						42.00	29.76
Satisfaction of Services							
28. Caregiver Overall Satisfaction		4.05	4.05	↔	4.09	3.00	2.97
29. Youth Overall Satisfaction		3.93	3.94	↓	3.98	3.00	2.96
Satisfaction with Services Subtotal						6.00	5.93
Family and Youth Involvement							
30. Caregiver Satisfaction Rate–Participation		4.16	4.16	↔	4.30	3.06	2.96
31. Youth Satisfaction Rate–Participation		3.63	3.64	↓	3.72	2.98	2.91
32. Caregiver and Other Family Involvement in Service Plan		92.2%	92.0%	↑	100.0%	3.97	3.66
33. Youth Involvement in Service Plan		83.4%	83.5%	↓	89.7%	3.99	3.71
Family and Youth Involvement Subtotal						14.00	13.25
Cultural and Linguistic Competency							
34. Caregiver Satisfaction Rate–Cultural Competency		4.47	4.47	↔	4.61	3.00	2.91
35. Youth Satisfaction Rate–Cultural Competency		4.26	4.26	↔	4.31	3.00	2.97
Cultural Competency Subtotal						4.47	2.91
Evidence-based Practice (to be developed)		TBD			TBD		
Evidence-based Practice Subtotal							

¹ Performance marks are not reported for the aggregate report.

² The benchmark represents the 75th percentile score from the April 2006 CQI Progress Report.

³ Indicator reported for information purposes only and was not included in the PCA. Therefore, raw score does not contribute to the domain score.

⁴ The calculation was modified on the Dec 2006 report to reflect % of cases with an IEP at 6 mos and should be interpreted locally.

* For these indicators, smaller average days represent positive outcomes. The smaller the raw score the better the outcome.

** For these indicators, a negative raw score represents a positive outcome. The more negative the raw score the better the outcome.

Appendix D

National Evaluation Components and Measures

National Evaluation Study Components		
System of Care Assessment		
<p>Using a combination of semi-structured interviews with multiple stakeholders; review of randomly selected case records; document review; and followup telephone interviews as needed this study assesses the extent to which systems are implemented according to system of care principles and documents system development. Respondents include project directors; representatives from core child-serving agencies; representatives from family organizations; local program evaluators; care coordinators; direct service providers; youth coordinators; caregivers; and youth served by the system of care. A <i>systemness</i> index to score communities on system development used in Phase I of the study was completely revised in Phase II with the development of a stable measure that assesses the extent to which infrastructure and service delivery are family driven, individualized, culturally competent, and coordinated, with services available in the community and in least restrictive service environments, and how systems function across multiple child-serving agencies, which has been used since. Two interviews to assess youth involvement were added in Phase IV.</p>		
Cross-Sectional Descriptive Study		
<p>This study collects demographic, descriptive, and diagnostic information on all children served from caregiver report and chart review at service intake. A shorter Web-based form was added in Phase IV that could be completed at the clinic level from the child's chart in an effort to improve data quantity and quality on all children served. Additional descriptive information is collected from caregivers and youth in the Longitudinal Child and Family Outcome Study.</p>		
Measures		
<i>Domain</i>	<i>Instrument</i>	<i>Phases Used</i>
Descriptive Characteristics	Descriptive Information Questionnaire (DIQ)	II–III
	Record Abstraction	I–V
	Enrollment and Demographic Information Form (EDIF)	IV–V
Longitudinal Child and Family Outcome Study		
<p>To examine outcomes for children, youth, and their families, caregivers and youth aged 11 and older are interviewed using clinical and functional measures. Assessment periods and instruments have changed over multiple funding phases. Baseline assessments occur within 30 days of service intake. In Phase I, follow-up occurred at 6, 12 and 18 months after intake as long as children were in services. Subsequently, follow-up has occurred every 6 months after intake for children in and out of services for up to 36 months.</p>		
Measures		
<i>Domain</i>	<i>Instrument</i>	<i>Phases Used</i>
Descriptive Characteristics	Descriptive Information Questionnaire	II–III
	Enrollment and Demographic Form	IV–V
	Caregiver Information Questionnaire (CIQ)	IV–V
	Youth Information Questionnaire (YIQ)	IV–V

National Evaluation Study Components		
Child-Related Measures		
Domain	Instrument	Phases Used
Child Functioning	Child and Adolescent Functional Assessment Scale (CAFAS; Hodges, 1990) Columbia Impairment Scale (CIS; Bird et al., 1993)	I–III IV–V
Child Behavioral and Emotional Problems	Child Behavior Checklist (CBCL; Achenbach, 1991, Achenbach & Rescorla, 2000, 2001) Youth Self-Report (YSR; Achenbach & Edelbrock, 1987)	I–V II–III
Childhood Anxiety	Revised Children’s Manifest Anxiety Scale (RCMAS; Reynolds & Richmond, 1978)	IV–V
Adolescent Depression	Reynolds Adolescent Depression Scale–2 (RADS–2; Reynolds, 1986)	IV–V
Child Behavioral and Emotional Strengths	Behavioral and Emotional Rating Scale (BERS; Epstein & Sharma, 1998) Behavioral and Emotional Rating Scale–2 (BERS–2; Epstein, 2004) Caregiver and youth versions.	II–III IV–V
Child Development	Vineland Screener (VS; Sparrow, Carter, & Cicchetti, 1993)	IV–V
Child Living Arrangements	Living Situations Questionnaire (LSQ)	IV–V
Education	Education Questionnaire	II–III IV–V (revised)
Delinquency	Delinquency Survey	II–III IV–V (revised)
Youth Substance Use Substance Dependency	Substance Use Survey GAIN Quick–R (Titus & Dennis, 2005)	II–III, IV–V (revised) IV–V
Family Measures		
Family Empowerment	Family Empowerment Scale (FES; Koren, DeChillo, & Friesen, 1992)	I
Family Functioning	Family Assessment Device (FAD; Epstein, Baldwin, & Bishop, 1983),	II–III
Family Life	Family Life Questionnaire (FLQ)	IV–V
Caregiver Strain	Caregiver Strain Questionnaire (CGSQ; Brannan, Heflinger, & Bickman, 1998)	II–V
Family Resources	Family Resource Scale (FRS; Dunst & Leet, 1985)	II–III
Service Experience Study		
<p>Information is collected at follow-up outcome assessments from caregivers and youth on characteristics of services received, whether services met family needs, cultural and linguistic competence of service providers, and satisfaction with services. A caregiver report measure of service use was developed in Phase II and revised in Phase IV. The FSQ was revised from Phase I to Phase II, and youth were assessed with a corresponding YSQ in Phases II and III. The YSS was adopted in Phase IV, and a caregiver’s assessment of provider cultural competence was developed.</p>		

National Evaluation Study Components		
Measures		
Domain	Instrument	Phases Used
Services Received	Multi-Sector Service Contacts Form	II–V
Service Experience & Satisfaction	Family Satisfaction Questionnaire (FSQ); Youth Satisfaction Questionnaire (YSQ) (Brunk, Santiago, Ewell, & Watts, 1997) Youth Services Survey (YSS), Youth Services Survey–Family (YSS–F) (Brunk, Koch, & McCall, 2000)	I–III IV–V
Cultural Competence	Culturally Competent Service Provision (CCSP)	IV–V
Services and Costs Study		
<p>Using existing cost data in agency management information systems [MIS] and budgets, this study describes the types of services used by children and families, their utilization patterns, and the associated costs. Changes were made to this study after 2005 to provide communities with standard templates for data about flexible fund expenditures, and to further standardize the delivery of cross-agency service and cost data. Because access to service and cost data varies among communities, this study has used a tiered approach which accommodates availability of information from a single child-serving system and multiple child-serving systems is employed.</p>		
Sustainability Study		
<p>Added in 2000 to assess communities 5 years post-funding, this study obtains information about (a) availability of specific services in the system of care, (b) implementation of system of care principles, (c) achievement of objectives related to system of care implementation, (d) role and impact of various factors on the development or maintenance of the system of care, and (e) effectiveness of various general and financing strategies for sustaining systems of care. Phase I communities were assessed 5 years post-funding and communities funded in 1997 were assessed in their final year of funding with a Web survey and telephone interviews with key individuals in the communities and at the State level. Communities funded in 1998–2000 were assessed with the Web survey in their final year of funding; communities funded from 2002 to 2006 are assessed during the fiscal years in which the Federal–local funding match requirements change (Years 3 and 4), and in their final year.</p>		
Comparison Studies		
<p>Comparison studies using quasi-experimental designs were conducted in three funded communities in Phase I (Stephens et al., 2005) and two in Phase II (CMHS, 2001, 2003), and matched communities. Non-funded communities were chosen by similar geographic and population characteristics, and their willingness to participate in the project. The design called for enrollment of the same number of children in the funded community and in the corresponding community, matched on age, gender, severity of behavioral and emotional problems and functional impairment. Measures used in the descriptive and outcome studies were used in the comparison studies, with some additions. The Phase II comparison study included substudies of service experiences and provider characteristics.</p>		

National Evaluation Study Components

Treatment Effectiveness Studies

Treatment effectiveness studies to examine evidence-based treatment implementation and outcomes in systems of care were implemented with three different treatments in six communities. Children received diagnostic assessments to screen for diagnoses treated by the evidence-based treatment; children accepted into the study were randomly assigned to treatment and service as usual groups. A study of family education and support to build evidence for a practice utilized in systems of care is under way.

The treatment effectiveness study of Parent–Child Interaction Therapy (PCIT) examined the effectiveness of an evidence-based treatment provided to a selected group of children with specific diagnoses served within systems of care funded in 1998. The goal of the study was to examine whether children who received an evidence-based treatment delivered in a system of care experienced better outcomes and maintained those outcomes longer than children in the same system who did not receive the evidence-based treatment.

The study, initiated in 2001, began with a multi-stage process, including a treatment nominations process, a community selection and recruitment process, a treatment selection process, evaluation design, material development, and training. Two communities, the Bridges Project in Eastern Kentucky and the Clackamas County Partnership in Clackamas County, Oregon, participated in the study. Each community selected PCIT. The study design was tailored to meet the needs of each community, and community-specific implementation and training materials were developed. Appropriate training workshops were presented to providers in the PCIT and non-PCIT conditions, and services were initiated in 2003.

In the Oregon site, approximately 55 percent of the treatment group ($n = 36$) reported a decrease in caregiver strain from baseline to 18 months when compared to 34 percent of the control group ($n = 41$) ($\chi^2 = 6.1, p < 0.05$), according to caregiver report using the Caregiver Strain Questionnaire. About 14 percent ($n = 28$) of the treatment group ($\chi^2 = 4.898, p < 0.05$) improved on the child competence subscale of the Child Behavior Checklist from baseline to 18 months, while none of the children from the control group ($n = 32$) improved. In the Kentucky site, about half of the children from the treatment group ($n = 16$) gained strengths over the 18 months when compared to 38 percent of the control group children ($n = 29$) ($\chi^2 = 6.675, p < 0.05$), according to caregiver report using the Behavioral and Emotional Rating Scale.

Special Studies

Treatment Effectiveness Study examines the effectiveness of a specific evidence-based treatment provided to selected groups of children/youth with specific diagnoses served within CMHS-funded systems of care.

Evidence-Based Practices Study examines the effects of various factors on the implementation of evidence-based practices in systems of care.

Family Education and Support Study examines the critical elements of family education and support services in systems of care, their effectiveness across communities, and their impact on child/youth and family outcomes.

Primary Care Provider Study investigates the role of primary health care providers in systems of care and factors that facilitate and interfere with interaction between primary care providers and mental health providers.

Culturally and Linguistically Competent Practices Studies assess system of care service providers' level of competence across several domains of cultural competence, including the role that organizations and agencies play in hindering or facilitating culturally competent service provision.

Tribal Financing Study examines the unique financing opportunities and challenges experienced by American Indian and Alaska Native systems of care.

Appendix E

Descriptive and Outcomes Data Tables

Methods and Study Sample

The Longitudinal Child and Family Outcome Study of grant communities assessed children and their families every 6 months, for up to 36 months, regardless of whether the children continued to receive services through system of care programs. This allowed comparison of clinical and functional outcomes for all children who participated in the Outcome Study, regardless of whether they remained in or exited system of care services. Grant communities initially funded in 2002–04 are expected to enroll 354 families and retain 276 families in Years 2 through 5 of funding. These figures may vary slightly for communities funded to serve smaller numbers of children (e.g., funding in some communities may be directed primarily

toward infrastructure development, or the number of children meeting service criteria for serious emotional disturbance may be lower). While in most grant communities all willing families need to be recruited into the Outcome Study, in some larger communities, sampling strategies may need to be employed to select a sufficient number of families at random from the pool of children who enter the system of care program. Sample size in analyses conducted in this report fluctuates due to differences in enrollment and data completion rates across grant communities. Table E-1 presents study enrollment and data completion rates through October 2005 for each community initially funded in 1999–2000. Tables E-2 and E-3 present study enrollment and data completion rates through June 2008 for each community initially funded in 2002–2004 and 2005–2006, respectively.

Table E-1: Study Enrollment and Program Interview Completion for Grant Communities Funded in 1999–2000 as of October 2005

Community	Descriptive Sample ^a	Outcome Sample ^b	Eligible for Interview at Each Assessment Point ^c					Completed Interview at Each Assessment Point ^d					Interview Completion Rate at Each Assessment Point ^e				
			6-Month	12-Month	18-Month	24-Month	30-Month	6-Month	12-Month	18-Month	24-Month	30-Month	6-Month	12-Month	18-Month	24-Month	30-Month
33	361	130	130	118	88	61	46	51	32	8	7	4	39.2%	27.1%	9.1%	11.5%	8.7%
34	201	200	200	192	165	145	76	198	178	154	120	69	99.0%	92.7%	93.3%	82.8%	90.8%
35	705	195	193	163	125	98	60	110	70	44	19	11	57.0%	42.9%	35.2%	19.4%	18.3%
36	338	39	39	35	30	27	22	20	12	10	4		51.3%	34.3%	33.3%	14.8%	0.0%
37	459	293	292	284	255	219	167	167	117	82	65	40	57.2%	41.2%	32.2%	29.7%	24.0%
38	120	58	58	47	34	21	19	33	29	20	15	12	56.9%	61.7%	58.8%	71.4%	63.2%
39	348	149	149	138	130	116	98	134	86	65	51	35	89.9%	62.3%	50.0%	44.0%	35.7%
40	243	80	67	54	48	44	22	43	29	19	15		64.2%	53.7%	39.6%	34.1%	0.0%
41	353	124	124	110	90	71	47	117	100	80	62	40	94.4%	90.9%	88.9%	87.3%	85.1%
42	673	387	387	370	327	265	213	283	214	161	126	71	73.1%	57.8%	49.2%	47.5%	33.3%
43	230	67	67	59	46	27	16	41	29	17	9	2	61.2%	49.2%	37.0%	33.3%	12.5%
44	178	158	156	140	107	95	77	151	136	105	90	76	96.8%	97.1%	98.1%	94.7%	98.7%
45	355	201	200	197	190	179	164	200	196	187	177	159	100.0%	99.5%	98.4%	98.9%	97.0%
46	499	252	252	252	217	180	156	229	202	139	79	62	90.9%	80.2%	64.1%	43.9%	39.7%
47	358	130	130	122	112	91	79	121	107	93	80	66	93.1%	87.7%	83.0%	87.9%	83.5%
48	266	225	225	213	195	185	172	116	83	40	27	27	51.6%	39.0%	20.5%	14.6%	15.7%
49	966	310	288	257	214	188	159	280	249	204	181	148	97.2%	96.9%	95.3%	96.3%	93.1%
50	1020	440	426	413	386	323	264	352	283	197	146	99	82.6%	68.5%	51.0%	45.2%	37.5%
51	161	90	90	81	75	68	51	83	75	66	57	38	92.2%	92.6%	88.0%	83.8%	74.5%
52	65	65	65	38	38	34	26	3	21				4.6%	55.3%	0.0%	0.0%	0.0%
53	271	151	151	151	149	136	122	151	149	137	126	105	100.0%	98.7%	91.9%	92.6%	86.1%
54	1222	342	340	339	285	224	171	265	222	169	142	114	77.9%	65.5%	59.3%	63.4%	66.7%
Aggregated Number	9392	4086	4029	3773	3306	2797	2227	3148	2619	1997	1598	1178	78.1%	69.4%	60.4%	57.1%	52.9%

^a Descriptive Sample was based on number of cases with at least one piece of descriptive information.

^b Baseline Outcome Sample was based on number of cases with at least one of the required outcome instruments at baseline.

^c Eligibility for Interview at Each Assessment Point was derived based on the following criteria: (a) data indicated that the child had been enrolled in the system for 6 months or longer (for 6-month followup), 12 months or longer (for 12-month followup), 18 months or longer (for 18-month followup), 24 months or longer (for 24-month followup), or 30 months or longer (for 30-month followup); and (c) the child had at least one of the required outcome instruments administered at intake.

^d Completed Interview at Each Assessment Point was derived based on the following criteria: (a) 6-month outcome sample: cases with 6-month data on at least one of the required outcome instruments; (b) 12-month outcome sample: cases with 12-month data on at least one of the required outcome instruments; (c) 18-month outcome sample: cases with 18-month data on at least one of the required outcome instruments; (d) 24-month outcome sample: cases with 24-month data on at least one of the required outcome instruments; and (e) 30-month outcome sample: cases with 30-month data on at least one of the required outcome instruments.

^e Interview Completion Rate at Each Assessment Point was calculated as follows: (Completed interview at each assessment point / Eligibility for interview at each assessment point) x 100%.

