

The IARCA Outcome Measures Project



Annual Report
for 2015
Calendar Year

2015



INDIANA ASSOCIATION OF RESOURCES
AND CHILD ADVOCACY

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Report for calendar year 2015

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- ✓ This Annual Report focuses on the eighteenth year that the IARCA Outcome Measures Project (*the Project*) has completed statewide data collection. Information presented was collected during Calendar Year 2015 for 12 program types – Transitional Living, Day Treatment, Home-Based, Traditional Foster Care, Treatment Foster Care, Shelter Care, Residential Care Utilizing Public Schools, Residential Care Utilizing Public and On-Grounds Schools, Residential Locked and Staff-Secure, Psychiatric Residential Treatment Facilities, Crisis Stabilization and Outpatient Treatment.
- ✓ The *Executive Summary for Calendar Year 2015 and Cross Year Comparisons* provides additional information on youth served by participating agencies and highlights the development of *the Project*.
- ✓ This Annual Report, the Executive Summary, and recent past reports on *the Project* are available on IARCA's website, at www.iarca.org.

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Jacqueline Remondet Wall, Ph.D., holds the rank of Professor Emeritus at the University of Indianapolis, where she taught in the School of Psychological Sciences (SoPS). While at the university, she served in multiple administrative roles; as the Director of Undergraduate Programs in the SoPS, as chairperson of the Institutional Review Board, and chairperson of the committee for the university's Academic Quality Improvement Program, an activity completed to maintain regional academic accreditation. Her doctoral degree is in industrial / organizational psychology; she has also completed a post-doctoral respecialization program in clinical psychology, and post-doctoral fellowships in neuropsychology and rehabilitation psychology. Dr. Wall is licensed to practice psychology in the state of Indiana. She has evaluated individuals, as well as programs in human services agencies, academia, and health care, and has served as a consultant to a range of organizations, including those in the public and private sectors in industry, government, and non-profits. Her work has included developing, implementing and evaluating employee selection systems, conducting needs analyses with the subsequent development, delivery and evaluation of training programs and educational offerings, performing needs assessments for service development, and evaluating existing human services. She has served as an external evaluator with IARCA since 1998.

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Indiana Association of Resources and Child Advocacy The IARCA Outcome Measures Project Report for Calendar Year 2015

History

The primary aim of the IARCA Outcome Measures Project (hereafter referred to as *the Project*) is to evaluate the effectiveness of programs and services provided to children and families by IARCA member agencies. In 2015, IARCA¹ represented 85 private agencies within Indiana that provided a broad range of services and programs, including Transitional Living, Day Treatment, Home-Based, Foster Care (traditional and treatment programs), Shelter Care, Residential Care (programs using only public schools, programs using public- and on-grounds schools, locked / staff secure programs, and psychiatric residential treatment facilities), Crisis Stabilization and Outpatient Treatment. Fifty-three (53) agencies, representing 62.4% of the 85 IARCA member agencies, provided data for *the Project* during 2015. This year was the lowest rate of agency participation across the eighteen years of data collection. In prior years, the percentage of IARCA member agencies providing data for the Annual Report has ranged between 64.8% and 76.1% of IARCA members. Appendix A contains a list of agencies that participated during 2015.

The Project was originally developed and implemented with the support of the Indiana Council of Juvenile and Family Court Judges to assure referral / funding sources, providers, and clients that IARCA agencies would continually assess the strengths and limitations of their programs. A task force was formed in 1996, composed of volunteers from IARCA member agencies. Regional meetings were held to obtain input from stakeholders throughout the state. Following these meetings, the task force met regularly across a one-year timeframe to design *the Project*. After the project was designed, a pilot study was conducted in 1997, using 19 volunteer agency participants (Link, 1998). Results from this study were analyzed and minor modifications were made to data collection procedures. In 1998, an invitation was extended to the full IARCA membership to participate. Also in 1998, the task force became an Outcome Committee (see Appendix B for a list of 2015 Outcome Committee members) and external evaluators were hired to independently analyze, interpret, and develop an Annual Report for the year's data. External

¹ Formerly IARCCA, an Association of Children and Family Services.

evaluators have reviewed the data each year since 1998, developing an Annual Report, and accompanying Executive Summary with cross-year comparisons of data. A more comprehensive history of *the Project*, including information on the methods and instruments used for data collection, has been published elsewhere (Wall, Busch, Koch, Alexander, Minnich, & Jackson-Walker, 2005; Wall, Koch, Graham, & Link, 2010). Appendix C summarizes the current data collection strategies for each program type.

The information presented in this Annual Report examines the intake, discharge, and follow-up data collected in 2015 for youth served by agencies. Appendices D through N provide summaries of the benchmark data from this past year. During 2015, agencies submitted 15,505 packets² of data (5,848 packets at intake, 4,852 at discharge, 2,768 at follow-up I and 2,037 at follow-up II³) for inclusion in this Annual Report. The total number of packets submitted in 2015 is similar to that submitted in 2014.

Outcome Measures

Data for the Project is provided to IARCA by member agencies on the children and families they serve. Data is collected at: (1) intake; (2) discharge; (3) follow-up I (i.e., at 3 or 6 months after discharge, depending on the program); and (4) follow-up II (i.e., at 6 or 12 months after discharge, depending on the program). Analyses for the follow-up timeframes employed the following algorithm to determine whether a child had been contacted at follow-up. The child was considered “contacted” if at least 3 of 6 critical outcomes items were answered – youth’s current living arrangement, education, employment, subsequent court contact, subsequent abuse of the youth, and/or subsequent abuse in the home where the child is living. If fewer than 3 of these 6 items were answered, then the youth was considered “not contacted” for purposes of analyses. This algorithm has been employed for the analyses every year since data were collected for calendar year 2006, when agencies began entering their data exclusively into a computer database. See Appendix C for program-specific measures collected and the data collection timeframe. More detailed descriptions of the instruments can be obtained from IARCA.

² A packet is defined as the set of data submitted for a youth at one of the four data collection times for *the Project* – at intake, discharge, follow-up I or follow-up II. Thus, the Child Risk Factor Survey, Child Problem Checklist, Family Problem Checklist, and the Intake Summary Sheet would constitute one packet submitted at intake.

³ Of the 2,736 packets submitted at follow-up I, 1,565 youth were contacted and 1,171 were not contacted. Of the 2,145 packets at follow-up II, 943 youth were contacted and 1,202 were not contacted.

Clinical Outcomes

- ✓ **Child-specific clinical outcomes.**
Global Assessment of Functioning (GAF; American Psychiatric Association, 1994). Higher scores are associated with better functioning.
Child Problem Checklist (CPC). Lower scores are associated with fewer identified child problems.
- ✓ **Family-specific clinical outcomes.**
Family Risk Scales: Parent Centered Risk (FRS; Magura, Moses & Jones, 1987). Lower scores are associated with lower levels of parent-centered risk.
Family Problem Checklist (FPC). Lower scores are associated with fewer identified family problems.

Functional Outcomes

- ✓ **Educational outcome.** Youth are assessed for attendance, school-related behavior and academic performance. Education at discharge is positive if two of the three areas are positive. Education at both follow-up timeframes is positive if the youth is attending school or has graduated. This measure is not reported for children under school age.
- ✓ **Educational status.** While not an outcome measure, educational status identifies whether the youth is currently enrolled in preschool, elementary or secondary school, has graduated, is in post-secondary education, or has been expelled.
- ✓ **Employment outcome.** Youth aged 16 and older are identified as being employed or not employed at discharge and at both follow-up timeframes. Information is considered positive if youth are identified as being employed.
- ✓ **Absence of subsequent abuse of child.** Youth are identified as not having a new incident of abuse or neglect being investigated or substantiated in the time frame between discharge and follow-up I and follow-up II.
- ✓ **Absence of subsequent abuse in family.** Youth are identified as not living in a family where a new incident of abuse or neglect has been investigated or substantiated in the time frame between discharge and follow-up I and follow-up II.
- ✓ **Absence of subsequent court involvement.** Youth are identified as not having court involvement for a new infraction in the time frame between program discharge and follow-up I and follow-up II.

Effectiveness of Placement

- ✓ **Length of Stay.** The number of calendar days in treatment is calculated by subtracting the admission date from the discharge date.
- ✓ **Restrictiveness of Living Environment Scales.** (ROLES; Hawkins, Almeida, Fabry, & Reits, 1992). The placement after discharge is compared to the restrictiveness of the program; yielding a rating that is “more-, similar-, or less restrictive” for each youth. In addition, a code of runaway is used. At follow-up I and follow-up II, living environments of youth are rated, using a more-, similar-, or less restrictive placement when compared to the setting at discharge. In addition, a code of runaway at follow-up I and follow-up II is used for those who had run away since being discharged from their program placement.
- ✓ **Achievement of primary or concurrent permanency plan.** Youth are identified as meeting their primary permanency plan, concurrent plan, not meeting either plan, or not having a case plan.

- ✓ Nature of discharge. Youth are identified as having a planned discharge, being removed by the referral source, administratively discharged, or running away.

Consumer Satisfaction

- ✓ Child satisfaction survey. This instrument is collected for youth aged 12 and older. Scores represent an average from a 15-item, Likert-type scale ranging from 1 to 7. Higher scores are associated with greater satisfaction.
- ✓ Family satisfaction survey. Scores represent an average from a 14-item, Likert-type scale ranging from 1 to 7. Higher scores are associated with greater satisfaction.
- ✓ Referring agency satisfaction survey. Scores represent an average from a 14-item, Likert-type scale ranging from 1 to 7. Higher scores are associated with greater satisfaction.

Risk & Protective Factors

- ✓ Demographic variables. Items include gender, ethnicity, and age.
- ✓ Child-specific risk & protective factors. Risk items include being victim of neglect or abuse, witness to domestic violence, receiving special education, repeating a grade and taking psychotropic medication. Protective items are provided by the Child and Youth Resilience Measure (CYRM; Liebenberg, Ungar & LeBlanc, 2013), and include items such as having people to look up to, knowing where to get community supports, and feeling like the child belongs at his/her school. The brief 12-item version of the CYRM (CYRM-12) is used for *the Project*, and is reported at program admission, discharge, and follow-up after discharge. The 12 items are reported either by the youth or a person identified as “most knowledgeable” about the youth (e.g., family member, relative, caretaker, therapist, or case manager), and scores range from a low of 1 to a high of 5. Higher scores indicate higher reports of resilience. A “Total Resilience Score” is calculated for each child by averaging their score across the 12 items.
- ✓ Parent-specific risk factors. Items include parent incarceration history, psychiatric diagnosis, substance abuse, single parent family and parent rights terminated.
- ✓ Total Risk Score. A “Total Risk Score” is calculated for each child by summing the major risk factors identified.⁴

Services Provided

- ✓ Services provided to a youth or their family of permanency during their time in the program are identified for the following areas: alcohol / drug services; early childhood services; educational services; employment services; family-based services; legal services; medical services; mental health services; recreational services; and / or rehabilitation services. Results are reported for services where at least half (50%) of the youth admitted were recipients.

⁴ Specific risk factors that increase the score by one point each include: youth pregnant, youth with children; Child in Need of Services (CHINS); delinquent; victim of neglect, physical abuse, and / or sexual abuse; witness to domestic violence; grade retention; special education; psychotropic medication; parent substance abuse; parent incarceration; parent psychiatric diagnosis; single parent family; parent rights being terminated for one parent or both parents. The score increases by two points if parent rights were terminated for adoptive parents.

Changes in 2015 Data Collection, Analysis, and Reporting

During the last eighteen years, information collected on youth and families seen through programs of *the Project* has been generally consistent. In addition, analyses and reporting of findings in this Annual Report have been done in a manner similar to that done in previous years (Jackson-Walker & Wall, 1999, 2000, 2001, 2002, 2003; Koch & Wall, 2005b, 2006, 2008, 2010b, 2012, 2014b; Minnich & Wall, 2004; Wall & Koch, 2007b, 2009, 2011b, 2013, 2015). Although efforts have been made to present information each year in a similar manner, changes in data collection, analysis and reporting procedures may make comparisons with past years less analogous.

In October 2014, the Child and Youth Resilience Measure – 12 (CYRM-12; Liebenberg, Ungar & LeBlanc, 2013) was integrated into the data collection within the Evaluate Outcomes Now[®] (EON) system. Calendar year 2015 was the first full year that the CYRM data was collected. Given the time when the CYRM was integrated into data collection, only preliminary results are provided in the Appendix (Appendices G and J).

No changes were made to how data was reported for the 2015 data. However, during preliminary analyses, the evaluators observed several variables in which the data provided appeared to have a considerable amount of missing cases. While this has been observed across the years, lower sample sizes for variables appeared to be more pronounced with the current year's data. This was particularly evident for the Family Risk Scales and the three satisfaction surveys (child, caregiver, and referring agency satisfaction). Due to these high rates of missing data, results for these variables should be viewed with caution, as they may not be representative of all youth in care.

Also of note during 2015, there appeared to be a significant increase in the number of follow-up cases in which the youth were listed as “not able to be contacted.” As noted in the Outcome Measures section above, an algorithm has been used by the external evaluators for the past 10 years to identify whether or not an agency was able to contact a youth at follow-up periods I and II. For 2015, agencies were unable to contact 55.1% of youth at follow-up I and 63.2% of youth

at follow-up II. It should also be noted that historically the number of youth which agencies have attempted to contact has been lower than the number discharged, suggesting that agencies do not attempt to contact all youth who were provided care, or do not report into EON those youth who were not able to be contacted after attempts to do so. These points suggest that the data provided in this report may not be reflective of all youth who were provided care in the various programs, and should be interpreted with caution as it is uncertain whether the youth contacted are representative of the youth receiving care.

Data Extraction for Analyses

Data for this Annual Report was extracted from the EON web application on February 29, 2016.

Comments on Interpreting the Data

The primary purpose of *the Project* is to measure outcomes at a programmatic level, and not at an individual child or family level. To this end, the results reported in this Annual Report identify the characteristics of families and children who entered programs during the calendar year 2015 (at intake), those who left programs during calendar year 2015 (at discharge), and those who were contacted in 2015 several months after being discharged (at follow-up I and follow-up II). Therefore, no efforts were made to follow individual children across time (i.e., at admission, discharge, follow-up I and/or follow-up II). Given this purpose, it is important to limit comparisons between the four data collection periods, as each period includes different groups of children and families. In other words, it would be inappropriate to conclude that youth and families improved from intake to discharge, as it is unclear whether the same youth and families were measured at both points in time.

It should also be noted that *the Project* does not collect data on children and families who have not been placed in a program, or from those who have not received services. As there is no group to serve as a comparison, it is not possible to claim that positive (or negative) outcomes are due to particular programs or services provided to the children and their families. It is possible that there was some unmeasured uniqueness to any specific group of youth and families who'd received services (e.g., age of youth or number of prior out of home placements) that may

interact singularly or conjointly with services to yield outcomes. In addition these other factors may have impacted placement decisions (e.g., judicial or legislative factors) either at entry into or exit from care, thereby affecting outcomes reported. Thirdly, data is not collected from breadth of the overall sample of youth and families who received services from a program at the follow-up time periods (i.e., I and II). Therefore, the follow-up data may not be representative, and could show factors associated with either better (or worse) outcomes. Lastly, results presented in this Annual Report are aggregate figures of voluntary submissions by a program and therefore may not represent all of the children and families served by all programs or agencies that are members of IARCA.

Transitional Living

Transitional living programs provide services to youth needing supervised and supported opportunities to live in a community in preparation for full emancipation. Transitional living programs are generally not considered appropriate for youth with a goal of family reunification or adoption. A goal of transitional living programs is for the youth to demonstrate an ability to handle increased freedom and responsibility in the community. This includes transitional living programs, independent living programs, scattered site apartment programs, and on-campus transitional living cottages/homes. This does not include independent living services provided within another program such as residential or foster care (IARCA, 2013).

2015 Highlights

In general, most findings from the 2015 data are consistent with those from the previous years, and are not judged to differ beyond normal fluctuations. There were some differences in child characteristics, which are noted below in the highlights from 2015.

Child and Family Risk Factors

- ✓ Just over half (52.2%) were male; almost 2 of every 3 youth (66.3%) were identified as Caucasian, just under 1 in 4 (23.2%) African American, and just over 1 in 20 (5.4%) Hispanic or other ethnicities (5.1%).
- ✓ Youth had on average, been in 2.8 placements before entering care. For the past three years, youth in TL were noted to have been in fewer previous placements than in earlier years when this data was collected (that is, between 1999 & 2011, the range has been between 3.3 and 4.0).
- ✓ About 1 of every 5 youth (22.2%) admitted to Transitional Living programs were adjudicated delinquent, while just under half (49.2%) were classified as CHINS.
- ✓ At intake, 3 of every 5 youth (62.3%) admitted had a permanency goal for emancipation / independent living. This is consistent with previous years, where the proportion of youth with a permanency goal for emancipation ranged from 52.3% to 67.1%.
- ✓ Few youth entering care were pregnant at admission (2.7% of all youth; 5.7% of female youth) and about 1 in 14 youth (7.4%) had children. Over the last 7 years, the proportion of youth entering Transitional Living who had children has ranged from 5.3% to 19.0%.
- ✓ The average total risk score of 2.9 for 2015 was lower than all past years. Since 1999, the total risk score for youth entering Transitional Living has ranged from 3.3 to 6.0.

Clinical Functioning

- ✓ When the average GAF score was compared to those reported in previous years, the intake score (70.2) was at the highest level recorded. From 1998-2014, average GAF scores for youth entering Transitional Living ranged between 58.2 and 67.7.
- ✓ When compared to that seen in the past, the average score on the CPC at intake (3.4) was the lowest score recorded. Between 1998 and 2014, the average CPC total scores have ranged between 3.7 and 7.1.
- ✓ The average GAF for youth discharged from Transitional Living programs was 69.2. The average number of items endorsed on the CPC at discharge was 3.0, a number consistent with that recorded in previous years (average scores of 2.9 to 4.4).

Functional Outcomes

- ✓ Nearly 8 of every 10 youth had a positive educational outcome at discharge (77.7%). This proportion is within the range of that recorded in past years of data collection.
- ✓ Approximately half of the youth were employed at discharge (48.5%). This percentage is within the range of that which has been collected in the past; from 1998-2014, the percentage has ranged between 36.1% and 65.2%.
- ✓ Over 4 of every 5 youth had no new court involvement (85.9%) at follow-up I. This number has fluctuated over the years, ranging from about one-half (51.5% in 2007) to over 9 in 10 (92.4% in 2012). It should be noted that the sample size for youth in TL has also fluctuated over the years as has the proportion of youth contacted at follow-up; given such any change in percentage may be due to the differences in those placed in Transitional Living or those contacted after care.

Placement Outcomes

- ✓ The average length of stay was over 8 months (average of 261.8 days). The median length of stay was just over 6 months (190.5 days).
- ✓ Just less than 3 of every 4 youth were discharged to a similar or less restrictive placement (73.8%). This figure is similar to that reported in past years (between 1998 and 2014 the range of such placements was 61.4% to 81.5%).
- ✓ Approximately 1 in 10 (11.4%) youth in Transitional Living ran away from placement. This number is consistent with that reported in recent past years, where the percentage of runaway youth has ranged between 4.6% and 20.9%.

Satisfaction Outcomes

- ✓ The sample size for completed satisfaction surveys is small and may not be representative of the larger sample of youth served in Transitional Living Programs. Eleven referral sources were contacted. The average rating given on the satisfaction scales was 6.6 on a 7-point scale.
- ✓ Twenty-eight youth completed satisfaction surveys. These youth were also generally satisfied with their program, reporting an average rating of 6.1 on a 7-point scale.