Table E-2: Study Enrollment and Program Interview Completion for Grant Communities Funded in 2002–2004 as of June 2008

Community	Descriptive Sample ^a	Outcome Sample ^b	Eligible for Interview at Each Assessment Pointc					Completed Interview at Each Assessment Pointd					Interview Completion Rate at Each Assessment Pointe				
			6-Month	12-Month	18-Month	24-Month	30-Month	6-Month	12-Month	18-Month	24-Month	30-Month	6-Month	12-Month	18-Month	24-Month	30-Month
55	40	3	2	2	2	2	0	2	2	2	1	0	100.0%	100.0%	100.0%	50.0%	
56	340	114	113	107	90	66	55	78	51	30	18	13	69.0%	47.7%	33.3%	27.3%	23.6%
57	2,618	181	139	84	52	20	8	95	52	29	11	2	68.3%	61.9%	55.8%	55.0%	25.0%
58	392	110	100	85	70	56	30	92	82	63	51	28	92.0%	96.5%	90.0%	91.1%	93.3%
59	72	25	25	25	25	24	4	12	0	0	0	0	48.0%				
60	602	108	78	65	57	39	23	48	34	34	20	12	61.5%	52.3%	59.6%	51.3%	52.2%
61	492	170	136	96	70	48	19	95	64	43	26	7	69.9%	66.7%	61.4%	54.2%	36.8%
62	251	172	159	142	116	104	61	119	101	87	56	31	74.8%	71.1%	75.0%	53.8%	50.8%
63	362	0	0	0	0	0	0	0	0	0	0	0					
64	487	267	267	252	236	206	157	191	146	108	87	52	71.5%	57.9%	45.8%	42.2%	33.1%
65	341	168	156	130	119	93	70	126	97	86	65	38	80.8%	74.6%	72.3%	69.9%	54.3%
66	305	102	94	87	79	60	41	37	19	19	8	5	39.4%	21.8%	24.1%	13.3%	12.2%
67	371	180	177	166	137	109	60	141	108	82	58	34	79.7%	65.1%	59.9%	53.2%	56.7%
68	348	130	95	73	50	29	28	42	19	4	1	0	44.2%	26.0%	8.0%	3.4%	0.0%
69	815	250	215	204	149	95	66	163	159	100	58	39	75.8%	77.9%	67.1%	61.1%	59.1%
70	213	96	88	87	71	59	27	72	66	50	33	12	81.8%	75.9%	70.4%	55.9%	44.4%
71	687	273	206	183	157	133	76	151	117	89	72	39	73.3%	63.9%	56.7%	54.1%	51.3%
72	701	316	299	264	222	178	107	257	215	177	138	76	86.0%	81.4%	79.7%	77.5%	71.0%
73	274	50	50	45	40	32	20	25	16	14	3	5	50.0%	35.6%	35.0%	9.4%	25.0%
74	2,049	304	285	240	192	153	102	179	154	91	66	41	62.8%	64.2%	47.4%	43.1%	40.2%
75	171	115	102	88	77	67	54	88	68	58	44	34	86.3%	77.3%	75.3%	65.7%	63.0%
76	328	52	46	33	15	8	3	28	15	4	5	2	60.9%	45.5%	26.7%	62.5%	66.7%

Table E-2: Study Enrollment and Program Interview Completion for Grant Communities Funded in 2002–2004 as of June 2008 (continued)

Community	Descriptive Sample ^a	Outcome Sample ^b	Eligible for Interview at Each Assessment Point					Completed Interview at Each Assessment Point					Interview Completion Rate at Each Assessment Point				
			6-Month	12-Month	18-Month	24-Month	30-Month	6-Month	12-Month	18-Month	24-Month	30-Month	6-Month	12-Month	18-Month	24-Month	30-Month
77	293	147	147	136	121	95	60	60	47	21	8	0	40.8%	34.6%	17.4%	8.4%	0.0%
78	102	53	40	24	24	24	24	28	2	0	3	5	70.0%	8.3%	0.0%	12.5%	20.8%
79	446	280	280	254	212	166	118	244	210	172	133	94	87.1%	82.7%	81.1%	80.1%	79.7%
80	329	127	81	63	37	18	0	39	29	9	5	0	48.1%	46.0%	24.3%	27.8%	
81	99	50	18	6	0	0	0	16	6	0	0	0	88.9%	100.0%			
82	1,138	218	169	126	81	29	0	125	85	49	13	0	74.0%	67.5%	60.5%	44.8%	
83	1,069	210	156	120	77	31	2	140	102	62	21	1	89.7%	85.0%	80.5%	67.7%	50.0%
Aggregated Number	15,735 ^f	4,271 ^f	3,698	3,162	2,553	1,920	1,211	2,681	2,066	1,483	1,004	570	72.5%	65.3%	58.1%	52.3%	47.1%

^a Baseline Descriptive Sample is the number of cases with data submitted for any instrument.

^b Baseline Outcome Sample is the number of cases with at least one of the required outcome instruments completed at baseline and submitted. Because it may take more than one interview session to complete all the instruments for an assessment, the earliest instrument completion date for each child/youth at each assessment point is used for calculating the retention rates. The target assessment date for followup assessments is based on the child/youth's earliest baseline instrument date. Follow-up interview data may be collected during a window of 6 weeks before through 6 weeks after the target assessment date.

^c Eligible for Interview at Each Assessment Point is the number of children/youth for whom the following criteria are met at the time the data are downloaded: (a) the entire *interview window has closed (each child/youth has exited the 6 weeks after the target assessment date window)* and (b) at least one of the required outcome instruments *administered at baseline* has been submitted.

^d Completed Interview at Each Assessment Point is the number of children/youth for whom the following criteria are met at the time the data are downloaded: (a) the entire *interview window has closed (each child/youth has exited the 6 weeks after the target assessment date window)* and (b) at least one of the required outcome instruments *for that followup assessment* has been submitted.

^e Interview Completion Rate at Each Assessment Point is calculated as the (completed interview number at 6 weeks after the target assessment date / eligible number at 6 weeks after the target assessment date) x 100%.

^f The baseline descriptive and outcome sample numbers reflect the enrollment and data collection efforts of all sites since the beginning of the grant program. During FY 2006 two sites were defunded. Those sites contributed about 400 children to the baseline descriptive sample and about 20 children to the baseline outcome sample. Data from the two sites are not included in the aggregated number for eligible for interview, completed interview, and interview completion rate at each assessment point.

Table E-3: Study Enrollment and Program Interview Completion for Grant Communities Funded in 2005–2006 as of June 2008

Community	Descriptive Sample ^a	Outcome Sample ^b	Eligible for Interview at Each Assessment Point ^c					Completed Interview at Each Assessment Point ^d					Interview Completion Rate at Each Assessment Point ^e				
			6-Month	12-Month	18-Month	24-Month	30-Month	6-Month	12-Month	18-Month	24-Month	30-Month	6-Month	12-Month	18-Month	24-Month	30-Month
100	106	47	35	26	5			30	20	1			85.7%	76.9%	20.0%		
101	79	39	33	26	8			31	17	2			93.9%	65.4%	25.0%		
102	143	40	19	4	2			10	0	0			52.6%	0.0%	0.0%		
103	118	112	93	38	1			22	0	0			23.7%	0.0%	0.0%		
104	193	10	1					0					0.0%				
105	82	66	55	24				42	13				76.4%	54.2%			
106	146	74	68	30	2			39	10	0			57.4%	33.3%	0.0%		
107	57	20	18	13				11	6				61.1%	46.2%			
108	115	83	65	32	3			28	4	0			43.1%	12.5%	0.0%		
109	53	37	13	5				11	2				84.6%	40.0%			
110	211	98	82	16				48	0				58.5%	0.0%			
111	198	89	63	42	1			52	26	0			82.5%	61.9%	0.0%		
112	134	111	85	49	2			73	41	1			85.9%	83.7%	50.0%		
113	204	103	49	16				35	12				71.4%	75.0%			
114	33	25	20	5				17	1				85.0%	20.0%			
115	319	60	42	7				12	0				28.6%	0.0%			
116	299	130	112	62	2			64	8	0			57.1%	12.9%	0.0%		
117	47	40	29	15	4			28	13	3			96.6%	86.7%	75.0%		
118	31	29	16					16					100.0%				
119	69	18	9					5					55.6%				
120	118	72	44	31				40	23				90.9%	74.2%			

Table E-3: Study Enrollment and Program Interview Completion for Grant Communities Funded in 2005–2006 as of June 2008 (continued)

Community	Descriptive Sample ^a	Outcome Sample ^b	Eligible for Interview at Each Assessment Point					Completed Interview at Each Assessment Point					Interview Completion Rate at Each Assessment Point				
			6-Month	12-Month	18-Month	24-Month	30-Month	6-Month	12-Month	18-Month	24-Month	30-Month	6-Month	12-Month	18-Month	24-Month	30-Month
121	31	12	5					1					20.0%				
122	115	78	53	28	3			38	18	0			71.7%	64.3%	0.0%		
123	101	51	46	36	10			44	27	1			95.7%	75.0%	10.0%		
124	37	22	16	7				11	3				68.8%	42.9%			
125	0	0															
126	0	0															
127	24	17	3	1				0	0				0.0%	0.0%			
128	54	34	9					7					77.8%				
129	18	14	2					2					100.0%				
Aggregated Number	3135	1531	1085	513	43			717	244	8			66.1%	47.6%	18.6%		

^a Descriptive Sample was based on number of cases with at least one piece of descriptive information.

^b Outcome Sample was based on number of cases with at least one of the required outcome instruments at baseline.

^c Eligibility for Interview at Each Assessment Point was derived based on the following criteria: (a) data indicated that the child had been enrolled in the system for 6 months or longer (for 6-month followup), 12 months or longer (for 12-month followup), 18 months or longer (for 18-month followup), 24 months or longer (for 24-month followup), or 30 months or longer (for 30-month followup); and (b) the child had at least one of the required outcome instruments administered at intake.

^d Completed Interview at Each Assessment Point was derived based on the following criteria: (a) 6-month outcome sample: cases with 6-month data on at least one of the required outcome instruments; (b) 12-month outcome sample: cases with 12-month data on at least one of the required outcome instruments; (c) 18-month outcome sample: cases with 18-month data on at least one of the required outcome instruments; (d) 24-month outcome sample: cases with 24-month data on at least one of the required outcome instruments; and (e) 30-month outcome sample: cases with 30-month data on at least one of the required outcome instruments.

^e Interview Completion Rate at Each Assessment Point was calculated as follows: (Completed interview at each assessment point / Eligibility for interview at each assessment point) x 100%

Demographic Characteristics, Clinical Status, and Child and Family Outcomes

Table E-4 presents detailed information on the baseline child and family characteristics of children and families enrolled in grant communities initially funded in 1999–2000.

Table E-5 presents detailed information on the baseline child and family demographics and enrollment information of children and families enrolled in grant communities initially funded in 2002–2004. Table E-6 presents the same information for children and families enrolled in grant communities initially funded in 2005–2006.

Baseline child history and family characteristics are shown in Table E-7 for children and families enrolled in grant communities initially funded in 2002–2004, and in Table E-8 for children and families enrolled in grant communities initially funded in 2005–2006.

Information on child and family clinical and functional outcome indicators at intake, 6 months, 12 months, 18 months, 24 months, and 30 months are presented for children and families enrolled in grant communities initially funded in 1999–2000 (see Table E-9). Table E-10 presents the same information collected at intake, 6 months, 12 months, 18 months, and 24 months is presented for children and families enrolled in grant communities initially funded in 2002–2004. Table E-11 presents this information collected at intake and 6 months for children and families enrolled in grant communities initially funded in 2005–2006. Information on clinical and functional outcomes at each data collection point does not represent changes over time. Rather, the information provides *descriptive* information on these outcomes at each data collection point. Some children and families may not have data collected across all data collection points.

Table E-4: Baseline Child and Family Characteristics for Grant Communities Funded in 1999–2000

Grant Communities Funded in 1999–2000			
	Overall Sample	Descriptive Sample	Outcome Sample
Gender	(n = 9,200)	(n = 5,215)	(n = 3,985)
Male	65.7%	63.9%	68.2%
Female	34.3%	36.1%	31.8%
Age	(n = 9,168)	(n = 5,183)	(n = 3,985)
Mean	12.4	12.5	12.2
0–5 Years	4.1%	4.6%	3.4%
6–11 Years	32.5%	31.2%	34.2%
12–15 Years	43.9%	42.1%	46.1%
16 Years or Older	19.6%	22.1%	16.3%

**Table E-4: Baseline Child and Family Characteristics for Grant Communities Funded in 1999–2000
(continued)**

Grant Communities Funded in 1999–2000			
	Overall Sample	Descriptive Sample	Outcome Sample
Race and Ethnicity^a	(n = 8,904)	(n = 4,972)	(n = 3,932)
African American	32.0%	31.7%	32.5%
American Indian	10.2%	11.7%	8.4%
Asian	0.7%	0.7%	0.8%
Hispanic Ethnicity	11.1%	9.6%	13.1%
Native Hawaiian or Pacific Islander	0.3%	0.3%	0.4%
White	50.7%	48.3%	53.7%
Other	1.5%	1.8%	1.1%
Biracial/Multiracial	7.4%	5.3%	10.1%
Custody	(n = 8,846)	(n = 4,917)	(n = 3,929)
Two Parents	24.6%	25.3%	23.7%
Mother	42.8%	41.4%	44.4%
Father	4.0%	3.7%	4.4%
Adoptive Parent(s)	4.9%	4.1%	5.9%
Foster Parent(s) or Ward of State	10.6%	12.4%	8.3%
Grandparents	6.5%	5.6%	7.7%
Other	6.6%	7.4%	5.7%
Primary Caregiver Gender	(n = 7,882)	(n = 3,919)	(n = 3,963)
Male	17.4%	24.3%	10.6%
Female	82.6%	75.7%	89.4%
Primary Caregiver Age	(n = 6,234)	(n = 2,526)	(n = 3,708)
Mean	40.3	39.8	40.7
16–25 Years	3.1%	2.6%	3.5%
26–30 Years	9.7%	9.4%	9.9%
31–35 Years	21.2%	22.7%	20.2%
36–40 Years	23.5%	26.6%	21.5%
41–45 Years	17.2%	17.4%	17.1%
46–50 Years	10.8%	9.4%	11.8%
51 Years or Older	14.3%	12.0%	16.0%
Family Income	(n = 6,059)	(n = 2,487)	(n = 3,572)
Less Than \$10,000	30.1%	29.9%	30.2%
\$10,000–\$19,999	27.5%	27.2%	27.7%
\$20,000–\$34,999	23.1%	25.3%	21.5%
\$35,000–\$49,999	9.2%	8.9%	9.4%
\$50,000–\$74,999	6.3%	5.9%	6.7%
\$75,000 or More	3.8%	2.8%	4.5%

Table E-4: Baseline Child and Family Characteristics for Grant Communities Funded in 1999–2000 (continued)

Grant Communities Funded in 1999–2000			
	Overall Sample	Descriptive Sample	Outcome Sample
Poverty Level	(n = 5,700)	(n = 2,316)	(n = 3,384)
Below Poverty	53.9%	54.5%	53.5%
At Poverty	8.9%	9.9%	8.2%
Above Poverty	37.2%	35.6%	38.4%
Financial Resources for Services			
Medicaid Recipient	74.2% (n = 8,570)	75.6% (n = 4,676)	72.5% (n = 3,894)
Supplemental Security Income (SSI)	19.7% (n = 6,679)	15.2% (n = 2,844)	23.1% (n = 3,835)
Children's Health Insurance Program (CHIP)	22.3% (n = 6,659)	20.4% (n = 2,849)	23.8% (n = 3,810)
Temporary Assistance for Need Families (TANF)	18.4% (n = 6,673)	17.6% (n = 2,849)	19.1% (n = 3,824)
Other Assistance	15.1% (n = 6,688)	14.3% (n = 2,854)	15.7% (n = 3,834)
Family Pays for Services	21.7% (n = 7,295)	19.2% (n = 3,472)	24.0% (n = 3,823)
Number of Child Risk Factors	(n = 9,201)	(n = 5,216)	(n = 3,985)
No Risk Factors	28.7%	28.7%	28.6%
One Risk Factor	23.3%	22.0%	24.9%
Two Risk Factors	16.7%	13.8%	20.6%
Three or More Risk Factors	31.3%	35.5%	25.9%
Mean	(n = 7,970) 1.4	(n = 4,048) 1.3	(n = 3,922) 1.6
Number of Child Risk Factors	(n = 9,201)	(n = 5,216)	(n = 3,985)
No Risk Factors	28.7%	28.7%	28.6%
One Risk Factor	23.3%	22.0%	24.9%
Two Risk Factors	16.7%	13.8%	20.6%
Three or More Risk Factors	31.3%	35.5%	25.9%
Mean	(n = 7,970) 1.4	(n = 4,048) 1.3	(n = 3,922) 1.6
Number of Family Risk Factors	(n = 9,201)	(n = 5,216)	(n = 3,985)
No Risk Factors	15.3%	16.7%	13.6%
One Risk Factor	16.2%	16.6%	15.5%
Two Risk Factors	12.4%	9.8%	15.8%
Three or More Risk Factors	56.1%	56.9%	55.1%
Mean	(n = 7,549) 2.4	(n = 3,695) 2.1	(n = 3,854) 2.7
Referral Sources	(n = 8,310)	(n = 4,799)	(n = 3,511)
Court	7.7%	7.3%	8.1%
Corrections	2.7%	2.9%	2.5%
School	13.1%	10.6%	16.6%
Mental Health Centers	43.6%	41.5%	46.6%
Substance Abuse Treatment Clinics	0.2%	0.1%	0.2%
Physical Health Care Agencies	2.6%	4.2%	0.5%
Child Welfare Agencies	11.6%	12.7%	10.1%
Caregiver	8.1%	8.9%	7.0%
Self	1.4%	1.4%	1.4%
Other	9.0%	10.4%	7.0%

**Table E-4: Baseline Child and Family Characteristics for Grant Communities Funded in 1999–2000
(continued)**

Grant Communities Funded in 1999–2000			
	Overall Sample	Descriptive Sample	Outcome Sample
Previous Services, Past Year	85.8% (n = 7,002)	79.6% (n = 3,122)	90.9% (n = 3,880)
Outpatient	68.5% (n = 6,846)	60.1% (n = 2,988)	75.0% (n = 3,858)
School Based	60.2% (n = 6,738)	52.3% (n = 2,916)	66.3% (n = 3,822)
Day Treatment	17.7% (n = 6,725)	11.2% (n = 2,899)	22.6% (n = 3,826)
Residential/Inpatient	30.7% (n = 7,199)	25.3% (n = 3,358)	35.4% (n = 3,841)
Substance Abuse Treatment	8.3% (n = 6,723)	7.2% (n = 2,898)	9.1% (n = 3,825)
Child Risk Factors			
Previous Psychiatric Hospitalization	34.6% (n = 7,548)	30.7% (n = 3,682)	38.2% (n = 3,866)
Physically Abused	26.3% (n = 7,514)	26.0% (n = 3,733)	26.6% (n = 3,781)
Sexually Abused	21.7% (n = 7,354)	20.7% (n = 3,689)	22.8% (n = 3,665)
Run Away	29.2% (n = 6,974)	26.5% (n = 3,103)	31.3% (n = 3,871)
Attempted Suicide	15.5% (n = 6,898)	11.1% (n = 3,051)	18.9% (n = 3,847)
Substance Abuse	18.0% (n = 7,678)	19.3% (n = 3,802)	16.6% (n = 3,876)
Sexually Abusive to Others	8.4% (n = 7,539)	8.4% (n = 3,708)	8.5% (n = 3,831)
Family Risk Factors			
Domestic Violence	50.7% (n = 6,599)	50.2% (n = 2,893)	51.2% (n = 3,706)
Mental Illness in Biological Family	59.2% (n = 6,391)	56.8% (n = 2,747)	61.0% (n = 3,644)
Psychiatric Hospitalization of Biological Parents	41.4% (n = 3,485)	38.0% (n = 1,400)	43.6% (n = 2,085)
Biological Parents Convicted of a Crime	48.1% (n = 6,280)	46.4% (n = 2,697)	49.4% (n = 3,583)
Substance Abuse in Biological Family	62.9% (n = 7,197)	61.2% (n = 3,468)	64.5% (n = 3,729)
Treatment Received for Substance Abuse	56.0% (n = 3,720)	54.5% (n = 1,577)	57.1% (n = 2,143)

Table E-4: Baseline Child and Family Characteristics for Grant Communities Funded in 1999–2000 (continued)

Grant Communities Funded in 1999–2000			
	Overall Sample	Descriptive Sample	Outcome Sample
Diagnosis^b	(n = 6,975)	(n = 3,841)	(n = 3,134)
Conduct Disorder	8.6%	8.0%	9.4%
ADHD	40.9%	37.9%	44.6%
Oppositional Defiant Disorder	27.4%	26.9%	28.1%
Mood Disorder	35.3%	32.9%	38.2%
Adjustment Disorder	9.7%	11.5%	7.5%
Substance Use	5.1%	5.5%	4.6%
Posttraumatic Stress Disorder	8.9%	8.6%	9.3%
Impulsive Control Disorder	4.7%	4.5%	5.0%
Disruptive Behavior Disorder	5.6%	5.9%	5.1%
Learning and Related Disorders	4.4%	4.2%	4.8%
Mental Retardation	4.3%	4.2%	4.5%
Anxiety Disorder	6.7%	7.3%	6.0%
Psychosis	3.7%	3.3%	4.1%
Autism and Related disorder	3.0%	2.6%	3.5%
VCode	5.0%	4.9%	5.2%
Other	7.1%	7.0%	7.3%
Current Medication Use	(n = 7,576)	(n = 3,673)	(n = 3,903)
Yes	58.0%	50.1%	65.5%
No	42.0%	49.9%	34.5%
Presenting Problems^c	(n = 8,308)	(n = 4,466)	(n = 3,842)
Mean	6.3	5.4	7.3
Sadness	35.4%	35.8%	34.9%
Suicide Ideation	17.1%	15.4%	19.2%
Suicide Attempt	8.5%	6.5%	10.7%
Physical Aggression	47.2%	43.3%	51.8%
Property Damage	21.2%	15.5%	28.0%
Runaway	13.3%	11.4%	15.5%
Hyperactive–Impulsive	40.3%	35.1%	46.4%
Attentional Difficulties	39.9%	33.7%	47.1%
Police Contact	21.5%	18.5%	24.9%
Academic Difficulties	42.4%	39.2%	46.1%
Non-Compliance	45.9%	38.9%	54.0%
Poor Self-Esteem	30.8%	26.2%	36.2%
Truancy	12.6%	11.7%	13.7%
Alcohol and Substance Use	12.2%	13.1%	11.2%
Poor Peer Interaction	30.5%	26.5%	35.2%
Extreme Verbal Abuse	22.0%	16.0%	28.9%
Theft	14.2%	10.8%	18.1%
Anxious	29.9%	25.9%	34.5%
Sleep Disorders	14.5%	10.9%	18.7%
Eating Disorders	6.6%	4.9%	8.6%
Somatic Complaints	7.1%	5.2%	9.3%
Self-Injury	13.6%	12.0%	15.5%
Social Contact Avoidance	11.5%	8.7%	14.7%
Sexual Assault	4.8%	4.0%	5.8%
Threat to Life of Others	12.1%	9.7%	14.9%
Fire Setting	6.7%	5.0%	8.6%
Cruelty to Animals	5.6%	4.1%	7.3%
Inappropriate Bowel Movements	2.9%	2.1%	3.8%
Over-Dependence on Adults	10.7%	6.9%	15.1%
Bladder Difficulties	4.8%	3.3%	6.6%
Sexual Acting Out	9.5%	9.3%	9.8%
Other Problems	21.4%	23.8%	18.6%

^a Because an individual may chose more than one racial background, the race variable may sum to more than 100%.