Services Provided

- ✓ Two services were reported as being provided to over half of the youth. Both of these services focused on employment (i.e., independent living and life skills trainings).

2015 Program Outcomes: Transitional Living

Sample Size	Intake	Discharge	Follow-up I		Follow-up II	
			Contacted	Not able to contact	Contacted	Not able to contact
	297	230	76	92	49	68

Child and Family Risk Factors

Variable	Value	Variable	Value
Average Age	17.3	Average # Prior Placements	2.8 placements
Gender		Child Factors	
Male	52.2%	Pregnant	5.7% females; 2.7% all youth
Female	47.8%	Have children	7.4%
Ethnicity		Grade retention	9.6%
Caucasian	66.3%	Special education	13.8%
African American	23.2%	Psychotropic medication	16.0%
Hispanic	5.4%	Parent Factors	
Other	5.1%	Substance abuse	32.2%
History of:		Psychiatric diagnosis	4.5%
Neglect	28.3%	Incarceration	18.2%
Physical abuse	10.1%	Single parent family	31.9%
Sexual abuse	10.1%	Parent rights terminated:	24.0%
Witness to domestic violence	20.7%	For one parent	6.5%
CHINS	49.2%	For both parents	17.5%
Delinquent	22.2%	For adoptive parents	0.0%
Previous home-based services	41.5%	Mean Risk Factor Score	2.9

Clinical Outcomes

	Intake	Discharge
Child		
Average GAF	70.2	69.2
Average Child Problem Checklist Total	3.4	3.0

Intake Child Problem Checklists

Top 5 Child Problem Checklist Items (n=296)

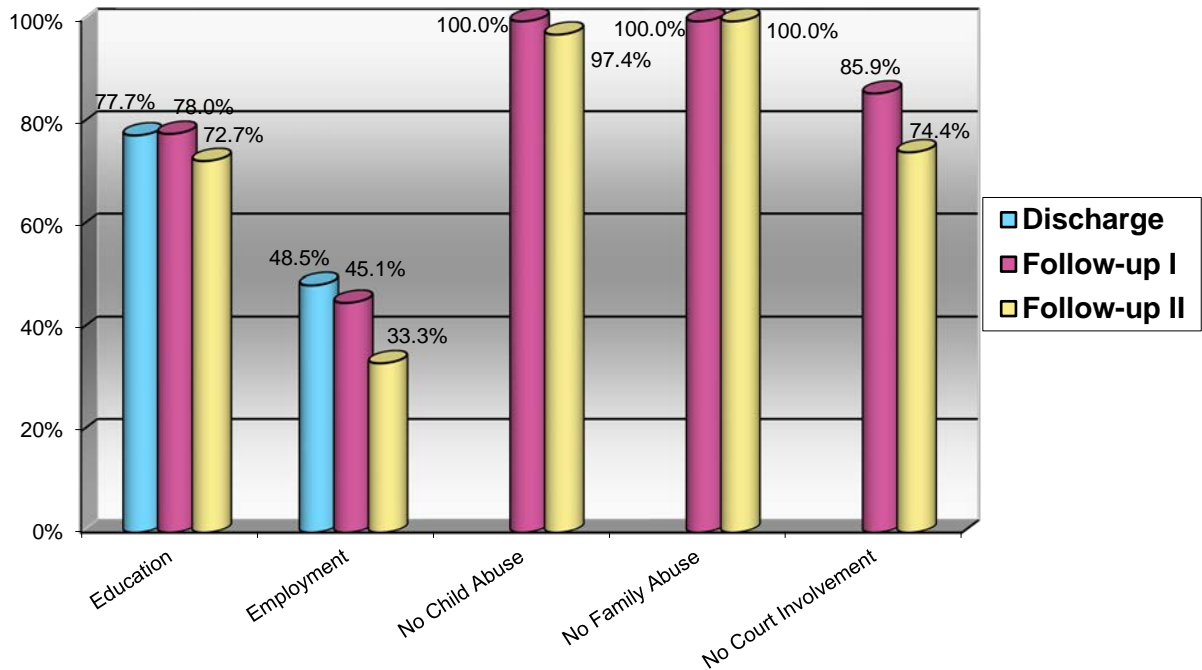
Depression/ withdrawn	37.2%
Failure to follow instructions	33.8%
Peer relationship problems	30.1%
Substance involvement	28.7%
School learning problems	26.0%

Discharge Child Problem Checklists

Top 5 Child Problem Checklist Items (n=230)

Failure to follow instructions	35.2%
Depression / withdrawn	30.4%
Substance involvement	27.0%
Peer relationship problems	26.5%
School learning problems	23.0%

Functional Outcomes*



School Status at Discharge [†]	Percent
Enrolled in preschool	0.4%
Enrolled in K-12	23.9%
Home schooled	0.9%
Working on GED	8.7%
Enrolled in high school vocational program	5.2%
Obtained certificate of completion	1.3%
Obtained GED	12.2%
Obtained high school diploma	26.1%
Enrolled in post-secondary vocational training program	3.9%
Enrolled in college or university	18.3%
Youth Expelled	0.0%
None apply	8.7%
Unknown	1.3%

* Education and employment outcome variables are reported for the percent of youth who are of appropriate age who had a positive outcome. Education (Discharge n=211; Follow-up I n=59; Follow-up II n=44); Employment (Discharge n=227; Follow-up I n=71; Follow-up II n=48); Child abuse (Follow-up I n=76; Follow-up II n=39); Family abuse (Follow-up I n=41; Follow-up II n=20); Court involvement (Follow-up I n=71; Follow-up II n=39).

[†] Individual children may be counted in more than one category (e.g., obtained high school diploma and enrolled in college). In addition, school status may not have been noted for some children. Thus, the cumulative percentage may not equal 100%.

2015 Program Outcomes: Transitional Living

Placement Outcomes

Length of Stay **Mean = 261.8 days** **Median = 190.5 days**

Permanency Goal	Intake	Discharge
Reunification with parent	13.1%	11.3%
Adoption	0.7%	1.3%
Emancipation / independent living	62.3%	57.8%
Permanent custodial relationship	0.0%	1.3%
Legal guardianship	1.0%	0.0%
Other planned permanent living arrangement	14.5%	15.7%
Placement without case plan	2.0%	0.9%
No case plan required by referral source:	6.3%	11.7%
Department of Correction	1.3%	1.3%
Department of Education	0.0%	0.0%
Probation	1.3%	0.9%
Private	0.0%	0.4%
Other / not specified	3.7%	9.1%

Discharged to:	Percent
Independent living	32.6%
Parent's home	12.6%
Relative's home	13.5%
Adoptive home	2.2%
Friend's home	4.3%
Regular foster care	3.9%
Specialized / treatment foster care	2.6%
Emergency shelter	0.4%
Group home	2.6%
Residential treatment center	4.3%
In-patient in medical hospital	0.0%
Drug / alcohol rehab center	0.0%
Intensive treatment unit	0.4%
Detention / correctional center	2.2%
Jail	0.9%
Other	4.3%
Runaway	11.3%

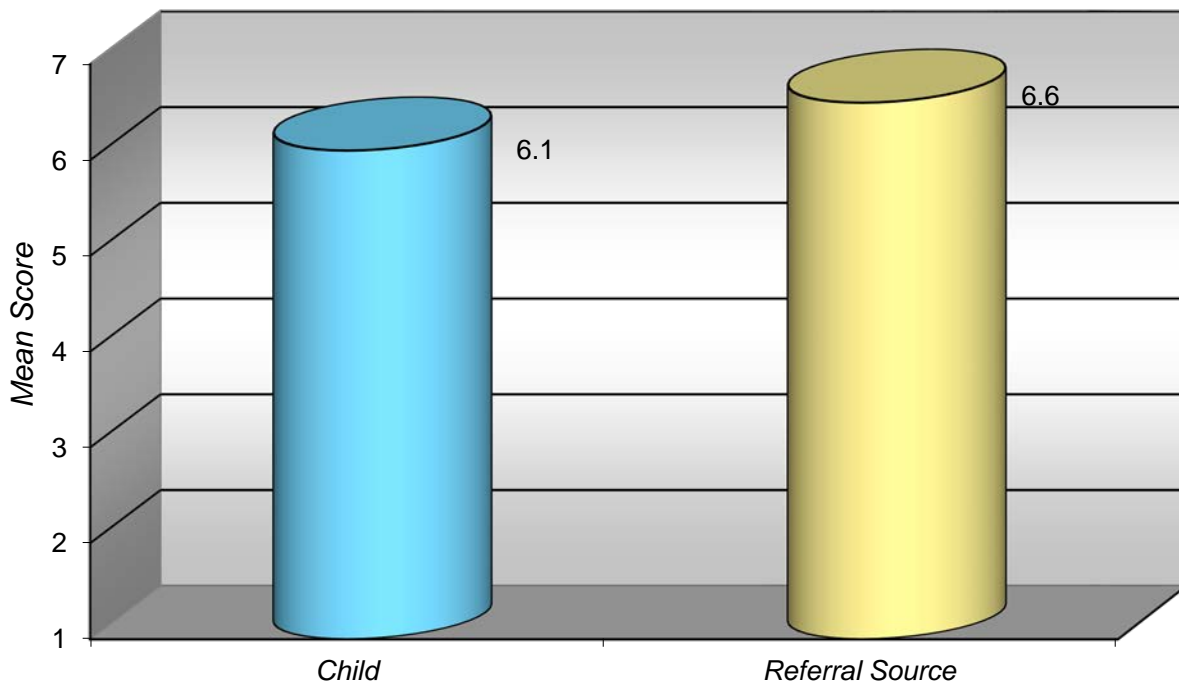
ROLES	Discharge	Follow-up I	Follow-up II
More restrictive	14.8%	11.4%	19.6%
Similar restrictiveness	28.8%	74.3%	65.2%
Less restrictive	45.0%	14.3%	13.0%
Runaway	11.4%	0.0%	2.2%

Placement Outcomes (continued)

Was discharge permanency goal achieved?	Percent	
	Total Sample	Case plan only
Yes	41.7%	49.7%
No	33.5%	39.9%
Yes for concurrent plan	8.7%	10.4%
No case plan	16.1%	

Nature of Discharge	Percent
Planned	60.0%
Removed by referral source	3.0%
Administrative	24.3%
Runaway	12.6%

Satisfaction Outcomes[‡]



[‡] Child Satisfaction (n=28); Referral Source Satisfaction (n=11).

Services Provided

In 2015, 2 services were reported as being provided to over half of the youth in Transitional Living programs. Both of these 2 services focused on employment (life skills assessment and independent living training).

Day Treatment

Day treatment programs allow youth to live in the community while receiving therapeutic and support services outside their home. Generally, these services are provided up to fourteen (14) hours per day for up to six (6) days a week (IARCA, 2013).

2015 Highlights

Day Treatment findings have been analyzed separately since 2003. Due to extremely small sample sizes in the earlier years for Day Treatment, comparisons are made from 2004 and forward. In general, most findings from the 2015 data are consistent with those from the previous years, and are not judged to differ beyond normal fluctuations. There were some differences in child characteristics, which are noted below.

Child and Family Risk Factors

- ✓ The average age for youth entering Day Treatment in 2015 (13.6 years) was within the range of that seen in most other years (ranging from 10.4 to 15.2 between 2002 and 2014). The fluctuations in age in past years may be associated with the smaller sample sizes collected for this program.
- ✓ Just fewer than 2 of every 3 youth in Day Treatment were Caucasian (65.5%). For the past three years, Caucasian youth were the majority of youth served; however in earlier years minority youth were in the majority of youth in Day Treatment programs.
- ✓ Like that found in 2014, lower proportions of youth entered Day Treatment with a history of suspected or reported neglect (9.0%) and physical abuse (2.8%).
- ✓ Close to 1 of every 6 (17.4%) youth entering Day Treatment reportedly witnessed domestic violence.
- ✓ Approximately 1 of every 20 youth was classified as CHINS (6.2%), and about 1 in 5 were adjudicated delinquent (20.0%). Both of these proportions are among the lowest recorded for youth entering Day Treatment.
- ✓ Over 1 of every 3 youth entering Day Treatment had previously participated in home-based services (34.7%); this number is lower than that collected in previous years.
- ✓ Approximately 1 in 5 youth entering Day Treatment were on psychotropic medication (19.0%). This proportion is more consistent with that from 2014 (14.9%), but both are lower than all previous years in which data has been collected (between 2004 and 2013, the range was between 27.0% and 54.0%).

Clinical Functioning

- ✓ The average CPC score at intake (6.5) is within the range of scores collected between 2004 and 2014 (range from 6.0 to 9.7). Peer relationship problems (73.1%), learning problems in school (65.5%), depression/withdrawn (55.9%), not following instructions (53.1%), and being verbally aggressive (53.1%) were the most commonly identified problem on the CPC at intake.
- ✓ The average FPC score at intake was 2.9, which is within the range reported across the years. Between 2004 and 2014, the average FPC score ranged between 2.5 and 3.9. Lack of family supports (60.1%) was the most commonly identified problem on the FPC at program admission.

2015 Program Outcomes: Day Treatment

- ✓ At discharge, youth in Day Treatment had an average CPC score of 5.5, which is at the low end of the range of scores reported across the years. Between 2004 and 2014 this score has ranged between 5.6 and 7.8. The problems most frequently endorsed were peer relationship problems (69.2%), learning problems in school (67.8%), and being depressed or withdrawn (54.5%).
- ✓ During 2015, families of youth in Day Treatment had an average FPC score at discharge of 2.6. This score is lower than that seen in previous years (between 2004 and 2014 average FPC scores ranged between 2.2 and 4.4).

Functional Outcomes

- ✓ About 3 of every 4 youth in Day Treatment had a positive educational outcome at discharge (74.8%). The percent of youth with positive educational outcomes has fluctuated across the past seven years (2004-2014 range of 44.4% to 82.8%).
- ✓ Very few youth were employed at discharge (10.4%). Between 2004 and 2012 this percentage has ranged from 0.0% to 26.7%.
- ✓ At follow-up I, nearly all youth (96.7%) contacted had a positive educational outcome. Nearly one of every five (18.2%) youth age 16 or older contacted were employed, none contacted had experienced abuse (100.0%), and nearly 9 of every 10 youth had no new court involvement (88.4%).

Placement Outcomes

- ✓ The average length of stay was about 5 months (Mean = 152.5 days). Half of the youth were in treatment for less than 4 months (Median = 107.0 days). The median length of stay is less than that were for the previous 7 years (2005-2014 range [Median] = 117.0-207.0 days).
- ✓ More than 8 of every 10 youth were placed in a similar or less restrictive placement at discharge (85.6%). This figure is consistent with those reported in the past, which has fluctuated between 52% and 89.3% from 2004 to 2014.
- ✓ Nearly 4 of every 5 youth in Day Treatment were discharged as planned (82.8%). Few youth were removed from their program by the referring source (4.1%) or administratively discharged (8.3%). Less than 1 in 20 ran away while in care (4.8%). These proportions have fluctuated over the years that data has been collected and may be due to the different numbers of youth in Day Treatment.

Satisfaction Outcomes

- ✓ The sample size for completed satisfaction surveys is very small, and may not be representative of the larger sample of youth served in this program. Ratings from referring agencies, youth and families who completed the surveys suggested general satisfaction with programs offered (Mean = 6.0, 5.3 and 5.9 on a 7-point scale for agency (14 surveys collected), youth (27 surveys), and families (28), respectively).

Services Provided

- ✓ No service was reported as being provided to a majority (more than half) of youth placed in Day Treatment. In prior years, the number of services offered has ranged from one service in 2014 to 18 services in both 2007 and 2008.

2015 Program Outcomes: Day Treatment

Sample Size	Intake	Discharge	Follow-up I		Follow-up II	
			Contacted	Not able to contact	Contacted	Not able to contact
	145	145	69	22	46	43

Child and Family Risk Factors

Variable	Value	Variable	Value
Average Age	13.6	Average # Prior Placements	1.5 placements
Gender		Child Factors	
Male	65.5%	Pregnant	2.0% females; 0.7% all youth
Female	34.5%	Have children	2.1%
Ethnicity		Grade retention	11.3%
Caucasian	54.5%	Special education	39.4%
African American	26.9%	Psychotropic medication	19.0%
Hispanic	6.2%	Parent Factors	
Other	12.4%	Substance abuse	23.6%
History of:		Psychiatric diagnosis	7.0%
Neglect	9.0%	Incarceration	29.2%
Physical abuse	2.8%	Single parent family	67.4%
Sexual abuse	4.1%	Parent rights terminated:	10.5%
Witness to domestic violence	17.4%	For one parent	2.8%
CHINS	6.2%	For both parents	7.7%
Delinquent	20.0%	For adoptive parents	0.0%
Previous home-based services	34.7%	Mean Risk Factor Score	2.6

Clinical Outcomes

	Intake	Discharge	Follow-up I	Follow-up II
Child				
Average GAF	58.7	62.4		
Average Child Problem Checklist Total	6.5	5.5		
Family				
Average Family Risk Scales Total	0.44	0.44	0.44 (n=26)	0.41 (n=11)
Average Family Problem Checklist Total	2.9	2.6		

Intake Child and Family Problem Checklists

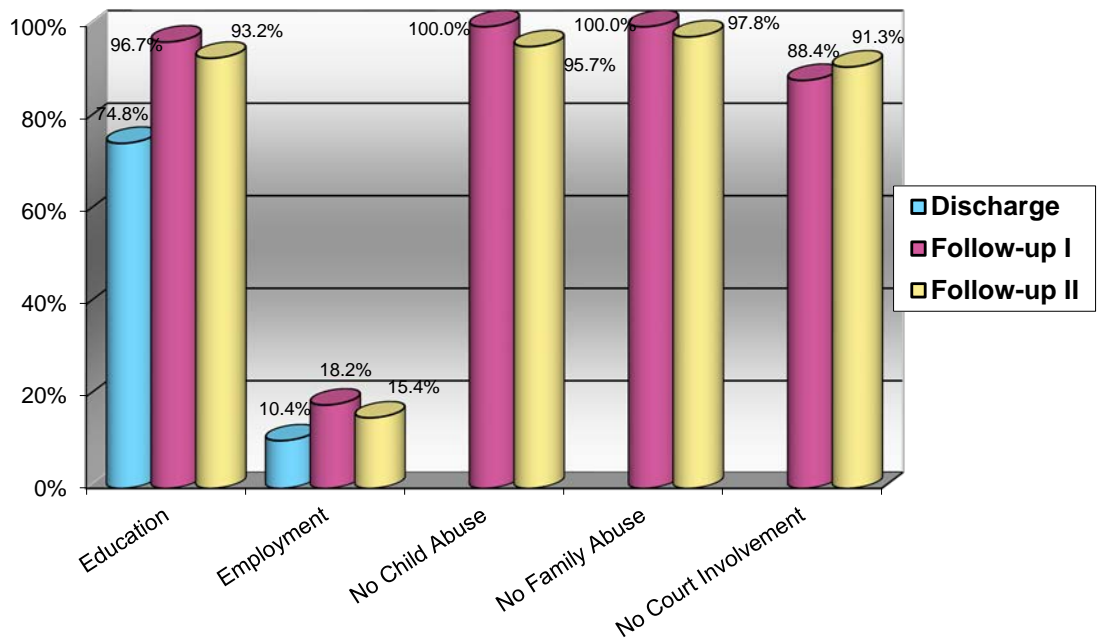
Top 5 Child Problem Checklist Items (n=145)		Top 5 Family Problem Checklist Items (n=143)	
Peer relationship problems	73.1%	Lack of family supports	60.1%
School learning problems	65.5%	Transportation lacking	42.0%
Depression / withdrawn	55.9%	Severe family conflict	40.6%
Verbally aggressive	53.1%	Caregiver unemployed	29.4%
Failure to follow instructions	53.1%	Children unsupervised	25.2%