^b Because children may have more than one diagnosis, the diagnosis variables may sum to more than 100%.

^c Because children may present with more than one problem, the variable presenting problems may sum to more than 100%.

Table E-5: Baseline Characteristics: Child Demographic and Enrollment Information for Grant Communities Funded in 2002–2004

Grant Communities Funded in 2002–2004			
	Overall Sample (n = 15,735)	Descriptive Sample (n = 11,464)	Outcome Sample (n = 4,271)
Gender	(n = 15,485)	(n = 11,342)	(n = 4,143)
Male	63.6%	62.7%	66.0%
Female	36.4%	37.3%	34.0%
Age in Years	(n = 15,493)	(n = 11,349)	(n = 4,144)
Mean (SD)	11.5 (4.4)	11.5 (4.6)	11.6 (4.0)
0–5 Years	12.1%	13.0%	9.6%
6–11 Years	30.8%	29.9%	33.2%
12–15 Years	37.5%	36.1%	41.2%
16 Years or Older	19.7%	21.0%	16.0%
Race and Ethnicity	(n = 15,219)	(n = 11,113)	(n = 4,106)
American Indian or Alaska Native Alone	4.6%	4.9%	4.0%
Asian Alone	1.3%	1.4%	0.9%
Black or African American Alone	24.8%	23.0%	29.5%
Native Hawaiian or Other Pacific Islander Alone	1.9%	1.5%	3.1%
White Alone	37.8%	38.5%	36.1%
Of Hispanic Origin	25.9%	27.4%	22.1%
Multiracial	3.3%	3.0%	4.1%
Other, Single Race	0.3%	0.3%	0.2%
Participating in Service Plan Development^a	(n = 8,111)	(n = 5,421)	(n = 2,690)
Caregiver	89.6%	87.0%	94.9%
Child	76.3%	77.4%	74.1%
Other Family Member	30.8%	30.4%	31.6%
Case Manager	75.6%	73.1%	80.6%
Therapist	33.6%	31.7%	37.5%
Other Mental Health Staff	18.1%	18.8%	16.6%
Education Staff	17.4%	16.7%	18.8%
Child Welfare Staff	13.7%	15.5%	10.0%
Juvenile Justice	9.4%	10.1%	8.0%
Health Staff	3.4%	4.1%	1.9%
Family Advocate	20.0%	20.0%	20.0%
Other Participant	17.8%	17.1%	19.3%
Referral Sources	(n = 15,410)	(n = 11,329)	(n = 4,081)
Corrections	0.6%	0.7%	0.6%
Juvenile Court	4.3%	4.6%	3.5%
Probation	6.5%	7.2%	4.6%
School	24.1%	23.3%	26.4%
Mental Health	22.2%	20.5%	26.7%
Physical Health	1.8%	1.9%	1.3%
Child Welfare	16.9%	19.5%	9.9%
Substance Abuse Clinic	0.8%	0.6%	1.3%
Family Court	0.3%	0.3%	0.2%
Caregiver	9.8%	8.8%	12.5%
Self	3.0%	3.4%	1.9%
Other	9.7%	9.2%	11.1%
Agency Involvement^a	(n = 15,606)	(n = 11,451)	(n = 4,155)
Corrections	2.1%	2.0%	2.4%
Juvenile Court	12.9%	12.5%	13.8%
Probation	11.0%	11.0%	11.0%
School	59.8%	56.9%	67.7%
Mental Health	53.3%	48.2%	67.6%
Physical Health	11.8%	10.4%	15.6%
Child Welfare	24.5%	26.3%	19.4%
Substance Abuse Clinic	3.2%	3.0%	3.8%
Family Court	5.9%	6.3%	5.0%
Other	15.7%	16.2%	14.0%

Table E-5: Baseline Characteristics: Child Demographic and Enrollment Information for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004			
	Overall Sample (n = 15,735)	Descriptive Sample (n = 11,464)	Outcome Sample (n = 4,271)
DSM–IV Axis I and II Diagnosis^a	(n = 12,219)	(n = 8,679)	(n = 3,540)
Substance Use Disorders	6.0%	6.4%	4.9%
Schizophrenia and Other Psychotic Disorders	2.4%	2.2%	2.8%
Mood Disorders	33.7%	32.4%	37.0%
Autism and Other Pervasive Developmental Disorders	2.5%	2.3%	3.1%
Anxiety Disorder	6.4%	6.3%	6.7%
Adjustment Disorders	13.8%	14.4%	12.4%
Posttraumatic Stress Disorder and Acute Stress Disorder	8.5%	8.4%	9.0%
Impulse Control Disorders	2.7%	2.5%	3.2%
Oppositional Defiant Disorder	22.4%	20.0%	28.1%
Attention-Deficit/Hyperactivity Disorder (ADHD)	29.6%	26.0%	38.3%
Personality Disorders	0.9%	0.9%	1.0%
Mental Retardation	2.6%	2.7%	2.5%
Learning, Motor Skills, and Communication Disorders	3.7%	3.4%	4.4%
Conduct Disorder	6.6%	6.3%	7.1%
Disruptive Behavior Disorder	6.5%	6.3%	7.1%
Other	10.4%	12.0%	6.5%
V Code	7.8%	7.7%	7.9%
Substance-Induced Disorders	0.3%	0.2%	0.3%
DC:0–3R Axis I Diagnosis^a	(n = 139)	(n = 101)	(n = 38)
Sensory Stimulation-Seeking/Impulsive	20.9%	20.8%	21.1%
Anxiety Disorders	18.7%	20.8%	13.2%
Adjustment Disorder	17.3%	20.8%	7.9%
Hypersensitive	12.2%	10.9%	15.8%
Posttraumatic Stress Disorder	9.4%	7.9%	13.2%
Deprivation/Maltreatment Disorder	8.6%	8.9%	7.9%
Other Disorders	6.5%	5.9%	7.9%
Depression	4.3%	2.0%	10.5%
Mixed Disorders of Emotional Expressiveness	4.3%	2.0%	10.5%
Hyposensitive/Underresponsive	4.3%	5.9%	0.0%
Disorders of Relating and Communicating	3.6%	5.0%	0.0%
Multi-System Developmental Disorder (MSDD)	2.2%	3.0%	0.0%
Prolonged Bereavement/Grief Reaction	1.4%	2.0%	0.0%
Disorders of Affect	0.0%	0.0%	0.0%
Regulation Disorders of Sensory Processing	0.0%	0.0%	0.0%
Sleep Behavior Disorder	0.0%	0.0%	0.0%
Sleep Onset Disorder	0.0%	0.0%	0.0%
Night-Waking Disorder	0.0%	0.0%	0.0%
Feeding Disorders	0.0%	0.0%	0.0%

Table E-5: Baseline Characteristics: Child Demographic and Enrollment Information for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004			
	Overall Sample (n = 15,735)	Descriptive Sample (n = 11,464)	Outcome Sample (n = 4,271)
Presenting Problems^a	(n = 14,792)	(n = 10,751)	(n = 4,041)
Suicide Ideation/Self-Injury	16.8%	16.2%	18.4%
Depression	36.6%	35.6%	39.3%
Anxiety	28.3%	27.8%	29.6%
Hyperactivity/Attention	38.3%	34.5%	48.4%
Conduct/Delinquency	58.1%	54.4%	67.8%
Substance Use	11.2%	11.3%	11.0%
Adjustment	34.0%	33.2%	36.0%
Psychotic Behaviors	5.4%	4.7%	7.5%
Pervasive Development Disability	4.3%	4.0%	5.1%
Specific Development Disability	5.9%	5.3%	7.5%
Learning Disability	13.1%	11.9%	16.2%
School Performance	31.4%	27.7%	41.4%
Eating Disorder	4.8%	5.6%	2.4%
Other	12.1%	11.9%	12.6%
Financial Resources for Services^a	(n = 12,658)	(n = 8,947)	(n = 3,711)
Medicaid	73.8%	73.3%	74.8%
Child Health Insurance Program (CHIP)	4.5%	3.8%	6.1%
Supplemental Security Income (SSI)	8.6%	7.2%	11.8%
Temporary Assistance for Needy Families (TANF)	4.5%	4.0%	5.8%
Private Insurance	17.7%	17.5%	18.0%
Other Assistance	10.3%	10.1%	10.9%

^a An individual may provide more than one response; therefore, percentages may sum to more than 100%.

Table E-6: Baseline Characteristics: Child Demographic and Enrollment Information for Grant Communities Funded in 2005–2006

Grant Communities Funded in 2005–2006			
	Overall Sample (<i>n</i> = 3,135)	Descriptive Sample (<i>n</i> = 1,599)	Outcome Sample (<i>n</i> = 1,536)
Gender	(<i>n</i> = 3,025)	(<i>n</i> = 1,594)	(<i>n</i> = 1,431)
Male	62.4%	61.9%	63.1%
Female	37.6%	38.1%	36.9%
Age in Years	(<i>n</i> = 3,014)	(<i>n</i> = 1,586)	(<i>n</i> = 1,428)
Mean (<i>SD</i>)	11.3 (4.5)	12.0 (4.2)	10.6 (4.7)
0–5 Years	14.8%	9.3%	20.9%
6–11 Years	28.1%	28.0%	28.3%
12–15 Years	39.7%	41.9%	37.3%
16 Years or Older	17.4%	20.9%	13.6%
Race and Ethnicity	(<i>n</i> = 2,988)	(<i>n</i> = 1,571)	(<i>n</i> = 1,417)
American Indian or Alaska Native Alone	4.7%	4.8%	4.6%
Asian Alone	1.5%	1.9%	1.1%
Black or African American Alone	25.0%	26.2%	23.8%
Native Hawaiian or Other Pacific Islander Alone	0.4%	0.3%	0.4%
White Alone	43.2%	42.5%	44.0%
Of Hispanic Origin	17.6%	17.4%	17.9%
Multiracial	7.4%	6.7%	8.1%
Other, Single Race	0.1%	0.2%	0.1%
Participating in Service Plan Development^a	(<i>n</i> = 2,110)	(<i>n</i> = 923)	(<i>n</i> = 1,187)
Caregiver	96.8%	95.1%	98.1%
Child	74.6%	80.1%	70.3%
Other Family Member	30.4%	28.3%	32.1%
Case Manager	79.1%	78.3%	79.8%
Therapist	48.1%	45.1%	50.4%
Other Mental Health Staff	19.3%	16.4%	21.6%
Education Staff	20.2%	17.3%	22.5%
Child Welfare Staff	11.5%	13.3%	10.1%
Juvenile Justice	10.1%	10.7%	9.6%
Health Staff	3.5%	3.0%	3.8%
Family Advocate	26.3%	20.6%	30.7%
Other Participant	22.5%	17.9%	26.1%

Table E-6: Baseline Characteristics: Child Demographic and Enrollment Information for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006			
	Overall Sample (n = 3,135)	Descriptive Sample (n = 1,599)	Outcome Sample (n = 1,536)
Referral Sources	(n = 2,996)	(n = 1,580)	(n = 1,416)
Corrections	0.2%	0.3%	0.2%
Juvenile Court	9.0%	8.9%	9.1%
Probation	3.7%	4.1%	3.2%
School	13.1%	12.9%	13.3%
Mental Health	38.2%	39.8%	36.4%
Physical Health	1.8%	1.4%	2.2%
Child Welfare	10.7%	11.2%	10.1%
Substance Abuse Clinic	0.4%	0.6%	0.2%
Family Court	1.1%	1.6%	0.6%
Caregiver	12.8%	11.6%	14.1%
Self	1.3%	1.5%	1.1%
Other	6.5%	5.8%	7.3%
Early Care	1.2%	0.6%	1.9%
Agency Involvement^a	(n = 3,026)	(n = 1,595)	(n = 1,431)
Corrections	1.4%	1.4%	1.3%
Juvenile Court	15.2%	14.9%	15.4%
Probation	13.3%	14.0%	12.4%
School	66.3%	67.8%	64.6%
Mental Health	75.3%	74.3%	76.5%
Physical Health	23.1%	22.7%	23.6%
Child Welfare	18.8%	18.7%	18.9%
Substance Abuse Clinic	3.1%	3.4%	2.7%
Family Court	7.0%	8.0%	5.8%
Other	13.7%	13.5%	13.9%
Early Care	7.2%	4.1%	10.7%

Table E-6: Baseline Characteristics: Child Demographic and Enrollment Information for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006			
	Overall Sample (n = 3,135)	Descriptive Sample (n = 1,599)	Outcome Sample (n = 1,536)
DSM–IV Axis I and II Diagnosis^a	(n = 2,510)	(n = 1,255)	(n = 1,255)
Substance Use Disorders	6.6%	7.9%	5.3%
Schizophrenia and Other Psychotic Disorders	2.4%	3.1%	1.6%
Mood Disorders	39.7%	42.7%	36.7%
Autism and Other Pervasive Developmental Disorders	3.8%	3.7%	3.9%
Anxiety Disorder	9.7%	10.3%	9.1%
Adjustment Disorders	13.5%	13.9%	13.1%
Posttraumatic Stress Disorder and Acute Stress Disorder	10.4%	11.7%	9.0%
Impulse Control Disorders	2.5%	2.4%	2.7%
Oppositional Defiant Disorder	27.1%	28.0%	26.1%
Attention-Deficit/Hyperactivity Disorder (ADHD)	36.4%	33.9%	38.9%
Personality Disorders	0.8%	0.9%	0.7%
Mental Retardation	1.8%	2.5%	1.1%
Learning, Motor Skills, and Communication Disorders	4.1%	4.6%	3.7%
Conduct Disorder	4.5%	5.4%	3.6%
Disruptive Behavior Disorder	7.4%	6.0%	8.8%
Other	10.0%	9.7%	10.2%
V Code	6.1%	7.1%	5.1%
Substance-Induced Disorders	0.3%	0.3%	0.3%
DC:0–3R Axis I Diagnosis^a	(n = 120)	(n = 110)	(n = 10)
Sensory Stimulation-Seeking/Impulsive	10.8%	10.0%	n/a
Anxiety Disorders	7.5%	0.0	n/a
Adjustment Disorder	30.8%	30.0%	n/a
Hypersensitive	12.5%	12.7%	n/a
Posttraumatic Stress Disorder	8.3%	8.2%	n/a
Deprivation/Maltreatment Disorder	1.7%	1.8%	n/a
Other Disorders	15.8%	16.4%	n/a
Depression	2.5%	1.8%	n/a
Mixed Disorders of Emotional Expressiveness	5.8%	6.4%	n/a
Hyposensitive/Underresponsive	1.7%	0.9%	n/a
Disorders of Relating and Communicating	3.3%	3.6%	n/a
Multi-System Developmental Disorder (MSDD)	0.0%	0.0%	n/a
Prolonged Bereavement/Grief Reaction	0.0%	0.0%	n/a
Disorders of Affect	3.3%	3.6%	n/a
Regulation Disorders of Sensory Processing	5.8%	5.5%	n/a
Sleep Behavior Disorder	0.0%	0.0%	n/a
Sleep Onset Disorder	1.7%	1.8%	n/a
Night-Waking Disorder	0.0%	0.0%	n/a
Feeding Disorders	2.5%	2.7%	n/a

Table E-6: Baseline Characteristics: Child Demographic and Enrollment Information for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006			
	Overall Sample (<i>n</i> = 3,135)	Descriptive Sample (<i>n</i> = 1,599)	Outcome Sample (<i>n</i> = 1,536)
Presenting Problems^a	(<i>n</i> = 2,969)	(<i>n</i> = 1,551)	(<i>n</i> = 1,418)
Suicide Ideation/Self-Injury	14.2%	14.4%	14.0%
Depression	31.9%	34.2%	29.4%
Anxiety	26.8%	28.2%	25.2%
Hyperactivity/Attention	36.8%	34.8%	39.1%
Conduct/Delinquency	56.7%	57.4%	55.9%
Substance Use	12.1%	12.0%	12.2%
Adjustment	29.4%	29.3%	29.5%
Psychotic Behaviors	5.2%	5.5%	4.8%
Pervasive Development Disability	5.7%	5.0%	6.3%
Specific Development Disability	5.2%	4.2%	6.3%
Learning Disability	14.9%	13.9%	16.0%
School Performance	36.0%	36.1%	35.9%
Eating Disorder	1.7%	1.9%	1.4%
Other	12.9%	12.8%	13.0%
Feeding Problems in Young Children	1.0%	0.3%	1.8%
Disruptive Behaviors	10.7%	6.6%	15.2%
Persistent Noncompliance	4.9%	3.2%	6.7%
Excessive Crying	5.4%	2.6%	8.5%
Separation	2.5%	1.8%	3.3%
Non-Engagement With People	1.0%	0.7%	1.3%
Sleeping	2.6%	1.4%	3.9%
Excluded From Preschool or Childcare	1.9%	1.4%	2.3%
Family Home Placement	2.0%	1.7%	2.3%
Maltreatment	2.2%	2.2%	2.1%
Child's Health	0.8%	0.3%	1.3%
Maternal Depression	2.5%	1.5%	3.6%
Maternal Other Mental Health	2.0%	1.5%	2.5%
Paternal Mental Health	1.1%	0.6%	1.7%
Caregiver Mental Health (Other than Paternal/ Maternal)	0.3%	0.2%	0.4%
Maternal Substance Abuse	2.5%	2.4%	2.7%
Paternal Substance Abuse	2.3%	2.3%	2.2%
Caregiver Substance Abuse (Other than Paternal/ Maternal)	0.1%	0.1%	0.1%
Family Health Problems	1.4%	1.1%	1.7%
Other Parent/ Caregiver/ Family Problems	3.3%	2.8%	3.9%
Problems Related to Housing	1.5%	1.4%	1.7%
Early Child: Other	2.1%	1.1%	3.1%

Table E-6: Baseline Characteristics: Child Demographic and Enrollment Information for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006			
	Overall Sample (<i>n</i> = 3,135)	Descriptive Sample (<i>n</i> = 1,599)	Outcome Sample (<i>n</i> = 1,536)
Financial Resources for Services^a	(<i>n</i> = 2,796)	(<i>n</i> = 1,454)	(<i>n</i> = 1,342)
Medicaid	69.9%	66.1%	74.0%
Child Health Insurance Program (CHIP)	2.7%	3.2%	2.2%
Supplemental Security Income (SSI)	8.2%	7.5%	8.9%
Temporary Assistance for Needy Families (TANF)	7.3%	5.5%	9.3%
Private Insurance	20.0%	20.4%	19.4%
Other Assistance	14.2%	7.7%	13.6%

^a An individual may provide more than one response; therefore, percentages may sum to more than 100%.