Discharge Child and Family Problem Checklists

Top 5 Child Problem Checklist Items (n=143)		Top 5 Family Problem Checklist Items (n=141)	
Peer relationship problems	69.2%	Lack of family supports	61.0%
School learning problems	67.8%	Transportation lacking	41.8%
Depressed / withdrawn	54.5%	Caregiver unemployed	34.0%
Verbally aggressive	46.2%	Severe family conflict	31.9%
Hyperactive / inattentive	41.3%	Children unsupervised	28.4%

2015 Program Outcomes: Day Treatment

Functional Outcomes*



School Status at Discharge [†]	Percent
Enrolled in preschool	0.0%
Enrolled in K-12	83.4%
Home schooled	0.0%
Working on GED	2.8%
Enrolled in high school vocational program	0.0%
Obtained certificate of completion	0.0%
Obtained GED	1.4%
Obtained high school diploma	0.0%
Enrolled in post-secondary vocational training program	0.0%
Enrolled in college or university	0.0%
Youth Expelled	1.4%
None apply	3.4%
Unknown	2.1%

* Education and employment outcome variables are reported for the percent of youth who are of appropriate age who had a positive outcome. Education (Discharge n=143; Follow-up I n=61; Follow-up II n=44); Employment (Discharge n=48; Follow-up I n=11; Follow-up II n=13); Child abuse (Follow-up I n=69; Follow-up II n=46); Family abuse (Follow-up I n=68; Follow-up II n=45); Court involvement (Follow-up I n=69; Follow-up II n=46).

[†] Individual children may be counted in more than one category (e.g., obtained high school diploma and enrolled in college). In addition, school status may not have been noted for some children. Thus, the cumulative percentage may not equal 100%.

2015 Program Outcomes: Day Treatment

Placement Outcomes

Length of Stay **Mean = 152.5 days** **Median = 107.0 days**

Permanency Goal	Intake	Discharge
Reunification with parent	24.1%	15.3%
Adoption	0.0%	0.0%
Emancipation / independent living	0.0%	0.7%
Permanent custodial relationship	1.4%	0.7%
Legal guardianship	2.1%	0.0%
Other planned permanent living arrangement	1.4%	2.1%
Placement without case plan	2.1%	0.7%
No case plan required by referral source:	69.0%	80.6%
Department of Correction	0.0%	0.0%
Department of Education	16.6%	21.5%
Probation	20.0%	17.4%
Private	13.8%	22.9%
Other / not specified	18.6%	18.8%

Discharged to:	Percent
Independent living	1.4%
Parent's home	72.5%
Relative's home	6.9%
Adoptive home	2.1%
Friend's home	1.4%
Regular foster care	1.4%
Specialized / treatment foster care	1.4%
Emergency shelter	0.7%
Group home	0.7%
Residential treatment center	1.4%
In-patient in medical hospital	0.0%
Drug / alcohol rehab center	0.7%
Intensive treatment unit	0.7%
Detention / correctional center	6.2%
Jail	0.0%
Other	0.0%
Runaway	2.8%

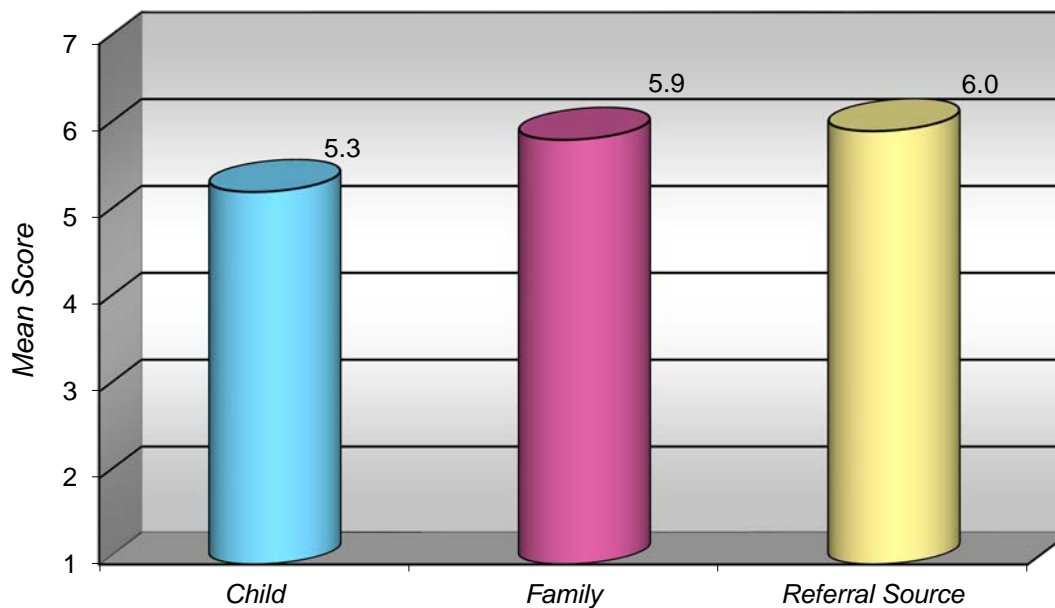
ROLES	Discharge	Follow-up I	Follow-up II
More restrictive	11.7%	8.7%	6.7%
Similar restrictiveness	76.6%	82.6%	82.2%
Less restrictive	9.0%	8.7%	11.1%
Runaway	2.8%	0.0%	0.0%

Placement Outcomes (continued)

Was discharge permanency goal achieved?	Percent	
	Total Sample	Case plan only
Yes	13.9%	83.3%
No	1.4%	8.3%
Yes for concurrent plan	1.4%	8.3%
No case plan	83.3%	

Nature of Discharge	Percent
Planned	82.8%
Removed by referral source	4.1%
Administrative	8.3%
Runaway	4.8%

Satisfaction Outcomes[‡]



[‡] Child Satisfaction (n=27); Family Satisfaction (n=28); Referral Source Satisfaction (n=14).

Services Provided

In 2015, no individual services were reported as being provided to the majority (over half) of youth in Day Treatment programs. The most frequently provided services were individualized educational plan (31.9%) and special education (31.9%) were provided to 3 of every 10 youth in day treatment programs. Over the years that Services data has been reported, those services reported as being provided to over half of the youth in Day Treatment has ranged from 1 (in 2014) to 18 (in both 2007 and 2008). In reviewing services listed across the years, there was no pattern of those reported. This variability may be associated with the smaller sample sizes in Day Treatment programs (ranging from 85 in 2011, to 169 in 2006), and / or with variability in agencies participating across the years and the services provided by those agencies.

Home-Based

Home-based programs provide intensive services to a child within his/her identified family system. A major component of home-based programs is to provide and access services that wrap the identified child(ren) and the identified members of his/her family with resources and support within the local community. A goal of home-based programs is to help families achieve a level of functioning necessary to maintain that child in the family and/or return the child to his/her family by reducing the risk factors that may contribute to or prolong an out-of-home placement. This includes programs that provide intensive case management and/or therapeutic support within the home, such as family preservation, family reunification, and pre-adoptive services. This does not include after-care services provided within other programs, such as foster care, when that service is considered a part of the out-of-home care program (IARCA, 2013).

2015 Highlights

In general, findings from the 2015 data are consistent with those from the previous year, and are not judged to vary generally beyond normal fluctuations. It should be noted that prior to 2003, Home-Based programs and Day Treatment programs were considered the same. Thus, the data for Home-Based programs prior to 2003 may be somewhat different than the current data findings. Therefore, comparisons across the years will be restricted to years 2003-2015. Listed below are highlights from 2015.

Child and Family Risk Factors

- ✓ The average age of youth who entered Home-Based programs in 2015 was 9.0 years. Just over half of the youth (54.2%) were male and about one in four (26.4%) were either African American (22.3%) or Hispanic (4.1%).
- ✓ More than 3 of every 5 youth were classified as CHINS (60.2%), and about 1 in 6 were adjudicated delinquent (15.5%).
- ✓ Approximately half of the youth had substantiated or reported neglect (53.9%). Just under 2 in 5 youth had witnessed domestic violence (37.8%). One in 16 had substantiated or reported sexual abuse (6.0%) and about 1 in 8 were identified as having known or suspected physical abuse (14.0%). These percentages have fluctuated over the past years.
- ✓ Nearly 3 of 5 youth had parents with known or suspected substance abuse issues (62.4%). This is higher than all previous years; from 2002 to 2014, the percent of parents with known/suspected substance abuse issues has ranged from 44.4% to 57.1%
- ✓ Parental incarceration history (54.9%) was reported for more than half of the youth. This is higher than all previous years; from 2002 to 2014, the percent of parents with a history of incarceration has ranged from 38.7% to 53.2%

Clinical Functioning

- ✓ Youth had an average of 4.1 items endorsed on the CPC at intake. The most frequently identified item on the CPC at intake was failure to follow instructions (41.1%). The average FPC at intake had 3.8 items endorsed. The most commonly identified item on the FPC at intake was caregiver unemployed (43.2%).
- ✓ At discharge, the average CPC score had 3.4 items endorsed. The most commonly identified child problem at discharge was failure to follow instructions (34.9%). At discharge, the

average FPC score was 2.6 items. The most commonly identified family problem at discharge was caregiver unemployed (31.6%).

Functional Outcomes

- ✓ Seven (7) of every 10 youth had a positive educational outcome at discharge (71.3%). This proportion is similar to that reported in 2014.
- ✓ Four of every 5 youth were enrolled in school, completing a diploma or certificate or had obtained a diploma or its equivalent (80.2% were reported to be enrolled in school or had completed an educational offering). In 2014, this percentage was 65.6%.
- ✓ Just over 3 of every 10 youth age 16 and older was employed at discharge (36.5%).
- ✓ Of the youth who were contacted at follow-up I (40.1% of the sample), most had not experienced new abuse (99.6%), and few were living in homes where abuse was suspected or substantiated (98.8%). More than 9 of every 10 youth experienced no new court involvement (95.5% of those contacted had not returned to court).

Placement Outcomes

- ✓ On average, Home-Based services were provided for over 32 weeks (Mean = 225.1 days). Half of the youth participated in the program for approximately 6 months or less (Median = 173.0 days). These results are similar to that seen in past years.
- ✓ For those youth in Home Based Programs with a case plan (65.7% of youth), 3 of every 5 achieved either their permanency or concurrent plan (62.5%) upon discharge.
- ✓ Nearly 9 of every 10 youth (88.6%) were discharged to a similar or less restrictive environment. Similar results were seen for youth who were contacted at follow-up I (95.0% at follow-up I).
- ✓ More than 3 in 10 (32.4%) were administratively discharged from Home Based services. This is the highest reported rate across the years. From 2001 to 2014, rates of youth being administratively discharged ranged from 15.0% to 28.3%.
- ✓ Approximately 1 of every 50 youth (1.6%) had Home-Based services discontinued by the referring source. When compared with past years, this proportion is within the range of that reported (2003-2014, range of 2.2% to 11.9%).

Satisfaction Outcomes

- ✓ Consistent with previous years, youth, families and referral sources were all generally satisfied with the programs and services provided (averaging 6.1, 6.5, and 6.4 on a 7-point scale, respectively).

Services Provided

- ✓ No individual services were reported as being provided to the majority (over half) of youth in Home-Based programs. This is the second consecutive year since Services data has been examined (2005-2015) that this has been reported for Home Based Programs.

2015 Program Outcomes: Home-Based

Sample Size	Intake	Discharge	Follow-up I		Follow-up II	
			Contacted	Not able to contact	Contacted	Not able to contact
	1,155	988	267	379	140	323

Child and Family Risk Factors

Variable	Value	Variable	Value
Average Age	9.0	Average # Prior Placements	0.8 placements
Gender		Child Factors	
Male	54.2%	Pregnant	1.2% females; 0.5% all youth
Female	45.8%	Have children	1.6%
Ethnicity		Grade retention	13.9%
Caucasian	62.8%	Special education	13.5%
African American	22.3%	Psychotropic medication	13.2%
Hispanic	4.1%	Parent Factors	
Other	10.8%	Substance abuse	62.4%
History of:		Psychiatric diagnosis	25.1%
Neglect	53.9%	Incarceration	54.9%
Physical abuse	14.0%	Single parent family	57.2%
Sexual abuse	6.0%	Parent rights terminated:	10.4%
Witness to domestic violence	37.8%	For one parent	4.4%
CHINS	60.2%	For both parents	5.9%
Delinquent	15.5%	For adoptive parents	0.1%
Previous home-based services	25.2%	Mean Risk Factor Score	4.3

Clinical Outcomes

	Intake	Discharge	Follow-up I	Follow-up II
Child				
Average GAF	64.1	67.8		
Average Child Problem Checklist Total	4.1	3.4		
Family				
Average Family Risk Scales Total	0.47	0.40	0.40 (n=43)	0.40 (n=10)
Average Family Problem Checklist Total	3.8	2.6		

Intake Child and Family Problem Checklists

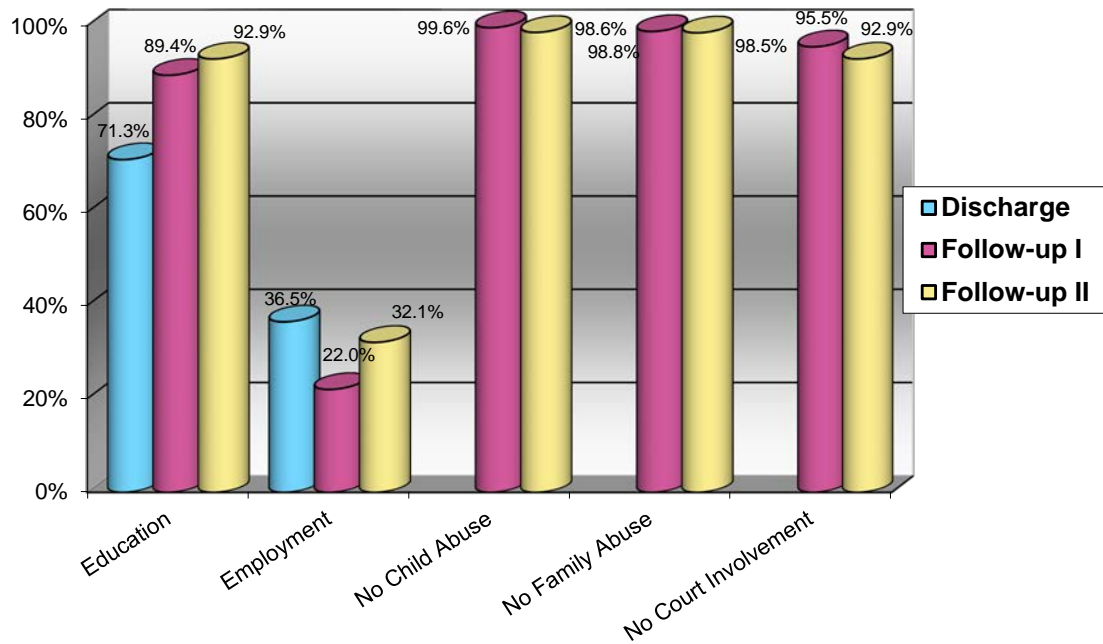
Top 5 Child Problem Checklist Items (n=913)		Top 5 Family Problem Checklist Items (n=1,076)	
Failure to follow instructions	41.1%	Caregiver unemployed	43.2%
Depression / withdrawn	33.7%	Neglect suspected	36.3%
Hyperactive / inattentive	33.1%	Caregiver substance use	35.0%
School learning problems	31.7%	Severe family conflict	31.9%
Peer relationship problems	26.4%	Lack of family supports	30.1%

Discharge Child and Family Problem Checklists

Top 5 Child Problem Checklist Items (n=826)		Top 5 Family Problem Checklist Items (n=944)	
Failure to follow instructions	34.9%	Caregiver unemployed	31.6%
Hyperactive / inattentive	32.1%	Lack of family supports	29.7%
School learning problems	29.3%	Severe family conflict	24.2%
Depression / withdrawn	26.2%	Transportation lacking	23.6%
Verbally aggressive	22.0%	Caregiver substance use	21.9%

2015 Program Outcomes: Home-Based

Functional Outcomes*



School Status at Discharge [†]	Percent
Enrolled in preschool	4.6%
Enrolled in K-12	61.0%
Home schooled	0.5%
Working on GED	1.8%
Enrolled in high school vocational program	1.6%
Obtained certificate of completion	0.1%
Obtained GED	0.7%
Obtained high school diploma	0.7%
Enrolled in post-secondary vocational training program	0.2%
Enrolled in college or university	0.2%
Youth Expelled	0.9%
None apply	15.7%
Unknown	3.2%

* Education and employment outcome variables are reported for the percent of youth who are of appropriate age who had a positive outcome. Education (Discharge n=620; Follow-up I n=142; Follow-up II n=56); Employment (Discharge n=230; Follow-up I n=59; Follow-up II n=28); Child abuse (Follow-up I n=266; Follow-up II n=140); Family abuse (Follow-up I n=255; Follow-up II n=137); Court involvement (Follow-up I n=265; Follow-up II n=140).

[†] Individual children may be counted in more than one category (e.g., obtained high school diploma and enrolled in college). In addition, school status may not have been noted for some children. Thus, the cumulative percentage may not equal 100%.

Placement Outcomes

Length of Stay **Mean = 225.1 days** **Median = 173.0 days**

Permanency Goal	Intake	Discharge
Reunification with parent	63.5%	53.2%
Adoption	4.8%	6.8%
Emancipation / independent living	1.0%	1.5%
Permanent custodial relationship	2.7%	2.0%
Legal guardianship	1.2%	2.6%
Other planned permanent living arrangement	2.7%	2.6%
Placement without case plan	5.6%	4.6%
No case plan required by referral source:	18.5%	26.6%
Department of Correction	0.4%	0.1%
Department of Education	0.0%	0.0%
Probation	6.9%	8.2%
Private	1.0%	1.4%
Other / not specified	10.2%	16.9%

Discharged to:	Percent
Independent living	0.9%
Parent's home	55.6%
Relative's home	15.0%
Adoptive home	4.4%
Friend's home	1.2%
Regular foster care	10.9%
Specialized / treatment foster care	3.6%
Emergency shelter	0.2%
Group home	0.5%
Residential treatment center	2.7%
In-patient in medical hospital	0.3%
Drug / alcohol rehab center	0.0%
Intensive treatment unit	0.5%
Detention / correctional center	2.7%
Jail	0.4%
Other	0.0%
Runaway	0.9%