**Table E-7: Baseline Characteristics: Child History and Family Characteristics
for Grant Communities Funded in 2002–2004**

Grant Communities Funded in 2002–2004	
	Outcome Sample (<i>n</i> = 4,271)
Custody Status	(<i>n</i> = 4,041)
Two Parents	24.5%
Biological Mother Only	49.4%
Biological Father Only	4.0%
Adoptive Parents	5.1%
Sibling(s)	0.5%
Aunt and/or Uncle	1.9%
Grandparent(s)	7.6%
Adult Friend	0.2%
Ward of the State	4.5%
Other	2.3%
Living Situationa	(<i>n</i> = 4,176)
Biological Parent(s)	74.9%
Adoptive Family	5.1%
Relative(s)	20.7%
Non-Family or Foster Care	8.0%
Independent	1.3%
Primary Caregiver Relationship to Child	(<i>n</i> = 4,012)
Biological Parent	77.7%
Adoptive Parent	6.4%
Foster Parent	2.1%
Live-In Partner of Parent	0.1%
Sibling	0.5%
Aunt or Uncle	2.3%
Grandparent	8.8%
Cousin	0.3%
Other Relative	0.3%
Adult Friend	0.1%
Other	1.1%
Primary Caregiver Gender	(<i>n</i> = 4,052)
Male	8.2%
Female	91.8%

Table E-7: Baseline Characteristics: Child History and Family Characteristics for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004	
	Outcome Sample (<i>n</i> = 4,271)
Primary Caregiver Age in Years	(<i>n</i> = 4,008)
Mean (SD)	40.1 (10.5)
16–25 Years	3.9%
26–30 Years	13.1%
31–35 Years	21.2%
36–40 Years	20.3%
41–45 Years	15.9%
46–50 Years	10.9%
51 Years or older	14.8%
Primary Caregiver Race and Ethnicity	(<i>n</i> = 4,040)
American Indian or Alaska Native Alone	3.2%
Asian Alone	0.9%
Black or African American Alone	27.2%
Native Hawaiian or Other Pacific Islander Alone	2.4%
White Alone	40.9%
Of Hispanic Origin	22.4%
Multiracial	3.0%
Other, Single Race	
Primary Caregiver Employed^b	(<i>n</i> = 4,001)
Yes	54.4%
No	45.6%
Primary Caregiver Paid for Child’s Services^b	(<i>n</i> = 4,025)
Yes	16.9%
No	83.1%
Family Income	(<i>n</i> = 3,913)
Less Than \$5,000	16.3%
\$5,000–\$9,999	14.2%
\$10,000–\$14,000	15.7%
\$15,000–\$19,999	10.4%
\$20,000–\$24,999	10.8%
\$25,000–\$34,999	13.1%
\$35,000–\$49,999	10.0%
\$50,000–\$74,999	6.5%
\$75,000–\$99,999	1.8%
\$100,000 and Over	1.3%

Table E-7: Baseline Characteristics: Child History and Family Characteristics for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004	
	Outcome Sample (<i>n</i> = 4,271)
Family Poverty Level	(<i>n</i> = 3,691)
Below Poverty	58.0%
At Poverty	17.2%
Above Poverty	24.8%
Child Medication Use	47.5% (<i>n</i> = 4,038)
Current Medications	(<i>n</i> = 1,858)
Abilify	14.4%
Adderall	17.8%
Benzodiazepine	0.2%
Carbamazepine	0.4%
Catapres	6.8%
Celexa	1.9%
Klonopin	2.0%
Concerta	15.7%
Depakote	11.5%
Desyrel	3.1%
Dexedrine	0.9%
Effexor	1.1%
Haldol	0.4%
Lexapro	5.1%
Lamictal	2.4%
Lithium	4.7%
Neurontin	0.4%
Orap	0.1%
Paxil	1.7%
Prozac	7.9%
Risperdal	18.5%
Ritalin	7.5%
Seroquel	14.9%
Stratera	9.8%
Symbiax	0.2%
Tenex	3.8%
Trileptal	4.5%
Wellbutrin	5.6%
Xanax	0.2%
Zoloft	7.0%
Zyprexa	2.7%
Other	21.7%

Table E-7: Baseline Characteristics: Child History and Family Characteristics for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004	
	Outcome Sample (<i>n</i> = 4,271)
Child Risk Factors	(<i>n</i> = 3,918)
None	44.6%
One or More	55.4%
Physical Abuse	21.9% (<i>n</i> = 3,939)
Sexual Abuse	15.8% (<i>n</i> = 3,866)
Running Away	28.5% (<i>n</i> = 4,024)
Attempted Suicide	13.6% (<i>n</i> = 4,005)
Substance Abuse	14.5% (<i>n</i> = 4,000)
Family History of Illness	(<i>n</i> = 3,954)
Yes	84.4%
No	15.6%
Depression	68.4% (<i>n</i> = 3,866)
Other Mental Illness	44.3% (<i>n</i> = 3,847)
Alcohol or Substance Abuse	60.9% (<i>n</i> = 3,952)
Recent Caregiver With History of Illness^c	(<i>n</i> = 3,903)
Yes	45.0%
No	55.0%
Depression	40.0% (<i>n</i> = 3,941)
Other Mental Illness	12.0% (<i>n</i> = 3,953)
Alcohol or Substance Abuse	7.4% (<i>n</i> = 3,985)
Household Risk Factors	
Domestic Violence	46.5% (<i>n</i> = 3,958)
Household Member With Criminal History	33.2% (<i>n</i> = 3,954)
Household Member Depression	64.1% (<i>n</i> = 3,893)
Household Member Mental Illness	31.3% (<i>n</i> = 3,894)
Household Member Substance Abuse	46.5% (<i>n</i> = 3,958)

Table E-7: Baseline Characteristics: Child History and Family Characteristics for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004	
	Outcome Sample (n = 4,271)
Child Substance Use History^d	(n = 2,307)
Number of Substances	
None	42.5%
One	15.8%
Two	12.8%
Three	11.4%
Four or More	17.5%
Substances^e	
Alcohol	73.1% (n = 1,325)
Cigarettes	73.4% (n = 1,326)
Chewing Tobacco or Snuff	12.1% (n = 1,326)
Marijuana	63.1% (n = 1,322)
Cocaine	12.8% (n = 1,323)
Hallucinogens	8.5% (n = 1,324)
PCP	2.7% (n = 1,325)
Ketamine	0.6% (n = 1,324)
MDMA (Ecstasy)	9.5% (n = 1,321)
GHB	0.5% (n = 1,322)
Inhalants	10.2% (n = 1,324)
Heroin	2.3% (n = 1,324)
Amphetamines/Stimulants	7.0% (n = 1,319)
Painkillers	15.8% (n = 1,319)
Ritalin, Adderall, Desoxyn	8.7% (n = 1,318)
Tranquilizers	7.0% (n = 1,321)
Barbiturates/Sedatives	2.1% (n = 1,320)
Over-the-Counter/Nonprescription Drugs	9.6% (n = 1,322)
Other	4.4% (n = 1,315)
Child Juvenile Justice Contacts^d	
Lifetime Contacts	(n = 2,304)
None	45.9%
One or More	54.1%
Recent Contact^b	
Questioned by Police	22.8% (n = 2,291)
Arrested	22.6% (n = 2,296)
Told to Appear in Court	18.8% (n = 2,285)
Convicted of a Crime	10.2% (n = 2,290)
On Probation	23.2% (n = 2,294)
Sentenced to Secure Facility	10.6% (n = 2,287)

^a An individual may provide more than one response; therefore, percentages may sum to more than 100%.

^b Information pertains to the 6 months prior to intake.

^c Caregiver with a history of illness who provided care or supervision in the 6 months prior to intake.

^d Drug use history and juvenile justice contacts obtained only for children 11 years and older.

^e Percentages for each substance are based on the number of adolescents who reported any substance use history. Youth may report using more than one substance; therefore, percentages may sum to more than 100%.

**TableE-8: Baseline Characteristics: Child History and Family Characteristics
for Grant Communities Funded in 2005–2006**

Grant Communities Funded in 2005–2006	
	Outcome Sample (<i>n</i> = 1,536)
Custody Status	(<i>n</i> = 1,448)
Two Parents	26.7%
Biological Mother Only	50.0%
Biological Father Only	3.5%
Adoptive Parents	5.9%
Sibling(s)	0.1%
Aunt and/or Uncle	1.0%
Grandparent(s)	5.7%
Adult Friend	0.1%
Ward of the State	4.5%
Other	2.5%
Living Situation^a	(<i>n</i> = 1,453)
Biological Parent(s)	77.0%
Adoptive Family	5.9%
Relative(s)	17.1%
Non-Family or Foster Care	9.9%
Independent	1.0%
Primary Caregiver Relationship to Child	(<i>n</i> = 1,413)
Biological Parent	80.3%
Adoptive Parent	7.1%
Foster Parent	3.5%
Live-In Partner of Parent	0.3%
Sibling	0.3%
Aunt or Uncle	1.0%
Grandparent	6.5%
Cousin	0.1%
Other Relative	0.1%
Adult Friend	0.2%
Other	0.8%
Primary Caregiver Gender	(<i>n</i> = 1,450)
Male	7.5%
Female	92.5%

Table E-8: Baseline Characteristics: Child History and Family Characteristics for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006	
	Outcome Sample (n = 1,536)
Primary Caregiver Age in Years	(n = 1,423)
Mean (SD)	39.0 (10.1)
16–25 Years	5.6%
26–30 Years	14.7%
31–35 Years	19.5%
36–40 Years	20.3%
41–45 Years	16.5%
46–50 Years	9.4%
51 Years or older	13.9%
Primary Caregiver Race and Ethnicity	(n = 1,445)
American Indian or Alaska Native Alone	4.8%
Asian Alone	0.8%
Black or African American Alone	22.8%
Native Hawaiian or Other Pacific Islander Alone	0.6%
White Alone	52.7%
Of Hispanic Origin	15.7%
Multiracial	2.6%
Other, Single Race	0.1%
Primary Caregiver Employed^b	(n = 1,409)
Yes	57.4%
No	42.6%
Primary Caregiver Paid for Child's Services^b	(n = 1,438)
Yes	17.5%
No	82.5%
Family Income	(n = 1,400)
Less Than \$5,000	13.1%
\$5,000–\$9,999	14.5%
\$10,000–\$14,000	15.2%
\$15,000–\$19,999	11.6%
\$20,000–\$24,999	11.4%
\$25,000–\$34,999	11.4%
\$35,000–\$49,999	10.6%
\$50,000–\$74,999	7.9%
\$75,000–\$99,999	2.4%
\$100,000 and Over	1.8%
Family Poverty Level	(n = 1353)
Below Poverty	56.5%
At Poverty	16.3%
Above Poverty	27.2%

**Table E-8: Baseline Characteristics: Child History and Family Characteristics
for Grant Communities Funded in 2005–2006 (continued)**

Grant Communities Funded in 2005–2006	
	Outcome Sample (<i>n</i> = 1,536)
Child Medication Use	47.5% (<i>n</i> = 1,449)
Current Medications	(<i>n</i> = 1,299)
Abilify	11.1%
Adderall	20.9%
Benzodiazepine	0.3%
Carbamazepine	0.9%
Catapres	8.6%
Celexa	3.9%
Klonopin	2.5%
Concerta	17.5%
Depakote	10.5%
Desyrel	2.5%
Dexedrine	0.4%
Effexor	1.3%
Haldol	0.1%
Lexapro	4.0%
Lamictal	4.0%
Lithium	3.9%
Neurontin	0.7%
Orap	0.1%
Paxil	0.9%
Prozac	10.1%
Risperdal	20.7%
Ritalin	6.2%
Seroquel	10.5%
Stratera	6.4%
Symbiax	0.0%
Tenex	4.7%
Trileptal	4.9%
Wellbutrin	5.2%
Xanax	.6%
Zoloft	5.6%
Zyprexa	1.5%
Other	21.8%

Table E-8: Baseline Characteristics: Child History and Family Characteristics for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006	
	Outcome Sample (<i>n</i> = 1,536)
Child Risk Factors	(<i>n</i> = 1,355)
None	44.4%
One or More	55.6%
Physical Abuse	23.6% (<i>n</i> = 1,377)
Sexual Abuse	15.6% (<i>n</i> = 1,337)
Running Away	27.8% (<i>n</i> = 1,448)
Attempted Suicide	9.5% (<i>n</i> = 1,437)
Substance Abuse	16.6% (<i>n</i> = 1,406)
Family History of Illness	(<i>n</i> = 1,424)
Yes	86.3%
No	13.7%
Depression	71.9% (<i>n</i> = 1,396)
Other Mental Illness	48.0% (<i>n</i> = 1,380)
Alcohol or Substance Abuse	63.1% (<i>n</i> = 1,416)
Recent Caregiver With History of Illness^c	(<i>n</i> = 1,414)
Yes	50.1%
No	49.9%
Depression	44.5% (<i>n</i> = 1,424)
Other Mental Illness	15.8% (<i>n</i> = 1,424)
Alcohol or Substance Abuse	9.3% (<i>n</i> = 1,429)
Household Risk Factors	
Domestic Violence	48.1% (<i>n</i> = 1,419)
Household Member With Criminal History	35.8% (<i>n</i> = 1,416)
Household Member Depression	70.0% (<i>n</i> = 1,406)
Household Member Mental Illness	36.8% (<i>n</i> = 1,401)
Household Member Substance Abuse	49.1% (<i>n</i> = 1,421)

Table E-8: Baseline Characteristics: Child History and Family Characteristics for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006	
	Outcome Sample (n = 1,536)
Child Substance Use History^d	
Number of Substances	(n = 729)
None	35.4%
One	14.8%
Two	14.4%
Three	14.0%
Four or More	21.4%
Substances^e	
Alcohol	73.2% (n = 470)
Cigarettes	75.5% (n = 470)
Chewing Tobacco or Snuff	13.2% (n = 470)
Marijuana	64.7% (n = 470)
Cocaine	10.4% (n = 471)
Hallucinogens	8.1% (n = 470)
PCP	1.7% (n = 470)
Ketamine	0.4% (n = 471)
MDMA (Ecstasy)	9.6% (n = 471)
GHB	0.0% (n = 471)
Inhalants	11.0% (n = 471)
Heroin	1.9% (n = 471)
Amphetamines/Stimulants	5.5% (n = 470)
Painkillers	18.9% (n = 470)
Ritalin, Adderall, Desoxyn	14.6% (n = 471)
Tranquilizers	6.2% (n = 470)
Barbiturates/Sedatives	1.9% (n = 471)
Over-the-Counter/Nonprescription Drugs	11.0% (n = 471)
Other	5.7% (n = 471)
Child Juvenile Justice Contacts^d	
Lifetime Contacts	(n = 732)
None	39.9%
One or More	60.1%
Recent Contact^b	
Questioned by Police	27.3% (n = 729)
Arrested	20.4% (n = 730)
Told to Appear in Court	25.4% (n = 727)
Convicted of a Crime	15.2% (n = 732)
On Probation	31.1% (n = 731)
Sentenced to Secure Facility	13.9% (n = 728)

^a An individual may provide more than one response; therefore, percentages may sum to more than 100%.

^b Information pertains to the 6 months prior to intake.

^c Caregiver with a history of illness who provided care or supervision in the 6 months prior to intake.

^d Drug use history and juvenile justice contacts obtained only for children 11 years and older.

^e Percentages for each substance are based on the number of adolescents who reported any substance use history. Youth may report using more than one substance; therefore, percentages may sum to more than 100%.

Table E-9: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, 24 Months, and 30 Months for Grant Communities Funded in 1999–2000

Grant Communities Funded in 1999–2000						
	Intake Mean (SD)	6 Months Mean (SD)	12 Months Mean (SD)	18 Months Mean (SD)	24 Months Mean (SD)	30 Months Mean (SD)
Child Behavior Checklist (CBCL)						
Activities Competence	40.5 (7.6) (n = 3,029)	39.9 (7.6) (n = 2,009)	40.0 (7.7) (n = 1,550)	39.8 (7.7) (n = 1,133)	40.1 (7.5) (n = 858)	40.1 (7.7) (n = 574)
Social Competence	38.1 (8.9) (n = 3,073)	38.5 (8.9) (n = 2,062)	38.7 (8.8) (n = 1,614)	38.8 (8.8) (n = 1,146)	39.2 (8.7) (n = 873)	38.5 (8.9) (n = 583)
School Competence	35.2 (8.6) (n = 3,117)	36.6 (8.7) (n = 2,069)	37.1 (8.6) (n = 1,607)	37.5 (8.9) (n = 1,131)	37.6 (8.9) (n = 878)	37.4 (8.8) (n = 582)
Internalizing Problems	64.4 (11.5) (n = 3,654)	61.9 (12.0) (n = 2,364)	60.8 (12.3) (n = 1,832)	60.3 (12.3) (n = 1,293)	59.7 (12.4) (n = 994)	59.6 (12.4) (n = 657)
Externalizing Problems	69.0 (10.8) (n = 3,654)	66.3 (11.4) (n = 2,364)	65.5 (11.5) (n = 1,832)	64.9 (11.5) (n = 1,293)	64.2 (11.8) (n = 994)	64.3 (11.7) (n = 657)
Total Problems	70.0 (10.5) (n = 3,643)	67.2 (11.5) (n = 2,354)	66.2 (11.7) (n = 1,827)	65.7 (11.8) (n = 1,282)	64.9 (12.0) (n = 986)	64.9 (11.9) (n = 654)
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	30 Months %
Clinical Range (CBCL)						
Internalizing Problems	(n = 3,654)	(n = 2,350)	(n = 1,825)	(n = 1,286)	(n = 991)	(n = 655)
Normal	32.5%	38.6%	42.5%	44.5%	47.6%	47.6%
Borderline	10.9%	13.3%	12.3%	12.9%	12.5%	9.0%
Clinical	56.6%	48.1%	45.2%	42.6%	39.9%	43.4%
Externalizing Problems	(n = 3,654)	(n = 2,350)	(n = 1,825)	(n = 1,286)	(n = 991)	(n = 655)
Normal	19.3%	26.0%	29.2%	30.7%	32.6%	34.8%
Borderline	8.7%	9.3%	9.6%	9.9%	10.3%	9.9%
Clinical	72.0%	64.6%	61.2%	59.4%	57.1%	55.3%
Total Problems	(n = 3,643)	(n = 2,340)	(n = 1,820)	(n = 1,276)	(n = 983)	(n = 652)
Normal	15.7%	21.9%	25.7%	26.6%	28.2%	28.2%
Borderline	7.0%	10.0%	10.0%	10.0%	9.9%	10.4%
Clinical	77.3%	68.1%	64.3%	63.4%	62.0%	61.3%

Table E-9: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, 24 Months, and 30 Months for Grant Communities Funded in 1999–2000 (continued)

Grant Communities Funded in 1999–2000						
	Intake Mean (SD)	6 Months Mean (SD)	12 Months Mean (SD)	18 Months Mean (SD)	24 Months Mean (SD)	30 Months Mean (SD)
Child and Adolescent Functional Assessment Scale (CAFAS)						
Mean Total Scale Score	116.8 (48.7) (n = 3,410)	100.7 (50.5) (n = 2,241)	97.1 (51.1) (n = 1,730)	92.2 (51.1) (n = 1,243)	97.1 (51.6) (n = 956)	85.3 (51.2) (n = 625)
Home Role ^a	74.2% (n = 3,412)	66.2% (n = 2,243)	64.0% (n = 1,730)	58.9% (n = 1,242)	60.2% (n = 955)	57.0% (n = 625)
School Role	81.5% (n = 3,399)	72.2% (n = 2,252)	72.8% (n = 1,751)	68.3% (n = 1,263)	66.5% (n = 983)	64.3% (n = 664)
Community Role	38.6% (n = 3,412)	27.8% (n = 2,245)	24.5% (n = 1,733)	22.2% (n = 1,245)	22.1% (n = 956)	17.8% (n = 629)
Behavior Toward Others	77.3% (n = 3,412)	69.4% (n = 2,247)	67.5% (n = 1,734)	63.8% (n = 1,246)	63.9% (n = 956)	58.1% (n = 630)
Mood and Emotions	73.3% (n = 3,412)	66.0% (n = 2,245)	64.4% (n = 1,732)	61.4% (n = 1,247)	60.1% (n = 956)	57.9% (n = 630)
Harmful Behavior	30.7% (n = 3,414)	21.6% (n = 2,245)	18.6% (n = 1,736)	16.9% (n = 1,247)	15.0% (n = 955)	13.2% (n = 629)
Substance Abuse	8.9% (n = 3,392)	6.5% (n = 2,237)	6.2% (n = 1,732)	5.6% (n = 1,242)	6.5% (n = 954)	4.8% (n = 628)
Thinking	30.5% (n = 3,411)	26.3% (n = 2,246)	23.1% (n = 1,735)	23.3% (n = 1,247)	24.3% (n = 955)	20.8% (n = 629)

^a For Home Role to Thinking scales, the percentages represented those with moderate or severe level of functional impairment.

Table E-9: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, 24 Months, and 30 Months for Grant Communities Funded in 1999–2000 (continued)

Grant Communities Funded in 1999–2000						
	Intake Mean (SD)	6 Months Mean (SD)	12 Months Mean (SD)	18 Months Mean (SD)	24 Months Mean (SD)	30 Months Mean (SD)
Behavioral and Emotional Rating Scale (BERS)						
Intrapersonal Strengths	8.7 (3.2) (n = 3,626)	9.0 (3.1) (n = 2,353)	9.1 (3.1) (n = 1,842)	9.2 (3.1) (n = 1,299)	9.2 (3.1) (n = 1,003)	9.3 (3.1) (n = 678)
Interpersonal Strengths	7.4 (2.9) (n = 3,630)	7.8 (2.8) (n = 2,356)	8.0 (2.8) (n = 1,847)	8.0 (2.9) (n = 1,298)	8.1 (2.8) (n = 1,004)	8.1 (2.9) (n = 679)
School Functioning	7.5 (2.9) (n = 3,341)	8.1 (2.9) (n = 2,163)	8.2 (2.9) (n = 1,709)	8.2 (2.9) (n = 1,203)	8.2 (2.8) (n = 927)	8.1 (2.8) (n = 617)
Family Involvement	8.6 (2.9) (n = 3,570)	8.9 (2.9) (n = 2,308)	9.0 (2.8) (n = 1,815)	9.0 (2.8) (n = 1,278)	9.1 (2.9) (n = 995)	9.1 (2.9) (n = 672)
Affective Strengths	9.7 (3.5) (n = 3,631)	10.0 (3.4) (n = 2,358)	10.0 (3.4) (n = 1,853)	10.0 (3.4) (n = 1,295)	10.1 (3.4) (n = 1,003)	10.1 (3.3) (n = 679)
Strengths Quotient	87.6 (17.6) (n = 3,645)	90.1 (17.7) (n = 2,362)	90.7 (17.5) (n = 1,854)	91.1 (17.7) (n = 1,300)	91.4 (17.5) (n = 1,007)	91.5 (17.2) (n = 679)
Family Functioning Scale (FAD)–Caregiver						
General Functioning^b	2.9 (0.5) (n = 3,544)	2.9 (0.5) (n = 2,282)	3.0 (0.5) (n = 1,782)	3.0 (0.5) (n = 1,263)	3.0 (0.5) (n = 983)	3.0 (0.5) (n = 670)
Family Functioning Scale (FAD)–Youth						
General Functioning^b	2.7 (0.4) (n = 2,320)	2.8 (0.4) (n = 1,512)	2.8 (0.4) (n = 1,1198)	2.8 (0.4) (n = 886)	2.9 (0.4) (n = 721)	2.8 (0.4) (n = 505)

^b Only the General Functioning Subscale items were collected for grant communities initially funded in 1999–2000.

Table E-9: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, 24 Months, and 30 Months for Grant Communities Funded in 1999–2000 (continued)

Grant Communities Funded in 1999–2000						
	Intake Mean (SD)	6 Months Mean (SD)	12 Months Mean (SD)	18 Months Mean (SD)	24 Months Mean (SD)	30 Months Mean (SD)
Caregiver Strain Questionnaire (CGSQ)						
Subjective Externalizing Strain	2.4 (1.0) (n = 3,507)	2.2 (1.0) (n = 2,271)	2.1 (0.9) (n = 1,773)	2.0 (0.9) (n = 1,260)	2.0 (0.9) (n = 985)	2.0 (0.9) (n = 663)
Subjective Internalizing Strain	3.7 (1.0) (n = 3,521)	3.4 (1.1) (n = 2,273)	3.2 (1.1) (n = 1,776)	3.1 (1.1) (n = 1,262)	3.0 (1.1) (n = 985)	3.0 (1.1) (n = 664)
Objective Strain	2.8 (1.1) (n = 3,515)	2.5 (1.1) (n = 2,272)	2.4 (1.0) (n = 1,772)	2.3 (1.1) (n = 1,257)	2.2 (1.0) (n = 984)	2.2 (1.0) (n = 665)
Global Strain	3.0 (0.9) (n = 3,508)	2.7 (0.9) (n = 2,265)	2.6 (0.9) (n = 1,772)	2.5 (0.9) (n = 1,258)	2.4 (0.9) (n = 983)	2.4 (0.9) (n = 663)
Family Resource Scale (FRS)						
Basic Needs	4.3 (0.7) (n = 3,541)	4.3 (0.7) (n = 2,289)	4.3 (0.7) (n = 1,783)	4.4 (0.7) (n = 1,268)	4.4 (0.7) (n = 996)	4.4 (0.7) (n = 676)
Quality of Life	4.0 (0.9) (n = 3,210)	4.1 (0.9) (n = 2,037)	4.1 (0.9) (n = 1,588)	4.1 (0.9) (n = 1,110)	4.1 (0.9) (n = 882)	4.1 (0.9) (n = 603)
Cash and Recreation	2.8 (1.1) (n = 3,497)	2.9 (1.0) (n = 2,259)	2.9 (1.0) (n = 1,758)	2.9 (1.0) (n = 1,249)	3.0 (1.0) (n = 974)	2.9 (1.0) (n = 668)
Time	3.2 (0.9) (n = 3,549)	3.3 (0.9) (n = 2,280)	3.3 (0.9) (n = 1,790)	3.3 (0.9) (n = 1,260)	3.4 (0.9) (n = 990)	3.4 (0.9) (n = 672)
Health and Social Services	3.9 (1.1) (n = 2,979)	3.9 (1.1) (n = 1,929)	4.0 (1.0) (n = 1,510)	3.9 (1.0) (n = 1,057)	4.0 (1.1) (n = 848)	3.9 (1.1) (n = 575)
Childcare	2.5 (1.5) (n = 2,254)	2.6 (1.5) (n = 1,348)	2.5 (1.4) (n = 1,028)	2.6 (1.5) (n = 695)	2.6 (1.5) (n = 498)	2.7 (1.4) (n = 340)

Table E-9: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, 24 Months, and 30 Months for Grant Communities Funded in 1999–2000 (continued)

Grant Communities Funded in 1999–2000						
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	30 Months %
Restrictiveness of Living Environments and Placement Stability Scale–Revised Version (ROLES–R)						
Living Arrangement	(n = 3,704)	(n = 2,416)	(n = 1,895)	(n = 1,333)	(n = 1,046)	(n = 710)
No Place to Stay	0.1%	0.1%	0.1%	0.2%	0.0%	0.1%
Independent Living by Self	0.1%	0.3%	0.4%	0.5%	0.6%	1.1%
Independent Living with Partner–Friend	0.1%	0.3%	0.5%	0.7%	1.1%	1.3%
Two Parents/Caregivers, At Least One Biological Parent	29.4%	27.9%	27.9%	27.3%	24.8%	26.2%
Biological Mother Only	33.6%	33.5%	33.5%	32.2%	33.7%	33.1%
Biological Father Only	2.5%	2.4%	2.3%	2.6%	2.2%	3.0%
Split Parenting	0.3%	0.2%	0.3%	0.3%	0.4%	0.3%
School Dormitory	0.1%	0.1%	0.2%	0.2%	0.1%	0.1%
Home of a Relative	10.7%	11.3%	10.5%	11.2%	11.8%	11.4%
Adoptive Home	5.1%	5.8%	5.9%	6.2%	5.7%	5.6%
Home of a Friend	0.4%	0.4%	0.4%	0.5%	0.3%	0.1%
Camp	0.0%	0.0%	0.1%	0.2%	0.1%	0.0%
Supervised Independent Living	0.2%	0.2%	0.4%	0.5%	0.3%	0.4%
Foster Care	3.2%	2.6%	2.2%	2.1%	2.2%	1.7%
Specialized Foster Care	0.2%	0.2%	0.2%	0.2%	0.4%	0.6%
Therapeutic Foster Care	1.3%	2.0%	1.9%	1.6%	1.9%	1.4%
Individual Home Emergency Shelter	0.2%	0.0%	0.1%	0.0%	0.0%	0.0%
Group Emergency Shelter	0.6%	0.2%	0.1%	0.2%	0.1%	0.0%
Group Home	2.6%	3.1%	2.9%	2.8%	2.7%	2.5%
Residential Job Corp–Vocational Center	0.0%	0.0%	0.0%	0.2%	0.2%	0.1%
Residential Treatment Center (non drug-alcohol)	4.3%	4.9%	5.8%	5.3%	5.6%	6.1%
Drug-Alcohol Residential Treatment Center	0.5%	0.5%	0.3%	0.2%	0.1%	0.1%
Medical Hospital (non-psychiatric)	0.1%	0.0%	0.0%	0.1%	0.1%	0.0%
Psychiatric Hospital	2.0%	1.2%	0.9%	0.9%	1.3%	1.1%
Juvenile Detention Center	1.5%	1.5%	2.0%	3.2%	2.3%	1.5%
Jail/Prison	0.0%	0.3%	0.4%	0.4%	1.2%	1.5%
Other	0.9%	0.7%	0.7%	0.6%	1.0%	0.4%

Table E-9: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, 24 Months, and 30 Months for Grant Communities Funded in 1999–2000 (continued)

Grant Communities Funded in 1999–2000						
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	30 Months %
Restrictiveness of Living Environments and Placement Stability Scale–Revised Version (ROLES–R)						
Children With One or More Living Arrangements in Past 6 Months	(n = 3,708)	(n = 2,418)	(n = 1,898)	(n = 1,333)	(n = 1,047)	(n = 710)
One	56.4%	68.0%	71.7%	72.2%	75.6%	76.5%
Two or More	43.6%	32.0%	28.3%	27.8%	24.4%	23.5%
Education Questionnaire (EQ)						
School Performance Last 6 Months	(n = 3,482)	(n = 2,240)	(n = 1,726)	(n = 1,211)	(n = 925)	(n = 621)
Grade Average A	6.4%	8.7%	8.7%	9.4%	10.1%	10.0%
Grade Average B	22.6%	27.6%	29.3%	28.2%	29.0%	31.6%
Grade Average C	29.0%	31.3%	32.2%	32.4%	32.8%	31.6%
Grade Average D	9.3%	8.4%	7.9%	8.2%	9.2%	7.9%
Failing All or Most Classes	20.4%	14.6%	12.2%	12.0%	10.3%	10.6%
School Does Not Grade	9.7%	7.9%	8.2%	9.0%	8.0%	7.6%
Other	2.5%	1.5%	1.5%	0.9%	0.8%	0.8%
Caregiver Perception: Do Child’s Grades Match Ability or Could Child Do Better?	(n = 3,453)	(n = 2,231)	(n = 1,727)	(n = 1,216)	(n = 929)	(n = 615)
Matches Ability	24.7%	30.6%	32.5%	32.6%	30.6%	34.3%
Could Do Better	75.3%	69.4%	67.5%	67.4%	69.4%	65.7%
Child Had Individualized Education Plan in Last 6 Months	(n = 3,482)	(n = 2,259)	(n = 1,737)	(n = 1,211)	(n = 928)	(n = 621)
Had IEP	63.3%	68.5%	72.3%	72.7%	75.0%	76.0%
Did Not Have IEP	36.7%	31.5%	27.7%	27.3%	25.0%	24.0%

Table E-9: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, 24 Months, and 30 Months for Grant Communities Funded in 1999–2000 (continued)

Grant Communities Funded in 1999–2000						
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	30 Months %
Education Questionnaire (EQ)						
Reasons for IEP	(n = 2,130)	(n = 1,485)	(n = 1,214)	(n = 860)	(n = 675)	(n = 461)
Behavioral/Emotional Problems	85.8%	87.5%	87.7%	86.9%	86.2%	89.2%
Learning Disability	58.8%	58.0%	57.9%	54.0%	54.1%	51.8%
Physical Disability	3.9%	3.8%	3.7%	3.1%	3.6%	3.3%
Developmental Disability/Mental Retardation	12.9%	13.0%	13.9%	13.3%	13.6%	13.2%
Vision or Hearing Impairment	4.2%	3.4%	3.5%	3.4%	4.1%	3.7%
Speech Impairment	11.4%	10.4%	8.4%	7.3%	8.4%	7.2%
Other Reason	0.8%	0.5%	0.4%	0.5%	0.3%	0.9%
School Attendance in Last 6 Months	(n = 2,849)	(n = 1,667)	(n = 1,274)	(n = 833)	(n = 652)	(n = 423)
Attended Regularly	67.3%	74.3%	74.8%	76.5%	77.3%	76.1%
Attended More Often Than Not	18.8%	16.1%	16.8%	15.5%	15.2%	17.0%
Attended Infrequently	14.0%	9.6%	8.4%	8.0%	7.5%	6.9%
Special Education						
Child Took Classes Where Everyone Attending Was in Special Education	46.9% (n = 3,486)	50.3% (n = 2,238)	51.5% (n = 1,734)	50.9% (n = 1,213)	52.8% (n = 935)	54.8% (n = 619)
Child Took Classes Where Some Attending Were in Special Education, Others Not	30.1% (n = 3,421)	30.6% (n = 2,209)	29.1% (n = 1,706)	32.4% (n = 1,193)	34.5% (n = 922)	33.1% (n = 614)
Percent of Day Spent in Special Education Classes	(n = 3,194)	(n = 2,075)	(n = 1,591)	(n = 1,101)	(n = 864)	(n = 554)
0–25%	47.2%	44.7%	42.7%	44.7%	39.9%	39.4%
26–50%	8.6%	7.3%	7.8%	8.5%	9.5%	9.0%
51–75%	7.5%	8.0%	8.0%	7.6%	9.4%	8.7%
76–100%	34.7%	38.1%	40.2%	37.5%	39.6%	42.4%
Other	2.1%	2.0%	1.3%	1.6%	1.6%	0.5%

Table E-9: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, 24 Months, and 30 Months for Grant Communities Funded in 1999–2000 (continued)

Grant Communities Funded in 1999–2000						
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	30 Months %
Education Questionnaire (EQ)						
School Performance Last 6 Months: Grades 1 Through 6	(n = 1,425)	(n = 848)	(n = 627)	(n = 409)	(n = 301)	(n = 191)
Grade Average A	6.3%	9.4%	9.9%	12.5%	11.3%	11.5%
Grade Average B	24.1%	30.8%	30.5%	26.7%	29.6%	33.5%
Grade Average C	28.1%	30.3%	29.8%	26.9%	27.9%	28.8%
Grade Average D	8.9%	6.6%	5.6%	6.4%	10.6%	6.3%
Failing All or Most Classes	16.7%	9.6%	8.5%	10.8%	4.3%	7.3%
School Does Not Grade	13.1%	12.3%	13.2%	15.9%	15.0%	11.5%
Other	2.7%	1.1%	2.6%	1.0%	1.3%	1.0%
School Performance Last 6 Months: Grades 7 and 8	(n = 825)	(n = 553)	(n = 416)	(n = 303)	(n = 208)	(n = 141)
Grade Average A	5.9%	8.5%	8.4%	8.3%	7.2%	5.0%
Grade Average B	21.7%	28.2%	31.0%	32.7%	24.5%	30.5%
Grade Average C	33.9%	32.5%	34.1%	38.9%	39.4%	41.1%
Grade Average D	10.8%	9.8%	9.1%	6.3%	9.6%	9.9%
Failing All or Most Classes	24.0%	16.5%	12.3%	8.9%	13.5%	9.9%
School Does Not Grade	2.5%	3.6%	3.6%	4.3%	5.8%	2.8%
Other	1.1%	0.9%	1.4%	0.7%	0.0%	0.7%
School Performance Last 6 Months: Grades 9 Through 12	(n = 899)	(n = 656)	(n = 555)	(n = 412)	(n = 358)	(n = 257)
Grade Average A	7.5%	8.2%	8.1%	8.5%	9.8%	11.7%
Grade Average B	24.6%	26.4%	29.0%	26.7%	31.6%	32.7%
Grade Average C	29.1%	34.1%	35.0%	34.7%	33.2%	28.0%
Grade Average D	10.3%	9.9%	9.5%	11.4%	8.7%	8.6%
Failing All or Most Classes	23.5%	17.5%	14.4%	13.8%	13.7%	12.5%
School Does Not Grade	3.4%	2.6%	3.6%	4.4%	2.8%	5.8%
Other	1.6%	1.2%	0.4%	0.5%	0.3%	0.8%

Table E-9: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, 24 Months, and 30 Months for Grant Communities Funded in 1999–2000 (continued)

Grant Communities Funded in 1999–2000						
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	30 Months %
Education Questionnaire (EQ)						
Type of Educational Placement^c	(n = 3,569)	(n = 2,294)	(n = 1,766)	(n = 1,238)	(n = 946)	(n = 628)
Regular Public Day School	75.7%	72.1%	70.8%	69.5%	70.5%	69.7%
Regular Private or Boarding School	1.4%	1.0%	1.4%	1.3%	1.1%	1.1%
Home Schooling	1.3%	1.0%	0.7%	0.8%	0.7%	0.2%
Home-Based Instruction	1.9%	1.2%	0.9%	1.2%	0.6%	1.1%
Combination Home Schooling/Home-Based Instruction	0.3%	0.5%	0.5%	0.2%	0.3%	0.2%
Alternative/Special Day School	23.9%	24.1%	24.0%	23.9%	21.1%	25.0%
School in 24-Hour Hospital Setting	5.9%	3.4%	2.6%	2.9%	2.4%	2.1%
School in 24-Hour Juvenile Justice Facility	4.2%	2.7%	3.3%	4.1%	4.7%	4.0%
School in 24-Hour Residential Treatment Center	5.9%	6.4%	5.4%	5.4%	5.3%	5.3%
Other	2.4%	2.4%	2.7%	2.4%	2.5%	2.5%
Disciplinary Actions in Past 6 Months						
Detention	33.6% (n = 3,474)	27.9% (n = 2,161)	25.7% (n = 1,667)	23.6% (n = 1,166)	23.6% (n = 903)	21.6% (n = 601)
Suspension	45.8% (n = 3,520)	36.6% (n = 2,179)	36.4% (n = 1,682)	32.6% (n = 1,179)	30.9% (n = 909)	29.3% (n = 608)
Expulsion	7.3% (n = 3,532)	4.1% (n = 2,184)	3.9% (n = 1,676)	3.0% (n = 1,176)	2.4% (n = 911)	2.6% (n = 607)

^c Because an individual may have more than one educational placement, the educational placement variable may add to more than 100%.