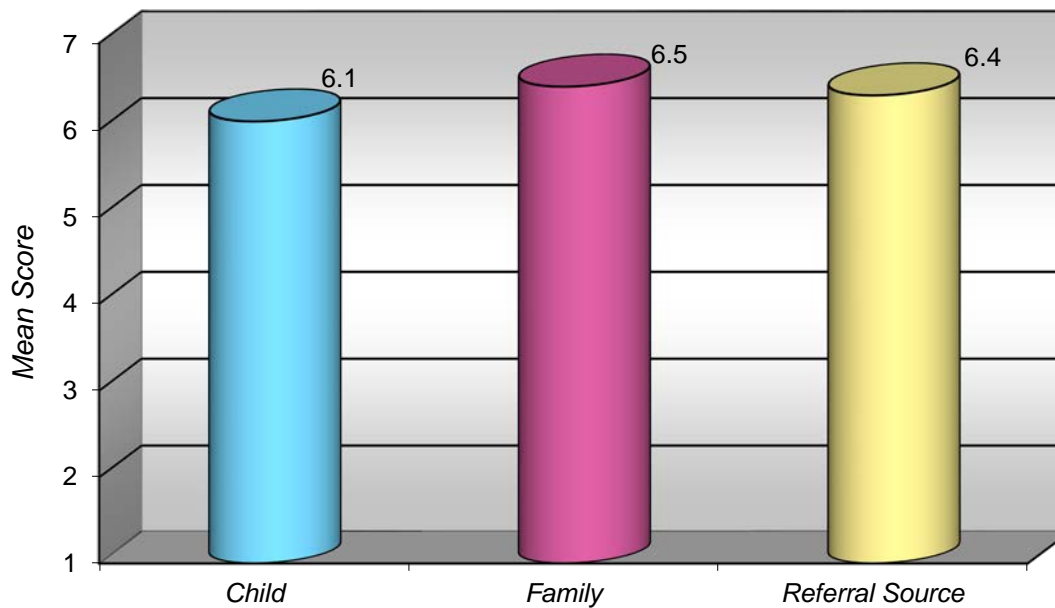
ROLES	Discharge	Follow-up I	Follow-up II
More restrictive	10.5%	4.6%	5.7%
Similar restrictiveness	66.0%	88.5%	89.3%
Less restrictive	22.6%	6.5%	4.3%
Runaway	0.9%	0.4%	0.7%

Placement Outcomes (continued)

Was discharge permanency goal achieved?	Percent	
	Total Sample	Case plan only
Yes	37.4%	57.0%
No	24.6%	37.4%
Yes for concurrent plan	3.6%	5.5%
No case plan	34.3%	

Nature of Discharge	Percent
Planned	64.4%
Removed by referral source	1.6%
Administrative	32.4%
Runaway	1.6%

Satisfaction Outcomes[‡]



[‡] Child Satisfaction (n=179); Family Satisfaction (n=347); Referral Source Satisfaction (n=285).

Services Provided

In 2015, no services were identified as being provided to over half of the youth in Home-Based Programs. The most frequently provided services to youth in Home-Based programs were case management (44.5% received), individual therapy (45.0% of youth received) and family therapy (26.6% received). Other services were provided to less than 25% of youth placed. This is the second year since Services data has been examined (in 2005) that agencies providing Home Based Programs have not reported a service being provided to the majority of youth served.

Traditional Foster Care Programs

Foster care programs provide community-based services to a child in a family or mentor setting other than his/her own family on a long or short-term basis. A goal of foster care programs is to meet permanency goals such as family reunification, emancipation, adoption, and/or community reintegration from residential or institutional settings. Traditional Foster Care Programs provide community-based care of children/youth on a full-time, temporary basis by licensed/certified persons other than their own immediate family. Traditional Family Foster Care offers a supportive family environment to children whose family cannot raise them because of the child's behavioral difficulties, child maltreatment, problems within the family environment, or parents' physical or mental illness. Foster families are provided ongoing training and support. This does not include group home programs, shelter care programs, or home-based programs provided to a child with his/her relatives. (IARCA, 2013).

2015 Highlights

Findings from 2015 represent the third year that information on youth in Foster Care has divided into two program subtypes. In addition, the sample size for Traditional Foster Care increased from that reported in 2013 and 2014. Due to the newness of this program subtype, comparisons are not made in this Annual Report. Highlights from 2015 are provided as follows.

Child and Family Risk Factors

- ✓ The average age for youth entering Traditional Foster Care in 2015 was 6.4 years.
- ✓ Caucasian youth made up just under half of the youth (48.7%) in the sample. Nearly 1 in 3 (32.8%) were African American, while about 1 in 20 were Latino/Hispanic (7.3%).
- ✓ Approximately 4 of every 5 youth were identified with substantiated or suspected neglect in the past (83.5%), while 2 in 14 were identified as potentially or actually being physically abused (13.5%), 1 in 20 as victims of substantiated or reported sexual abuse (6.5%) and 3 in 10 having witnessed domestic violence (28.2%).
- ✓ Nearly half of the youth placed in Traditional Foster Care were from single parent families (46.2%).
- ✓ Over 1 in 20 youth (6.7%) experienced some level of parent rights termination prior to entering Traditional Foster Care.
- ✓ The average total risk score for 2015 was 3.9.

Clinical Functioning

- ✓ Youth in Traditional Foster Care had an average of 3.1 items endorsed on the CPC at intake. No items were reported in more than 35% of the sample. The most frequently endorsed items at intake were school learning difficulties (34.9%), failing to follow parental instruction (32.3%), and behaviors suggesting hyperactivity / inattention (30.8%).
- ✓ Also at intake, the youth's family had an average FPC score of 5.5 items endorsed. Two of the most frequently endorsed items were suspected neglect of child (75.9%) and caregiver judgment impaired (57.7%).
- ✓ At discharge, youth in Traditional Foster Care had an average of 3.0 items endorsed on the CPC, and their families 2.5 on the FPC. CPC items most frequently reported included behaviors suggesting hyperactivity/ inattentiveness (37.2%) and failing to follow instructions

(33.9%). FPC items most frequently endorsed included limited transportation (25.7%) and impaired caregiver judgment (23.9%).

Functional Outcomes

- ✓ Four (4) of every 5 youth (78.1%) had a positive educational outcome at discharge. Nearly all youth contacted at follow-up I (98.7%) had positive educational outcomes.
- ✓ Approximately 1 of every 4 youth aged 16 and older in Traditional Foster Care was employed at discharge (23.8%). Of those youth aged 16 and older contacted at follow-up I, 3 in 10 youth were employed (31.3%).
- ✓ Few youth contacted at follow-up I had experienced new instances of abuse (97.1% had no recorded incidents of child abuse or abuse in the home) and most had no new court involvement (96.3%).

Placement Outcomes

- ✓ The average length of stay in Traditional Foster Care programs was over 11 months (Mean = 344.6 days). Half of all the youth were in care for 6 months or less (Median = 181.0 days).
- ✓ Nine of every 10 youth being discharged from care had a case plan (95.9%). Of those with a case plan, over 3 of every 5 youth met their permanency or concurrent goals (61.4%).
- ✓ For nature of discharge, over 3 of every 4 youth were discharged as planned (77.4%).
- ✓ Over 9 of every 10 youth were in a similar or less restrictive placement at discharge (90.3%), as were youth contacted at follow-up I (93.2%).

Satisfaction Outcomes

- ✓ The sample size for completed satisfaction surveys is small and may not be representative of the larger sample of youth served in Traditional Foster Care Programs. The referral sources and parents reported being generally satisfied with the programs (with average scores of 6.3 and 6.4 on a 7-point scale, respectively).

Services Provided

- ✓ Eight services were identified as being provided to over half of the youth in Traditional Foster Care. Of the top 8 services, 5 were medical in nature (e.g., medical exam, dental exam). One of the remaining 2 services addressed psychosocial issues (i.e., case management), one focused on family needs (i.e., supervised visitation), and one addressed legal support (i.e., guardian ad litem / CASA worker).
- ✓ Case management services were provided to 7 of every 10 youth in Traditional Foster Care (69.4%). More than 3 of every 5 youth participated in supervised visitation (62.2%).

2015 Program Outcomes: Traditional Foster Care Programs

Sample Size	Intake	Discharge	Follow-up I		Follow-up II	
			Contacted	Not able to contact	Contacted	Not able to contact
	550	392	136	124	38	83

Child and Family Risk Factors

Variable	Value	Variable	Value
Average Age	6.4	Average # Prior Placements	1.4 placements
Gender		Child Factors	
Male	47.6%	Pregnant	0.0% females; 0.0% all youth
Female	52.4%	Have children	0.9%
Ethnicity		Grade retention	13.3%
Caucasian	48.7%	Special education	9.0%
African American	32.8%	Psychotropic medication	8.5%
Hispanic	7.3%	Parent Factors	
Other	11.1%	Substance abuse	52.5%
History of:		Psychiatric diagnosis	11.5%
Neglect	83.5%	Incarceration	30.9%
Physical abuse	13.5%	Single parent family	46.2%
Sexual abuse	6.5%	Parent rights terminated:	6.7%
Witness to domestic violence	28.2%	For one parent	1.3%
CHINS	90.7%	For both parents	5.2%
Delinquent	1.5%	For adoptive parents	0.2%
Previous home-based services	21.6%	Mean Risk Factor Score	3.9

Clinical Outcomes

	Intake	Discharge	Follow-up I	Follow-up II
Child				
Average GAF	63.9	66.7		
Average Child Problem Checklist Total	3.1	3.0		
Family				
Average Family Risk Scales Total	0.63	0.41	0.38 (n=20)	n/a (n=5)
Average Family Problem Checklist Total	5.5	2.5		