Table E-9: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, 24 Months, and 30 Months for Grant Communities Funded in 1999–2000 (continued)

Grant Communities Funded in 1999–2000						
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	30 Months %
Delinquency Survey (DS)						
Juvenile Delinquency in Past 6 Months						
Accused of Breaking the Law	24.7% (n = 2,328)	17.5% (n = 1,436)	15.4% (n = 1,074)	14.7% (n = 750)	14.8% (n = 587)	12.9% (n = 395)
Arrested	23.2% (n = 2,347)	15.1% (n = 1,444)	14.0% (n = 1,078)	13.2% (n = 756)	12.0% (n = 592)	8.5% (n = 399)
Convicted of a Crime	13.7% (n = 2,345)	10.0% (n = 1,435)	8.2% (n = 1,079)	7.3% (n = 751)	5.9% (n = 592)	8.0% (n = 399)
On Probation	29.8% (n = 2,350)	30.0% (n = 1,448)	23.4% (n = 1,085)	22.3% (n = 753)	20.9% (n = 593)	17.5% (n = 399)
In Detention Center/Jail	21.1% (n = 2,310)	14.3% (n = 1,420)	12.0% (n = 1,072)	9.7% (n = 749)	11.3% (n = 586)	10.6% (n = 397)

Table E-9: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, 24 Months, and 30 Months for Grant Communities Funded in 1999–2000 (continued)

Grant Communities Funded in 1999–2000						
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	30 Months %
Substance Use Survey A (SUS–A)						
Have You Ever Used:						
Cigarettes	51.0% (n = 2,359)	48.2% (n = 1,462)	49.2% (n = 1,093)	48.4% (n = 756)	51.3% (n = 591)	51.4% (n = 401)
Alcohol	44.7% (n = 2,360)	42.0% (n = 1,462)	43.7% (n = 1,094)	43.9% (n = 758)	45.0% (n = 591)	47.4% (n = 401)
Marijuana/Hashish	38.2% (n = 2,357)	35.0% (n = 1,462)	36.0% (n = 1,093)	37.5% (n = 757)	38.1% (n = 590)	39.2% (n = 401)
Cocaine in a Powder Form	5.6% (n = 2,356)	5.6% (n = 1,462)	5.3% (n = 1,092)	6.6% (n = 755)	7.8% (n = 589)	7.0% (n = 401)
LSD, Acid, PCP or Other Psychedelics	6.2% (n = 2,355)	5.1% (n = 1,462)	4.4% (n = 1,092)	6.1% (n = 756)	7.1% (n = 589)	4.5% (n = 401)
Nonprescription or Over-the-Counter Drugs	7.1% (n = 2,351)	5.8% (n = 1,457)	5.1% (n = 1,090)	6.4% (n = 755)	6.1% (n = 589)	6.8% (n = 400)
Quaaludes (e.g., quads)	0.6% (n = 2,352)	0.8% (n = 1,462)	0.3% (n = 1,091)	0.7% (n = 755)	1.0% (n = 588)	0.2% (n = 401)
Heroin, Smack	1.7% (n = 2,356)	2.0% (n = 1,462)	1.6% (n = 1,091)	2.6% (n = 756)	1.5% (n = 589)	1.7% (n = 401)
Barbituates (e.g., downers)	2.4% (n = 2,354)	1.8% (n = 1,462)	1.8% (n = 1,092)	3.0% (n = 756)	2.0% (n = 589)	1.7% (n = 401)
Narcotics (e.g., morphine)	4.3% (n = 2,353)	2.9% (n = 1,462)	2.9% (n = 1,092)	4.9% (n = 756)	5.1% (n = 589)	3.5% (n = 401)
Crack or Rock in a Hard Chunk Form	2.8% (n = 2,357)	2.7% (n = 1,462)	2.0% (n = 1,091)	3.3% (n = 755)	3.6% (n = 589)	3.2% (n = 401)
Amphetamines	5.6% (n = 2,354)	5.0% (n = 1,461)	4.8% (n = 1,092)	5.2% (n = 756)	5.9% (n = 590)	5.0% (n = 401)
Tranquilizers (e.g., Valium)	3.9% (n = 2,353)	3.8% (n = 1,462)	3.4% (n = 1,091)	4.4% (n = 757)	5.3% (n = 589)	3.0% (n = 401)
Inhalants (e.g., spray cans)	7.5% (n = 2,356)	4.9% (n = 1,462)	5.4% (n = 1,090)	5.0% (n = 756)	4.4% (n = 589)	5.2% (n = 401)

Table E-9: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, 24 Months, and 30 Months for Grant Communities Funded in 1999–2000 (continued)

Grant Communities Funded in 1999–2000						
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	30 Months %
Substance Use Survey A (SUS–A)						
Substance Use in Last 6 Months						
Cigarettes	34.2% (n = 2,357)	31.1% (n = 1,461)	31.8% (n = 1,093)	30.9% (n = 757)	31.2% (n = 590)	34.8% (n = 400)
Alcohol	22.9% (n = 2,357)	19.1% (n = 1,462)	19.5% (n = 1,092)	21.1% (n = 757)	20.8% (n = 591)	23.3% (n = 400)
Marijuana/Hashish	19.3% (n = 2,357)	15.3% (n = 1,461)	15.7% (n = 1,093)	15.2% (n = 757)	17.8% (n = 590)	14.2% (n = 401)
Multi-Sector Service Contacts (MSSC)						
Traditional Services Received in Last 6 Months						
Individual Therapy	n/a	77.7% (n = 2,237)	74.7% (n = 1,644)	71.0% (n = 1,146)	72.2% (n = 831)	68.0% (n = 572)
Case Management	n/a	77.2% (n = 2,234)	71.6% (n = 1,644)	67.1% (n = 1,142)	62.0% (n = 832)	59.5% (n = 573)
Assessment or Evaluation	n/a	63.0% (n = 2,219)	56.8% (n = 1,636)	51.7% (n = 1,141)	50.4% (n = 829)	49.7% (n = 569)
Medication Treatment/Monitoring	n/a	69.3% (n = 2,241)	71.9% (n = 1,647)	70.9% (n = 1,147)	73.5% (n = 834)	71.9% (n = 573)
Family Therapy	n/a	37.6% (n = 2,238)	34.1% (n = 1,642)	30.5% (n = 1,141)	27.8% (n = 832)	26.7% (n = 576)
Group Therapy	n/a	37.8% (n = 2,238)	35.4% (n = 1,645)	34.0% (n = 1,143)	33.7% (n = 827)	34.4% (n = 573)
Crisis Stabilization	n/a	19.4% (n = 2,240)	15.1% (n = 1,644)	14.9% (n = 1,147)	12.2% (n = 833)	12.5% (n = 574)

Table E-9: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, 24 Months, and 30 Months for Grant Communities Funded in 1999–2000 (continued)

Grant Communities Funded in 1999–2000						
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	30 Months %
Multi-Sector Service Contacts (MSSC)						
Innovative Services Received in Last 6 Months						
Recreational Activities	n/a	36.0% (n = 2,241)	36.5% (n = 1,645)	35.8% (n = 1,145)	34.7% (n = 830)	33.8% (n = 571)
Family Support	n/a	28.5% (n = 2,230)	25.1% (n = 1,636)	23.1% (n = 1,135)	21.1% (n = 829)	19.7% (n = 574)
Transportation	n/a	26.5% (n = 2,236)	25.6% (n = 1,647)	23.5% (n = 1,143)	23.0% (n = 832)	23.2% (n = 573)
Flexible Funds	n/a	23.8% (n = 2,222)	20.4% (n = 1,634)	17.9% (n = 1,137)	12.8% (n = 830)	13.7% (n = 575)
Behavioral/Therapeutic Aide	n/a	18.2% (n = 2,239)	18.1% (n = 1,644)	16.8% (n = 1,143)	17.4% (n = 832)	16.6% (n = 573)
Family Preservation	n/a	15.5% (n = 2,234)	11.5% (n = 1,639)	10.1% (n = 1,138)	7.8% (n = 831)	5.7% (n = 574)
Respite	n/a	17.4% (n = 2,240)	16.3% (n = 1,642)	16.0% (n = 1,142)	14.5% (n = 830)	15.0% (n = 574)
Transition	n/a	3.1% (n = 2,243)	2.9% (n = 1,646)	3.9% (n = 1,141)	3.7% (n = 830)	4.2% (n = 575)
Independent Living	n/a	3.3% (n = 2,245)	4.2% (n = 1,648)	4.6% (n = 1,146)	4.6% (n = 833)	6.4% (n = 574)
Afterschool Programs	n/a	13.6% (n = 2,235)	11.6% (n = 1,642)	12.4% (n = 1,141)	10.5% (n = 830)	12.2% (n = 574)

Table E-9: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, 24 Months, and 30 Months for Grant Communities Funded in 1999–2000 (continued)

Grant Communities Funded in 1999–2000						
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	30 Months %
Multi-Sector Service Contacts (MSSC)						
Restrictive Services Received in Last 6 Months						
Day Treatment	n/a	15.1% (n = 2,243)	14.0% (n = 1,650)	13.9% (n = 1,145)	13.5% (n = 832)	13.1% (n = 574)
Inpatient Hospitalization	n/a	12.6% (n = 2,248)	11.0% (n = 1,648)	10.0% (n = 1,147)	9.0% (n = 833)	8.3% (n = 575)
Residential Treatment Center	n/a	12.1% (n = 2,245)	12.2% (n = 1,649)	11.6% (n = 1,146)	11.7% (n = 832)	14.3% (n = 575)
Therapeutic Group Home	n/a	5.4% (n = 2,248)	5.3% (n = 1,647)	5.4% (n = 1,145)	5.9% (n = 833)	3.0% (n = 574)
Therapeutic Foster Care	n/a	4.9% (n = 2,240)	4.6% (n = 1,639)	4.2% (n = 1,144)	4.3% (n = 830)	3.0% (n = 568)
Residential Camp	n/a	4.9% (n = 2,241)	3.7% (n = 1,644)	3.3% (n = 1,144)	3.4% (n = 833)	3.7% (n = 574)
Average Number of Service Types Received in Last 6 Months	n/a	6.1 (n = 2,251)	5.7 (n = 1,654)	5.4 (n = 1,148)	5.2 (n = 835)	5.1 (n = 576)

Table E-10: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, and 24 Months for Grant Communities Funded in 2002–2004

Grant Communities Funded in 2002–2004						
	Intake Mean (SD)	6 Months Mean (SD)	12 Months Mean (SD)	18 Months Mean (SD)	24 Months Mean (SD)	
Child Behavior Checklist (CBCL 1½–5)						
Emotionally Reactive	67.2 (10.8) (n = 363)	64.7 (9.8) (n = 159)	64.3 (10.7) (n = 102)	62.5 (10.9) (n = 42)	63.9 (12.8) (n = 25)	
Sleep Problems	62.6 (12.2) (n = 363)	59.2 (10.3) (n = 159)	60.1 (11.0) (n = 102)	62.6 (13.6) (n = 42)	58.9 (8.6) (n = 25)	
Withdrawn	64.5 (10.4) (n = 363)	63.0 (10.1) (n = 159)	62.4 (10.4) (n = 102)	60.9 (11.2) (n = 42)	60.1 (8.7) (n = 25)	
Somatic Complaints	57.9 (8.7) (n = 363)	56.7 (8.2) (n = 159)	57.8 (9.2) (n = 102)	56.6 (9.1) (n = 42)	57.1 (10.7) (n = 25)	
Anxious/Depressed	62.9 (10.3) (n = 363)	60.5 (9.9) (n = 159)	59.5 (8.7) (n = 102)	60.6 (10.0) (n = 42)	59.2 (8.6) (n = 25)	
Attention Problems	64.1 (8.8) (n = 363)	62.6 (8.5) (n = 159)	61.3 (8.5) (n = 102)	57.9 (8.3) (n = 42)	59.2 (8.0) (n = 25)	
Aggressive Problems	72.0 (14.0) (n = 363)	67.5 (13.5) (n = 159)	65.8 (13.3) (n = 100)	64.3 (11.8) (n = 40)	61.3 (12.9) (n = 25)	
Internalizing Problems	64.8 (9.8) (n = 363)	62.2 (10.5) (n = 159)	61.4 (11.6) (n = 102)	59.5 (13.2) (n = 42)	59.8 (12.8) (n = 25)	
Externalizing Problems	69.8 (12.5) (n = 363)	65.8 (12.6) (n = 159)	63.1 (13.7) (n = 102)	59.4 (14.3) (n = 42)	58.8 (14.3) (n = 25)	
Total Problems	68.4 (10.6) (n = 363)	64.5 (11.2) (n = 159)	63.4 (13.0) (n = 102)	60.6 (14.8) (n = 42)	60.1 (15.0) (n = 25)	
At/Above Clinical Level	70.0% (n = 363)	57.2% (n = 159)	52.0% (n = 102)	52.4% (n = 42)	40.0% (n = 25)	

Table E-10: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, and 24 Months for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004						
	Intake Mean (SD)	6 Months Mean (SD)	12 Months Mean (SD)	18 Months Mean (SD)	24 Months Mean (SD)	
Child Behavior Checklist (CBCL 6–18)						
Activities Competence	36.6 (9.3) (n = 3,458)	36.6 (9.2) (n = 2,335)	36.7 (9.2) (n = 1,804)	36.6 (9.4) (n = 1,312)	36.7 (9.3) (n = 884)	
Social Competence	36.5 (9.0) (n = 3,355)	37.9 (9.0) (n = 2,283)	38.2 (9.1) (n = 1,767)	37.9 (9.1) (n = 1,283)	38.8 (8.7) (n = 852)	
School Competence	36.2 (8.4) (n = 3,105)	37.4 (8.5) (n = 2,104)	37.8 (8.6) (n = 1,631)	38.1 (8.9) (n = 1,165)	37.8 (8.9) (n = 761)	
Total Competence	31.4 (8.5) (n = 2,964)	32.5 (8.7) (n = 2,024)	32.8 (8.9) (n = 1,571)	32.6 (9.2) (n = 1,116)	33.5 (9.0) (n = 725)	
Anxious/Depressed	65.1 (10.7) (n = 3,537)	62.9 (10.4) (n = 2,370)	61.8 (10.0) (n = 1,833)	61.4 (10.3) (n = 1,338)	60.7 (10.3) (n = 901)	
Withdrawn	65.9 (10.2) (n = 3,537)	64.0 (9.9) (n = 2,370)	63.2 (9.7) (n = 1,833)	62.6 (9.6) (n = 1,338)	62.0 (9.1) (n = 901)	
Somatic Complaints	61.3 (9.4) (n = 3,537)	60.0 (9.3) (n = 2,370)	59.3 (9.1) (n = 1,833)	59.0 (8.9) (n = 1,338)	58.8 (9.2) (n = 901)	
Social Problems	66.7 (9.7) (n = 3,537)	65.1 (9.5) (n = 2,370)	64.4 (9.6) (n = 1,833)	64.0 (9.8) (n = 1,338)	63.4 (10.1) (n = 901)	
Thought Problems	66.9 (10.0) (n = 3,537)	65.2 (9.9) (n = 2,370)	64.5 (9.9) (n = 1,833)	63.7 (9.9) (n = 1,338)	63.1 (10.0) (n = 901)	
Attention Problems	68.5 (11.1) (n = 3,537)	66.4 (10.6) (n = 2,370)	65.2 (10.3) (n = 1,833)	64.7 (10.4) (n = 1,338)	64.1 (10.6) (n = 901)	
Rule-Breaking Behavior	67.3 (8.9) (n = 3,537)	65.8 (9.0) (n = 2,370)	65.0 (9.0) (n = 1,833)	64.3 (9.2) (n = 1,338)	64.0 (9.0) (n = 901)	
Aggressive Behavior	72.4 (12.4) (n = 3,537)	69.8 (12.1) (n = 2,370)	68.8 (12.2) (n = 1,833)	68.1 (12.5) (n = 1,338)	67.0 (12.0) (n = 901)	
Internalizing	65.4 (9.9) (n = 3,537)	63.1 (10.6) (n = 2,370)	61.8 (10.8) (n = 1,833)	61.1 (11.1) (n = 1,338)	60.1 (11.7) (n = 901)	
Externalizing	69.7 (9.5) (n = 3,537)	67.6 (10.1) (n = 2,370)	66.8 (10.3) (n = 1,833)	65.9 (10.9) (n = 1,338)	65.0 (11.2) (n = 901)	
Total Problems	69.6 (8.9) (n = 3,537)	67.3 (9.8) (n = 2,370)	66.3 (10.1) (n = 1,833)	65.3 (11.0) (n = 1,338)	64.3 (11.6) (n = 901)	
Clinical Level (Total Problems)	77.90% (n = 3,537)	69.60% (n = 2,370)	66.30% (n = 1,833)	62.90% (n = 1,338)	60.50% (n = 901)	

Table E-10: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, and 24 Months for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004						
	Intake Mean (SD)	6 Months Mean (SD)	12 Months Mean (SD)	18 Months Mean (SD)	24 Months Mean (SD)	
Behavioral and Emotional Rating Scale–2, Caregiver (BERS–2C)						
Intrapersonal Strengths	7.6 (3.3) (n = 3,674)	8.0 (3.3) (n = 2,437)	8.2 (3.3) (n = 1,876)	8.3 (3.5) (n = 1,356)	8.5 (3.5) (n = 922)	
Interpersonal Strengths	6.6 (3.1) (n = 3,681)	7.1 (3.2) (n = 2,437)	7.3 (3.2) (n = 1,880)	7.5 (3.3) (n = 1,355)	7.7 (3.3) (n = 922)	
School Functioning	6.4 (3.0) (n = 3,517)	7.0 (3.1) (n = 2,355)	7.2 (3.2) (n = 1,798)	7.4 (3.3) (n = 1,277)	7.3 (3.4) (n = 872)	
Family Involvement	7.0 (2.9) (n = 3,689)	7.4 (2.9) (n = 2,440)	7.5 (3.0) (n = 1,879)	7.6 (3.0) (n = 1,356)	7.7 (3.1) (n = 919)	
Affective Strengths	8.1 (3.1) (n = 3,689)	8.3 (3.0) (n = 2,442)	8.4 (3.1) (n = 1,882)	8.5 (3.1) (n = 1,357)	8.6 (3.1) (n = 923)	
Career Strengths	8.7 (3.7) (n = 3,130)	9.1 (3.6) (n = 2,121)	9.2 (3.6) (n = 1,670)	9.3 (3.6) (n = 1,197)	9.3 (3.5) (n = 808)	
Strengths Quotient	80.2 (17.2) (n = 3,501)	83.1 (17.9) (n = 2,352)	84.4 (18.2) (n = 1,792)	85.1 (19.0) (n = 1,274)	86.2 (19.5) (n = 870)	

Table E-10: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, and 24 Months for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004						
	Intake Mean (SD)	6 Months Mean (SD)	12 Months Mean (SD)	18 Months Mean (SD)	24 Months Mean (SD)	
Behavioral and Emotional Rating Scale–2, Youth (BERS–2Y)						
Intrapersonal Strengths	9.3 (2.9) (n = 2,359)	9.6 (2.9) (n = 1,588)	9.5 (2.9) (n = 1,255)	9.6 (2.9) (n = 939)	9.9 (2.9) (n = 682)	
Interpersonal Strengths	8.7 (3.4) (n = 2,358)	9.1 (3.3) (n = 1,586)	9.2 (3.3) (n = 1,255)	9.3 (3.4) (n = 938)	9.6 (3.5) (n = 681)	
School Functioning	8.4 (3.0) (n = 2,323)	8.9 (3.0) (n = 1,559)	8.9 (3.0) (n = 1,213)	9.1 (3.0) (n = 890)	9.1 (3.1) (n = 642)	
Family Involvement	8.8 (3.0) (n = 2,360)	9.1 (2.8) (n = 1,585)	9.2 (2.9) (n = 1,255)	9.3 (2.9) (n = 938)	9.4 (2.9) (n = 682)	
Affective Strengths	9.6 (3.1) (n = 2,359)	9.9 (3.0) (n = 1,587)	10.0 (3.1) (n = 1,256)	10.1 (3.0) (n = 938)	10.3 (3.0) (n = 682)	
Career Strengths	9.7 (2.9) (n = 2,238)	9.9 (2.7) (n = 1,543)	9.8 (2.8) (n = 1,224)	9.8 (2.7) (n = 928)	10.0 (2.7) (n = 676)	
Strengths Quotient	92.7 (16.9) (n = 2,319)	95.3 (16.8) (n = 1,554)	95.6 (17.3) (n = 1,213)	96.5 (17.0) (n = 890)	97.4 (17.3) (n = 641)	
Columbia Impairment Scale (CIS)						
Overall Level of Impairment	23.0 (10.6) (n = 3,996)	20.9 (10.6) (n = 2,569)	20.1 (10.6) (n = 1,953)	19.2 (10.8) (n = 1,391)	18.5 (11.0) (n = 929)	
Clinical Level	76.9%	71.4%	68.6%	64.6%	62.1%	
Revised Children’s Manifest Anxiety Scale (RCMAS)						
Worry/Oversensitivity	11.1 (3.3) (n = 2,355)	10.8 (3.4) (n = 1,590)	10.7 (3.5) (n = 1,246)	10.4 (3.5) (n = 935)	10.3 (3.4) (n = 693)	
Social Concerns/Concentration	10.4 (3.4) (n = 2,358)	9.9 (3.5) (n = 1,590)	9.8 (3.5) (n = 1,245)	9.4 (3.4) (n = 933)	9.3 (3.4) (n = 691)	
Physiological Anxiety ⁸	11.0 (3.1) (n = 2,266)	10.4 (3.2) (n = 1,524)	10.4 (3.3) (n = 1,186)	10.0 (3.2) (n = 885)	9.9 (3.3) (n = 654)	
Total Anxiety	54.6 (11.7) (n = 2,350)	52.9 (12.1) (n = 1,586)	52.5 (12.6) (n = 1,239)	51.0 (12.5) (n = 931)	50.6 (12.4) (n = 689)	
Clinical Level	31.1% (n = 2,350)	26.3% (n = 1,586)	26.1% (n = 1,239)	23.4% (n = 931)	21.8% (n = 689)	

Table E-10: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, and 24 Months for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004						
	Intake Mean (SD)	6 Months Mean (SD)	12 Months Mean (SD)	18 Months Mean (SD)	24 Months Mean (SD)	
Reynolds Adolescent Depression Scale–2 (RADS–2)						
Dysphoric Mood	50.8 (11.1) (n = 2,426)	49.1 (10.8) (n = 1,616)	48.9 (10.8) (n = 1,266)	48.2 (10.7) (n = 950)	47.8 (10.7) (n = 699)	
Anhedonia/Negative Affect	51.3 (7.8) (n = 2,421)	50.7 (7.6) (n = 1,615)	50.8 (7.9) (n = 1,261)	50.6 (7.9) (n = 942)	50.1 (7.6) (n = 691)	
Negative Self-Evaluation	53.7 (10.7) (n = 2,423)	51.7 (10.3) (n = 1,615)	51.4 (10.2) (n = 1,261)	50.7 (10.2) (n = 950)	50.3 (10.0) (n = 697)	
Somatic Complaints	51.5 (10.8) (n = 2,427)	50.0 (10.8) (n = 1,617)	49.4 (11.0) (n = 1,265)	48.9 (11.0) (n = 949)	48.8 (10.4) (n = 699)	
Total Depression	52.5 (10.3) (n = 2,427)	50.1 (10.1) (n = 1,617)	50.2 (10.2) (n = 1,266)	49.5 (10.2) (n = 950)	49.0 (9.9) (n = 699)	
Clinical Level (Total Depression)	22.7% (n = 2,427)	17.0% (n = 1,617)	17.6% (n = 1,266)	15.5% (n = 950)	13.3% (n = 699)	
Caregiver Strain Questionnaire (CGSQ)						
Subjective Externalizing Strain	2.4 (1.0) (n = 3,998)	2.3 (1.0) (n = 2,535)	2.2 (0.9) (n = 1,923)	2.2 (1.0) (n = 1,371)	2.1 (0.9) (n = 923)	
Subjective Internalizing Strain	3.6 (1.0) (n = 3,996)	3.3 (1.1) (n = 2,535)	3.1 (1.1) (n = 1,922)	3.0 (1.1) (n = 1,371)	2.9 (1.2) (n = 923)	
Objective Strain	2.7 (1.1) (n = 3,998)	2.4 (1.1) (n = 2,543)	2.3 (1.0) (n = 1,922)	2.2 (1.1) (n = 1,369)	2.1 (1.0) (n = 923)	
Global Strain	8.6 (2.6) (n = 3,988)	7.9 (2.7) (n = 2,534)	7.6 (2.6) (n = 1,921)	7.4 (2.7) (n = 1,369)	7.1 (2.8) (n = 923)	
Family Life Questionnaire (FLQ)						
Family Functioning Scale	3.4 (.73) (n = 4,075)	3.4 (.73) (n = 2,604)	3.4 (.73) (n = 1,980)	3.4 (.73) (n = 1,428)	3.4 (.76) (n = 980)	

Table E-10: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, and 24 Months for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004						
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	
Family Life Questionnaire (FLQ)						
Type of Living Arrangements^a	(n = 4,043)	(n = 2,603)	(n = 1,969)	(n = 1,435)	(n = 974)	
Homeless	1.2%	1.0%	0.9%	0.8%	0.8%	
Home	95.6%	94.7%	95.3%	95.2%	95.0%	
School Dormitory	0.2%	0.3%	0.3%	0.6%	0.5%	
Recreational Camp	0.1%	0.2%	0.3%	0.2%	0.4%	
Emergency Shelter	1.3%	1.2%	0.5%	0.6%	0.1%	
Foster Home	3.0%	1.8%	1.4%	1.3%	1.2%	
Therapeutic/Specialized Foster Home	1.1%	0.9%	0.7%	0.4%	0.6%	
Group Home	2.1%	1.8%	1.6%	1.4%	1.4%	
Medical Hospital	1.3%	0.7%	0.3%	0.5%	0.2%	
Residential Treatment Center	5.7%	5.6%	5.9%	4.5%	3.4%	
Psychiatric Hospital	7.4%	4.7%	4.2%	2.6%	1.7%	
Youth Justice Related	4.3%	3.8%	3.0%	3.4%	3.0%	
Adult Justice Related	0.4%	0.4%	0.6%	0.5%	0.8%	
Other	1.5%	1.2%	1.5%	0.9%	1.2%	
Stability in Living Arrangements	(n = 4,043)	(n = 2,606)	(n = 1,969)	(n = 1,435)	(n = 974)	
One Living Arrangement	69.3%	77.9%	78.2%	80.9%	82.5%	
Multiple Living Arrangements	30.7%	22.1%	21.8%	19.1%	17.5%	

Table E-10: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, and 24 Months for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004						
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	
Education Questionnaire–Revised (EQ–R)						
Attending School	(n = 4,108) 94.5%	(n = 2,641) 94.9%	(n = 2,015) 93.7%	(n = 1,450) 92.4%	(n = 993) 88.8%	
Excused and Unexcused Absences	(n = 3,483)	(n = 2,295)	(n = 1,732)	(n = 1,244)	(n = 802)	
No Absences	16.2%	20.6%	23.2%	25.9%	25.2%	
Less Than 1 Day Per Month	23.4%	25.5%	27.9%	27.5%	26.8%	
About 1 Day a Month	19.3%	20.5%	19.3%	16.8%	16.7%	
About 1 Day Every 2 Weeks	13.7%	12.5%	10.7%	12.2%	12.0%	
About 1 Day a Week	8.2%	7.1%	6.6%	6.1%	8.2%	
2 Days Per Week	7.8%	5.8%	6.1%	4.8%	4.5%	
3 or More Days Per Week	11.4%	8.1%	6.1%	6.7%	6.6%	
Educational Placement	(n = 3,502)	(n = 2,305)	(n = 1,747)	(n = 1,252)	(n = 804)	
Public Day School	85.3%	81.8%	78.6%	78.0%	78.5%	
Private Day/Boarding School	2.9%	3.3%	3.8%	4.0%	4.1%	
Home School	2.5%	2.6%	3.0%	2.4%	1.9%	
Alternative/Special Day School	15.6%	18.1%	17.5%	17.0%	16.0%	
School in 24-Hour Restrictive Setting ^b	7.5%	5.4%	6.5%	5.7%	3.9%	
Postsecondary School	0.2%	0.4%	1.0%	1.8%	2.1%	
Other	3.3%	2.6%	2.3%	2.0%	2.6%	
School Performance	(n = 3,415)	(n = 2,259)	(n = 1,711)	(n = 1,235)	(n = 792)	
Grade Average A	8.0%	8.4%	10.0%	11.4%	9.5%	
Grade Average B	21.0%	24.1%	26.5%	28.9%	31.1%	
Grade Average C	23.9%	27.7%	27.2%	25.1%	28.0%	
Grade Average D	9.5%	9.7%	8.6%	8.8%	7.8%	
Failing All or Most Classes	22.1%	15.5%	15.0%	13.0%	13.0%	
School Does Not Grade	13.2%	12.9%	10.8%	10.6%	9.3%	
Other	2.3%	1.8%	1.9%	2.1%	1.3%	

Table E-10: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, and 24 Months for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004						
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	
Education Questionnaire–Revised (EQ–R)						
Individualized Education Plan (IEP)	(n = 3,483) 49.6%	(n = 2,282) 53.3%	(n = 1,720) 56.4%	(n = 1,223) 54.9%	(n = 786) 54.8%	
Reasons for IEP^a	(n = 1,710)	(n = 1,204)	(n = 964)	(n = 667)	(n = 424)	
Behavior/Emotional Problems	75.5%	78.1%	78.1%	77.8%	77.1%	
Learning Disability	54.8%	53.8%	58.1%	55.3%	59.2%	
Physical Disability	2.9%	3.4%	3.4%	3.3%	3.5%	
Developmental Disability or Mental Retardation	14.7%	13.7%	12.0%	14.2%	--	
Vision Impairment	3.7%	2.7%	2.4%	2.7%	2.6%	
Speech Impairment	16.7%	14.0%	13.3%	12.6%	10.4%	
Other	5.6%	4.9%	4.5%	4.0%	4.5%	
Type of Special Education Placement^a	(n = 1,541)	(n = 1,089)	(n = 894)	(n = 614)	(n = 407)	
Special Class All or Most of the Day	54.3%	55.6%	56.8%	53.6%	58.2%	
Special Class for a Portion of the Day	26.4%	26.8%	22.7%	20.0%	22.6%	
Special Instruction As Part of a General Education Class	23.6%	22.3%	25.6%	26.5%	24.9%	
Disciplinary Actions	(n = 3,388)	(n = 2,245)	(n = 1,700)	(n = 1,206)	(n = 781)	
None	39.3%	32.4%	30.9%	28.8%	27.1%	
Suspended	1.2%	0.9%	0.4%	0.2%	0.3%	
Expelled	3.7%	3.0%	2.2%	1.7%	1.9%	
Suspended and Expelled	55.8%	63.6%	66.6%	69.4%	70.7%	

Table E-10: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, and 24 Months for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004						
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	
Delinquency Survey–Revised (DS–R)						
Juvenile Justice Contacts						
Questioned by Police	22.8% (n = 2,291)	17.4% (n = 1,477)	17.2% (n = 1,120)	17.1% (n = 808)	14.2% (n = 569)	
Arrested	22.6% (n = 2,296)	15.3% (n = 1,482)	13.4% (n = 1,120)	11.6% (n = 810)	11.8% (n = 570)	
Told to Appear in Court	18.8% (n = 2,285)	14.8% (n = 1,483)	12.4% (n = 1,118)	13.2% (n = 805)	12.1% (n = 570)	
Convicted of a Crime	10.2% (n = 2,290)	7.3% (n = 1,484)	6.8% (n = 1,122)	6.4% (n = 807)	5.8% (n = 569)	
On Probation	10.6% (n = 2,294)	21.6% (n = 1,485)	19.4% (n = 1,121)	18.0% (n = 806)	15.5% (n = 568)	
Sentenced to Secure Facility	10.6% (n = 2,287)	7.4% (n = 1,485)	6.6% (n = 1,121)	7.9% (n = 809)	6.3% (n = 568)	
Substance Problem Urgency (GAIN)						
Substance Use and Abuse Scale (SUS–9)						
Mean (SD)	(n = 689) 3.2 (2.5)	(n = 384) 2.8 (2.4)	(n = 320) 2.6 (2.4)	(n = 200) 2.6 (2.4)	(n = 162) 2.1 (2.2)	
Minimal/No Urgency	46.2%	52.9%	55.3%	57.0%	67.9%	
Moderate Urgency	40.6%	39.1%	35.9%	34.0%	26.5%	
High Urgency	13.2%	8.1%	8.8%	9.0%	5.6%	
Substance Dependence Scale (SUS–7)						
Mean (SD)	(n = 683) 1.9 (2.1)	(n = 384) 1.6 (1.9)	(n = 319) 1.4 (1.9)	(n = 200) 1.4 (1.4)	(n = 161) 1.1 (1.5)	
Minimal/No Urgency	57.0%	60.2%	66.1%	67.0%	72.0%	
Moderate Urgency	32.1%	34.6%	25.7%	26.5%	24.8%	
High Urgency	11.0%	5.2%	8.2%	6.5%	3.1%	

Table E-10: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, and 24 Months for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004						
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	
Substance Problem Urgency (GAIN)						
Substance Problem Scale (SPS)	(<i>n</i> = 689)	(<i>n</i> = 384)	(<i>n</i> = 320)	(<i>n</i> = 200)	(<i>n</i> = 162)	
Mean (<i>SD</i>)	5.1 (4.3)	4.4 (3.9)	4.1 (4.0)	4.0 (3.9)	3.1 (3.4)	
Minimal/No Urgency	46.9%	50.5%	55.9%	59.0%	64.8%	
Moderate Urgency	41.7%	42.7%	36.6%	34.5%	30.9%	
High Urgency	11.5%	6.8%	7.5%	6.5%	4.3%	
Multi-Sector Service Contacts—Revised (MSSC–R)						
Number of Different Services Utilized		(<i>n</i> = 2,365)	(<i>n</i> = 1,552)	(<i>n</i> = 952)	(<i>n</i> = 552)	
Mean (<i>SD</i>)	n/a	5.3 (2.9)	5.0 (2.9)	4.7 (2.9)	4.4 (2.8)	
1–3	n/a	30.4%	35.1%	38.7%	45.1%	
4–6	n/a	38.4%	37.4%	35.8%	34.6%	
7–9	n/a	22.1%	19.3%	19.2%	14.5%	
10 or more	n/a	9.0%	8.2%	6.3%	5.8%	

Table E-10: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, and 24 Months for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004						
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	
Multi-Sector Service Contacts–Revised (MSSC–R)						
Type of Services Utilized						
Traditional						
Individual Therapy	n/a	69.0% (n = 2,401)	66.7% (n = 1,585)	62.9% (n = 976)	60.6% (n = 566)	
Case Management	n/a	68.6% (n = 2,394)	63.7% (n = 1,580)	59.8% (n = 974)	54.3% (n = 565)	
Assessment or Evaluation	n/a	57.4% (n = 2,366)	45.4% (n = 1,572)	42.5% (n = 969)	41.6% (n = 567)	
Medication Treatment/Monitoring	n/a	43.2% (n = 2,398)	46.3% (n = 1,584)	47.5% (n = 973)	49.2% (n = 569)	
Family Therapy	n/a	30.9% (n = 2,400)	29.8% (n = 1,587)	28.4% (n = 973)	23.4% (n = 568)	
Group Therapy	n/a	21.7% (n = 2,397)	22.3% (n = 1,585)	21.2% (n = 972)	18.9% (n = 565)	
Crisis Stabilization	n/a	14.3% (n = 2,399)	10.7% (n = 1,585)	9.5% (n = 977)	8.1% (n = 566)	

Table E-10: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, and 24 Months for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004						
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	
Multi-Sector Service Contacts–Revised (MSSC–R)						
Type of Services Utilized (continued)						
Innovative						
Recreational Activities	n/a	27.0% (n = 2,399)	25.4% (n = 1,584)	23.0% (n = 975)	22.7% (n = 565)	
Family Support	n/a	29.0% (n = 2,394)	25.1% (n = 1,578)	24.3% (n = 971)	17.1% (n = 563)	
Transportation	n/a	22.9% (n = 2,402)	19.4% (n = 1,587)	18.2% (n = 974)	18.0% (n = 568)	
Flexible Funds	n/a	20.9% (n = 2,396)	20.5% (n = 1,578)	16.3% (n = 973)	12.7% (n = 565)	
Behavioral/Therapeutic Aide	n/a	12.1% (n = 2,395)	9.7% (n = 1,584)	9.0% (n = 976)	9.5% (n = 566)	
Family Preservation	n/a	10.1% (n = 2,391)	8.7% (n = 1,579)	8.3% (n = 971)	8.6% (n = 567)	
Respite	n/a	10.3% (n = 2,397)	10.9% (n = 1,585)	11.1% (n = 973)	9.4% (n = 566)	
Transition	n/a	3.1% (n = 2,390)	3.1% (n = 1,570)	3.3% (n = 967)	3.0% (n = 566)	
Independent Living	n/a	2.5% (n = 2,389)	2.4% (n = 1,573)	2.3% (n = 970)	3.9% (n = 567)	
Afterschool Programs	n/a	14.6% (n = 2,397)	14.5% (n = 1,588)	13.2% (n = 978)	14.8% (n = 567)	

Table E-10: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, and 24 Months for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004						
	Intake %	6 Months %	12 Months %	18 Months %	24 Months %	
Multi-Sector Service Contacts–Revised (MSSC–R)						
Type of Services Utilized (continued)						
Restrictive						
Day Treatment	n/a	5.4% (n = 2,397)	6.4% (n = 1,584)	5.7% (n = 976)	5.7% (n = 976)	
Inpatient Hospitalization	n/a	9.0% (n = 2,403)	8.1% (n = 1,589)	6.9% (n = 977)	6.9% (n = 977)	
Residential Treatment Center	n/a	6.4% (n = 2,404)	7.1% (n = 1,586)	7.2% (n = 976)	7.2% (n = 976)	
Therapeutic Group Home	n/a	1.7% (n = 2,404)	1.4% (n = 1,586)	1.2% (n = 976)	1.2% (n = 976)	
Therapeutic Foster Care	n/a	1.9% (n = 2,402)	2.0% (n = 1,586)	1.8% (n = 974)	1.8% (n = 974)	
Residential Camp	n/a	2.7% (n = 2,399)	2.1% (n = 1,587)	1.5% (n = 976)	1.5% (n = 976)	

^a An individual may provide more than one response; therefore, percentages may sum to more than 100%.

^b Includes school in 24-hour hospital setting, 24-hour juvenile justice facility, and 24-hour residential treatment setting.

Table E-10: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, and 24 Months for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004						
	Intake Mean (SD)	6 Months Mean (SD)	12 Months Mean (SD)	18 Months Mean (SD)	24 Months Mean (SD)	
Youth Services Survey for Families (YSS–F)						
Caregiver Perception of Services	n/a	4.0 (0.7) (n = 2,293)	4.0 (0.7) (n = 1,505)	4.0 (0.7) (n = 898)	4.0 (0.7) (n = 526)	
Access to Services	n/a	4.3 (0.8) (n = 2,293)	4.3 (0.8) (n = 1,506)	4.2 (0.9) (n = 899)	4.2 (1.0) (n = 527)	
Participation in Treatment	n/a	4.2 (0.8) (n = 2,293)	4.2 (0.8) (n = 1,506)	4.2 (0.8) (n = 896)	4.2 (0.8) (n = 524)	
Cultural Sensitivity	n/a	4.5 (0.6) (n = 2,259)	4.5 (0.7) (n = 1,486)	4.4 (0.7) (n = 888)	4.4 (0.7) (n = 517)	
Satisfaction With Services	n/a	4.0 (0.9) (n = 2,294)	4.0 (0.9) (n = 1,508)	4.0 (0.9) (n = 900)	4.0 (0.9) (n = 526)	
Outcomes	n/a	3.5 (1.0) (n = 2,286)	3.6 (0.9) (n = 1,504)	3.6 (1.0) (n = 896)	3.6 (1.0) (n = 528)	
Youth Services Survey (YSS)						
Youth Perception of Services	n/a	3.9 (0.7) (n = 1,423)	4.0 (0.7) (n = 970)	4.0 (0.7) (n = 621)	4.0 (0.6) (n = 373)	
Access to Services	n/a	3.9 (0.9) (n = 1,414)	4.0 (0.9) (n = 969)	3.9 (0.9) (n = 619)	4.0 (0.9) (n = 371)	
Participation in Treatment	n/a	3.6 (0.9) (n = 1,425)	3.7 (0.9) (n = 972)	3.7 (0.9) (n = 623)	3.8 (0.9) (n = 372)	
Cultural Sensitivity	n/a	4.3 (0.7) (n = 1,409)	4.3 (0.7) (n = 963)	4.3 (0.7) (n = 620)	4.3 (0.7) (n = 372)	
Satisfaction With Services	n/a	3.9 (0.9) (n = 1,424)	4.0 (0.8) (n = 972)	4.0 (0.8) (n = 622)	4.0 (0.8) (n = 373)	
Outcomes	n/a	3.9 (0.7) (n = 1,423)	3.9 (0.8) (n = 973)	3.9 (0.7) (n = 621)	3.9 (0.7) (n = 373)	

Table E-10: Child and Family Outcomes at Intake, 6 Months, 12 Months, 18 Months, and 24 Months for Grant Communities Funded in 2002–2004 (continued)

Grant Communities Funded in 2002–2004						
	Intake Mean (SD)	6 Months Mean (SD)	12 Months Mean (SD)	18 Months Mean (SD)	24 Months Mean (SD)	
Cultural Competence and Service Provision (CCSP)						
Importance of Provider’s Understanding of Family’s Culture	n/a	2.8 (1.2) (n = 2,579)	2.8 (1.2) (n = 1,951)	2.7 (1.2) (n = 953)	2.7 (1.2) (n = 951)	
Frequency of Provider’s Culturally Competent Practices	n/a	4.6 (0.6) (n = 2,312)	4.6 (0.6) (n = 1,507)	4.6 (0.6) (n = 893)	4.5 (0.7) (n = 518)	
Overall	n/a	4.0 (0.8) (n = 2,582)	3.9 (0.9) (n = 1,954)	3.6 (1.1) (n = 1,386)	3.5 (1.2) (n = 953)	

Table E-11: Child and Family Outcomes at Intake and 6 Months for Grant Communities Funded in 2005–2006

Grant Communities Funded in 2005–2006						
	Intake Mean (SD)	6 Months Mean (SD)				
Child Behavior Checklist (CBCL 1½–5)						
Emotionally Reactive	65.2 (11.5) (n = 296)	62.6 (11.1) (n = 114)				
Sleep Problems	61.7 (12.2) (n = 296)	57.9 (10.0) (n = 114)				
Withdrawn	63.6 (10.5) (n = 296)	60.6 (9.5) (n = 114)				
Somatic Complaints	58.3 (8.4) (n = 296)	57.2 (7.8) (n = 114)				
Anxious/Depressed	62.3 (10.5) (n = 296)	60.3 (9.6) (n = 114)				
Attention Problems	63.2 (9.1) (n = 296)	61.3 (9.0) (n = 114)				
Aggressive Problems	70.1 (13.6) (n = 296)	65.3 (12.1) (n = 112)				
Internalizing Problems	63.5 (10.2) (n = 296)	60.4 (11.5) (n = 114)				
Externalizing Problems	68.1 (12.9) (n = 296)	63.2 (12.6) (n = 114)				
Total Problems	66.9 (11.4) (n = 296)	62.5 (12.0) (n = 114)				
At/Above Clinical Level	59.8% (n = 296)	51.8% (n = 114)				

Table E-11: Child and Family Outcomes at Intake and 6 Months for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006						
	Intake Mean (SD)	6 Months Mean (SD)				
Child Behavior Checklist (CBCL 6–18)						
Activities Competence	37.9 (9.5) (n = 1,074)	36.7 (9.1) (n = 467)				
Social Competence	37.6 (9.2) (n = 1,046)	37.9 (9.0) (n = 458)				
School Competence	36.7 (8.2) (n = 967)	37.4 (8.5) (n = 424)				
Total Competence	32.8 (8.6) (n = 921)	32.3 (8.6) (n = 402)				
Anxious/Depressed	65.6 (11.0) (n = 1,093)	63.6 (10.7) (n = 476)				
Withdrawn	66.0 (10.0) (n = 1,093)	65.0 (10.5) (n = 476)				
Somatic Complaints	61.7 (9.4) (n = 1,093)	60.9 (9.6) (n = 476)				
Social Problems	66.5 (9.8) (n = 1,093)	65.5 (10.1) (n = 476)				
Thought Problems	67.5 (10.0) (n = 1,093)	66.0 (10.1) (n = 476)				
Attention Problems	68.6 (10.9) (n = 1,093)	66.6 (10.1) (n = 476)				
Rule-Breaking Behavior	68.0 (9.1) (n = 1,093)	66.4 (8.8) (n = 476)				
Aggressive Behavior	72.4 (12.4) (n = 1,093)	70.1 (11.9) (n = 476)				
Internalizing	65.7 (10.2) (n = 1,093)	63.9 (10.7) (n = 476)				
Externalizing	70.0 (9.9) (n = 1,093)	68.0 (10.1) (n = 476)				
Total Problem	69.8 (9.6) (n = 1,093)	68.0 (9.8) (n = 476)				
Clinical Level (Total Problems)	80.1% (n = 1,093)	74.6% (n = 476)				

Table E-11: Child and Family Outcomes at Intake and 6 Months for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006						
	Intake Mean (SD)	6 Months Mean (SD)				
Behavioral and Emotional Rating Scale–2, Caregiver (BERS–2C)						
Intrapersonal Strengths	7.7 (3.3) (n = 1,156)	7.9 (3.3) (n = 518)				
Interpersonal Strengths	6.5 (3.0) (n = 1,160)	6.9 (3.0) (n = 518)				
School Functioning	6.3 (2.9) (n = 1,106)	6.7 (2.9) (n = 490)				
Family Involvement	7.0 (2.9) (n = 1,164)	7.2 (2.8) (n = 518)				
Affective Strengths	7.9 (3.0) (n = 1,165)	8.1 (3.0) (n = 519)				
Career Strengths	8.9 (3.6) (n = 910)	8.9 (3.4) (n = 427)				
Strengths Quotient	79.6 (17.1) (n = 1,097)	81.7 (17.0) (n = 489)				
Behavioral and Emotional Rating Scale–2, Youth (BERS–2Y)						
Intrapersonal Strengths	9.4 (3.0) (n = 762)	9.3 (2.9) (n = 323)				
Interpersonal Strengths	8.5 (3.3) (n = 761)	8.8 (3.3) (n = 322)				
School Functioning	8.3 (3.1) (n = 759)	8.6 (3.1) (n = 314)				
Family Involvement	8.8 (3.0) (n = 762)	9.0 (2.9) (n = 322)				
Affective Strengths	9.7 (3.0) (n = 763)	9.8 (3.0) (n = 323)				
Career Strengths	9.6 (2.9) (n = 711)	9.7 (2.7) (n = 312)				
Strengths Quotient	92.4 (16.9) (n = 757)	93.5 (16.9) (n = 313)				

Table E-11: Child and Family Outcomes at Intake and 6 Months for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006						
	Intake Mean (SD)	6 Months Mean (SD)				
Columbia Impairment Scale (CIS)						
Overall Level of Impairment	22.6 (10.7) (n = 1,364)	20.5 (10.4) (n = 564)				
Clinical Level	75.5%	68.4%				
Revised Children’s Manifest Anxiety Scale (RCMAS)						
Worry/Oversensitivity	10.1 (3.6) (n = 752)	10.1 (3.6) (n = 322)				
Social Concerns/Concentration	10.9 (3.2) (n = 720)	10.9 (3.4) (n = 305)				
Physiological Anxiety ⁸	11.3 (3.4) (n = 755)	11.3 (3.6) (n = 326)				
Total Anxiety	54.3 (12.3) (n = 752)	54.2 (13.1) (n = 321)				
Clinical Level	30.9% (n = 752)	33.3% (n = 321)				
Reynolds Adolescent Depression Scale–2 (RADS–2)						
Dysphoric Mood	50.4 (10.9) (n = 781)	50.7 (11.3) (n = 324)				
Anhedonia/Negative Affect	51.1 (8.0) (n = 778)	51.0 (8.0) (n = 322)				
Negative Self-Evaluation	53.3 (10.6) (n = 777)	52.8 (10.8) (n = 323)				
Somatic Complaints	52.4 (10.5) (n = 782)	51.4 (11.2) (n = 325)				
Total Depression	52.4 (10.4) (n = 781)	52.0 (10.8) (n = 325)				
Clinical Level (Total Depression)	22.2% (n = 781)	21.2% (n = 325)				

Table E-11: Child and Family Outcomes at Intake and 6 Months for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006						
	Intake Mean (SD)	6 Months Mean (SD)				
Caregiver Strain Questionnaire (CGSQ)						
Subjective Externalizing Strain	2.3 (1.0) (n = 1,444)	2.1 (1.0) (n = 574)				
Subjective Internalizing Strain	3.5 (1.1) (n = 1,442)	3.2 (1.0) (n = 574)				
Objective Strain	2.6 (1.1) (n = 1,446)	2.4 (1.0) (n = 572)				
Global Strain	8.4 (2.8) (n = 1,440)	7.7 (2.6) (n = 572)				
Family Life Questionnaire (FLQ)						
Family Functioning Scale	3.4 (0.7) (n = 1,441)	3.4 (0.7) (n = 577)				

Table E-11: Child and Family Outcomes at Intake and 6 Months for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006						
	Intake %	6 Months %				
Living Situations Questionnaire (LSQ)						
Type of Living Arrangements^a	(<i>n</i> = 1,433)	(<i>n</i> = 589)				
Homeless	1.6%	1.2%				
Home	95.3%	91.9%				
School Dormitory	0.1%	0.0%				
Recreational Camp	0.1%	0.2%				
Emergency Shelter	1.3%	1.5%				
Foster Home	4.0%	3.7%				
Therapeutic/Specialized Foster Home	0.5%	0.7%				
Group Home	2.7%	1.7%				
Medical Hospital	0.8%	0.3%				
Residential Treatment Center	4.0%	5.6%				
Psychiatric Hospital	5.6%	3.1%				
Youth Justice Related	5.6%	5.4%				
Adult Justice Related	0.3%	0.5%				
Other	2.3%	5.6%				
Stability in Living Arrangements	(<i>n</i> = 1,433)	(<i>n</i> = 573)				
One Living Arrangement	68.8%	74.3%				
Multiple Living Arrangements	31.2%	25.7%				

Table E-11: Child and Family Outcomes at Intake and 6 Months for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006						
	Intake %	6 Months %				
Education Questionnaire–Revised (EQ–R)						
Attending School	91.8% (n = 1,452)	93.6% (n = 596)				
Excused and Unexcused Absences	(n = 1,199)	(n = 510)				
No Absences	14.8%	13.7%				
Less Than 1 Day Per Month	23.9%	30.2%				
About 1 Day a Month	18.3%	22.0%				
About 1 Day Every 2 Weeks	14.4%	12.9%				
About 1 Day a Week	9.3%	10.8%				
2 Days Per Week	7.5%	5.5%				
3 or More Days Per Week	11.7%	4.9%				
Educational Placement	(n = 1,217)	(n = 518)				
Public Day School	83.6%	79.2%				
Private Day/Boarding School	2.5%	3.3%				
Home School	1.8%	2.1%				
Alternative/Special Day School	18.1%	17.0%				
School in 24-Hour Restrictive Setting ^b	6.2%	5.6%				
Other	4.8%	4.2%				
School Performance	(n = 1,160)	(n = 500)				
Grade Average A	6.0%	5.4%				
Grade Average B	17.7%	21.6%				
Grade Average C	21.5%	21.8%				
Grade Average D	8.4%	6.6%				
Failing All or Most Classes	20.7%	16.2%				
School Does Not Grade	22.2%	26.6%				
Other	3.5%	1.8%				

Table E-11: Child and Family Outcomes at Intake and 6 Months for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006						
	Intake %	6 Months %				
Education Questionnaire–Revised (EQ–R)						
Individualized Education Plan (IEP)	(<i>n</i> = 1,195) 53.6%	(<i>n</i> = 512) 59.0%				
Reasons for IEP^a	(<i>n</i> = 639)	(<i>n</i> = 299)				
Behavior/Emotional Problems	72.8%	78.9%				
Learning Disability	51.6%	47.5%				
Physical Disability	4.2%	3.7%				
Developmental Disability or Mental Retardation	15.6%	13.0%				
Vision Impairment	3.1%	3.7%				
Speech Impairment	17.7%	18.4%				
Other	7.0%	6.4%				
Type of Special Education Placements^a	(<i>n</i> = 514)	(<i>n</i> = 247)				
Special Class All or Most of the Day	46.3%	46.2%				
Special Class for a Portion of the Day	31.9%	33.2%				
Special Instruction As Part of a General Education Class	26.1%	27.5%				
Disciplinary Actions	(<i>n</i> = 1,179)	(<i>n</i> = 502)				
None	57.2%	66.7%				
Suspended	38.2%	30.7%				
Expelled	1.4%	0.2%				
Suspended and Expelled	3.2%	2.4%				

Table E-11: Child and Family Outcomes at Intake and 6 Months for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006						
	Intake %	6 Months %				
Delinquency Survey–Revised (DS–R)						
Juvenile Justice Contacts						
Questioned by Police	27.6% (n = 732)	91.7% (n = 303)				
Arrested	20.6% (n = 732)	81.8% (n = 303)				
Told to Appear in Court	26.0% (n = 732)	87.5% (n = 303)				
Convicted of a Crime	15.2% (n = 732)	40.5% (n = 74)				
On Probation	31.1% (n = 731)	70.9% (n = 117)				
Sentenced to Secure Facility	13.9% (n = 728)	56.1% (n = 57)				
Substance Problem Urgency (GAIN)						
Substance Use and Abuse Scale (SUS–9)						
Mean (SD)	(n = 263) 3.1 (2.4)	(n = 91) 3.1 (2.4)				
Minimal/No Urgency	42.9%	47.7%				
Moderate Urgency	48.4%	40.9%				
High Urgency	8.7%	11.4%				
Substance Dependence Scale (SUS–7)						
Mean (SD)	(n = 262) 1.7 (1.9)	(n = 91) 1.7 (1.9)				
Minimal/No Urgency	56.6%	60.2%				
Moderate Urgency	37.5%	33.0%				
High Urgency	6.0%	6.8%				

Table E-11: Child and Family Outcomes at Intake and 6 Months for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006						
	Intake %	6 Months %				
Substance Problem Urgency (GAIN)						
Substance Problem Scale (SPS)	(<i>n</i> = 263)	(<i>n</i> = 91)				
Mean (<i>SD</i>)	4.8 (3.9)	4.8 (4.0)				
Minimal/No Urgency	44.8%	46.6%				
Moderate Urgency	47.2%	43.2%				
High Urgency	7.9%	10.2%				
Multi-Sector Service Contacts—Revised (MSSC—R)						
Number of Different Services Utilized		(<i>n</i> = 538)				
Mean (<i>SD</i>)	<i>n/a</i>	5.6 (2.9)				
1–3	<i>n/a</i>	24.9%				
4–6	<i>n/a</i>	40.5%				
7–9	<i>n/a</i>	25.7%				
10 or more	<i>n/a</i>	8.9%				

Table E-11: Child and Family Outcomes at Intake and 6 Months for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006						
	Intake %	6 Months %				
Multi-Sector Service Contacts–Revised (MSSC–R)						
Type of Services Utilized						
Traditional						
Individual Therapy	n/a	70.9% (n = 540)				
Case Management	n/a	57.9% (n = 534)				
Assessment or Evaluation	n/a	61.5% (n = 535)				
Medication Treatment/Monitoring	n/a	45.8% (n = 533)				
Family Therapy	n/a	31.4% (n = 538)				
Group Therapy	n/a	26.0% (n = 535)				
Crisis Stabilization	n/a	15.0% (n = 532)				

Table E-11: Child and Family Outcomes at Intake and 6 Months for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006						
	Intake %	6 Months %				
Multi-Sector Service Contacts–Revised (MSSC–R)						
Type of Services Utilized (continued)						
Innovative						
Recreational Activities	n/a	32.6% (n = 534)				
Family Support	n/a	34.9% (n = 536)				
Transportation	n/a	25.4% (n = 536)				
Flexible Funds	n/a	25.5% (n = 537)				
Behavioral/Therapeutic Aide	n/a	21.2% (n = 533)				
Family Preservation	n/a	10.8% (n = 527)				
Respite	n/a	10.3% (n = 533)				
Transition	n/a	1.5% (n = 532)				
Independent Living	n/a	1.3% (n = 529)				
Afterschool Programs	n/a	16.6% (n = 531)				
Informal Support	n/a	47.2% (n = 532)				
Vocational Training	n/a	1.7% (n = 531)				

Table E-11: Child and Family Outcomes at Intake and 6 Months for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006						
	Intake %	6 Months %				
Multi-Sector Service Contacts–Revised (MSSC–R)						
Type of Services Utilized (continued)						
Restrictive						
Day Treatment	n/a	5.8% (n = 532)				
Inpatient Hospitalization	n/a	8.2% (n = 535)				
Residential Treatment Center	n/a	6.9% (n = 535)				
Therapeutic Group Home	n/a	2.1% (n = 536)				
Therapeutic Foster Care	n/a	1.7% (n = 536)				
Residential Camp	n/a	1.7% (n = 535)				

^a An individual may provide more than one response; therefore, percentages may sum to more than 100%.

^b Includes school in 24-hour hospital setting, 24-hour juvenile justice facility, and 24-hour residential treatment setting.

Table E-11: Child and Family Outcomes at Intake and 6 Months for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006						
	Intake Mean (SD)	6 Months Mean (SD)				
Youth Services Survey for Families (YSS–F)						
Caregiver Overall Perception of Services	n/a	4.0 (0.7) (n = 499)				
Access to Services	n/a	4.2 (0.8) (n = 498)				
Participation in Treatment	n/a	4.2 (0.7) (n = 499)				
Cultural Sensitivity	n/a	4.4 (0.6) (n = 482)				
Satisfaction With Services	n/a	4.0 (0.9) (n = 499)				
Outcomes	n/a	3.5 (.9) (n = 498)				

Table E-11: Child and Family Outcomes at Intake and 6 Months for Grant Communities Funded in 2005–2006 (continued)

Grant Communities Funded in 2005–2006						
	Intake Mean (SD)	6 Months Mean (SD)				
Youth Services Survey (YSS)						
Youth Overall Perception of Services	n/a	3.9 (0.6) (n = 276)				
Access to Services	n/a	3.9 (0.9) (n = 274)				
Participation in Treatment	n/a	3.6 (0.9) (n = 275)				
Cultural Sensitivity	n/a	4.2 (0.7) (n = 272)				
Satisfaction With Services	n/a	3.9 (0.8) (n = 277)				
Outcomes	n/a	3.8 (0.7) (n = 276)				
Cultural Competence and Service Provision (CCSP)						
Importance of Provider's Understanding of Family's Culture	n/a	2.7 (1.2) (n = 469)				
Frequency of Provider's Culturally Competent Practices	n/a	4.6 (0.6) (n = 398)				



PEP12-CMHI0608