Intake Child and Family Problem Checklists

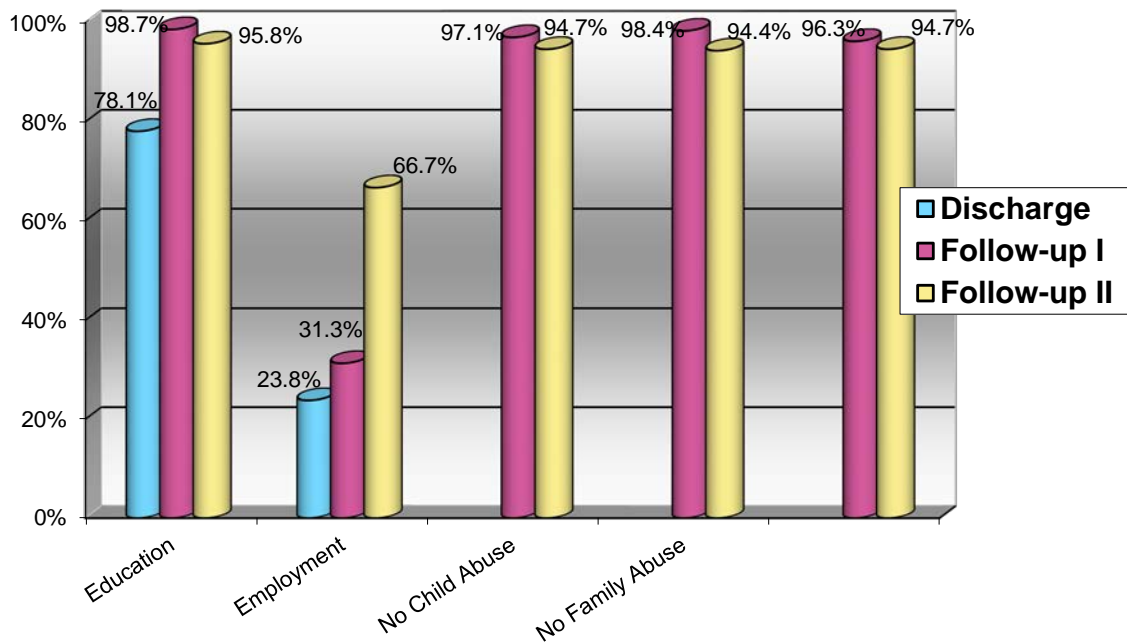
Top 5 Child Problem Checklist Items (n=338)		Top 5 Family Problem Checklist Items(n=494)	
School learning problems	34.9%	Neglect suspected	75.9%
Failure to follow instructions	32.2%	Caregiver judgment impaired	57.7%
Hyperactive / inattentive	30.8%	Caregiver substance abuse	49.0%
Depression / withdrawn	29.0%	Lack of family support	38.1%
Peer relationship problems	25.4%	Caregiver unemployed	37.4%

Discharge Child and Family Problem Checklists

Top 5 Child Problem Checklist Items (n=274)		Top 5 Family Problem Checklist Items(n=327)	
Hyperactive/inattentive	37.2%	Transportation lacking	25.7%
Failure to follow instructions	33.9%	Caregiver judgment impaired	23.9%
School learning problems	31.8%	Lack of family supports	23.2%
Depression / withdrawn	28.8%	Caregiver unemployed	22.6%
Peer relationship problems	22.6%	Neglect suspected	21.4%

2015 Program Outcomes: Traditional Foster Care Programs

Functional Outcomes*



School Status at Discharge [†]	Percent
Enrolled in preschool	9.9%
Enrolled in K-12	57.9%
Home schooled	0.0%
Working on GED	0.0%
Enrolled in high school vocational program	0.0%
Obtained certificate of completion	0.0%
Obtained GED	0.0%
Obtained high school diploma	1.0%
Enrolled in post-secondary vocational training program	0.0%
Enrolled in college or university	1.0%
Youth Expelled	0.5%
None apply	21.4%
Unknown	0.5%

* Education and employment outcome variables are reported for the percent of youth who are of appropriate age who had a positive outcome. Education (Discharge n=210; Follow-up I n=79; Follow-up II n=24); Employment (Discharge n=42; Follow-up I n=16; Follow-up II n=6); Child abuse (Follow-up I n=136; Follow-up II n=38); Family abuse (Follow-up I n=129; Follow-up II n=36); Court involvement (Follow-up I n=136; Follow-up II n=38).

[†] Individual children may be counted in more than one category (e.g., obtained high school diploma and enrolled in college). In addition, school status may not have been noted for some children. Thus, the cumulative percentage may not equal 100%.

2015 Program Outcomes: Traditional Foster Care Programs

Placement Outcomes

Length of Stay **Mean = 344.6 days** **Median = 181.0 days**

Permanency Goal	Intake	Discharge
Reunification with parent	82.7%	73.5%
Adoption	4.5%	14.1%
Emancipation / independent living	3.6%	5.4%
Permanent custodial relationship	0.7%	1.3%
Legal guardianship	0.0%	0.3%
Other planned permanent living arrangement	1.3%	1.8%
Placement without case plan	6.5%	2.6%
No case plan required by referral source:	0.6%	1.1%
Department of Correction	0.0%	0.0%
Department of Education	0.0%	0.0%
Probation	0.4%	0.3%
Private	0.0%	0.0%
Other / not specified	0.2%	0.8%

Discharged to:	Percent
Independent living	1.3%
Parent's home	41.1%
Relative's home	19.6%
Adoptive home	11.5%
Friend's home	1.3%
Regular foster care	11.2%
Specialized / treatment foster care	5.1%
Emergency shelter	1.3%
Group home	1.0%
Residential treatment center	1.8%
In-patient in medical hospital	0.5%
Drug / alcohol rehab center	0.0%
Intensive treatment unit	0.8%
Detention / correctional center	0.5%
Jail	0.3%
Other	0.5%
Runaway	3.6%

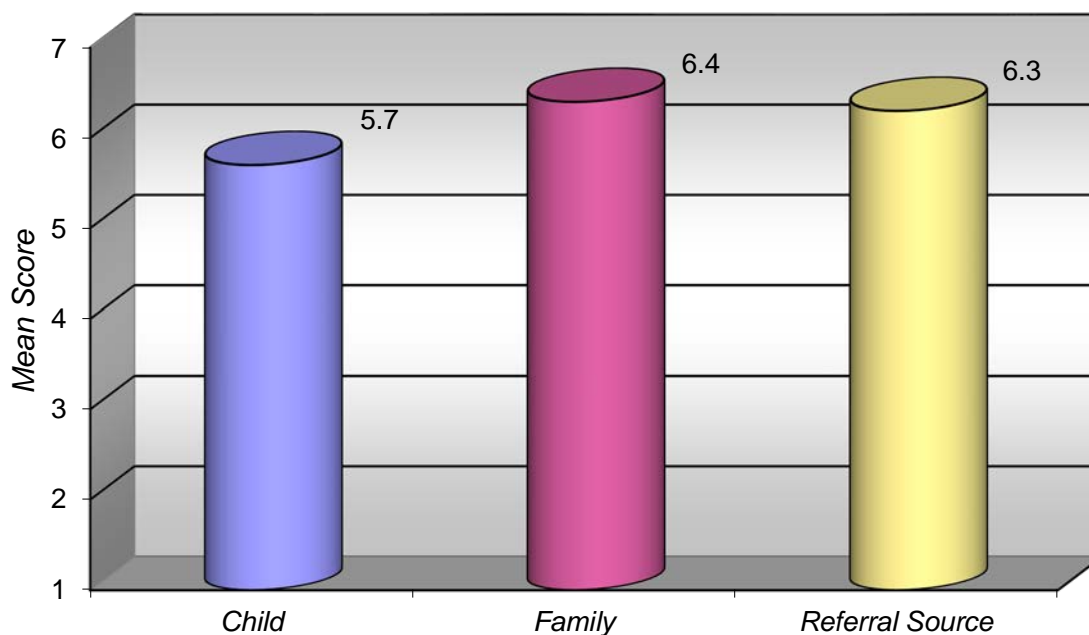
ROLES	Discharge	Follow-up I	Follow-up II
More restrictive	6.1%	6.8%	10.5%
Similar restrictiveness	13.3%	78.2%	76.3%
Less restrictive	77.0%	15.0%	13.2
Runaway	3.6%	0.0%	0.0

Placement Outcomes (continued)

Was discharge permanency goal achieved?	Percent	
	Total Sample	Case plan only
Yes	58.9%	61.4%
No	31.1%	32.4%
Yes for concurrent plan	5.9%	6.2%
No case plan	4.1%	

Nature of Discharge	Percent
Planned	77.4%
Removed by referral source	3.9%
Administrative	14.9%
Runaway	3.9%

Satisfaction Outcomes[‡]



[‡] Child Satisfaction (n=21); Family Satisfaction (n=50); Referral Source Satisfaction (n=87).

Services Provided

In 2015, 8 services were identified as being provided to over half of the youth in Traditional Foster Care programs. Of these 8 services, 5 focused on medical care (physical examination, dental examination, vision examination, routine medical care, and routine dental care), 1 focused on psychosocial issues (case management), 1 legal (guardian ad litem / CASA) and 1 focused on family (supervised visitation).

Treatment Foster Care Programs

Foster care programs provide community-based services to a child in a family or mentor setting other than his/her own family on a long or short-term basis. A goal of foster care programs is to meet permanency goals such as family reunification, emancipation, adoption, and/or community reintegration from residential or institutional settings. Treatment Foster Care Programs provide multiple intensive community-based services to children/youth with a range of mental, physical, medical, developmental, emotional, and behavioral disabilities. Children/youth in Treatment Foster Care require more intensive and specialized services than are provided in Traditional Family Foster Care. Treatment Foster Care is family-based and allows children/youth to live in a least restrictive community environment. Treatment Foster Care parents are licensed/certified and receive extensive training and intensive ongoing support. Treatment Foster Care homes typically provide care for fewer children than do Traditional Family Foster Care homes. This does not include group home programs, shelter care programs, or home-based programs provided to a child with his/her relatives. (IARCA, 2013).

2015 Highlights

Findings from 2015 represent the third year that information on youth in Foster Care has divided into two program subtypes. The sample size for Treatment Foster Care decreased from that reported in 2014. Due to the newness of this program subtype, comparisons are not made in this Annual Report. Highlights from 2015 are provided as follows.

Child and Family Risk Factors

- ✓ The average age for youth entering Treatment Foster Care in 2015 was 8.5 years. Just over half (52.8%) were Caucasian, while just over 3 in 10 were African American (30.3%), 1 in 20 Latino/Hispanic (5.0%) and 1 in 10 other races/ethnicities (11.8%).
- ✓ Three (3) of every 4 youth were identified with substantiated or suspected neglect in the past (75.0%), while almost 1 in 6 were identified as potentially or actually being physically abused (18.2%), 1 in 10 as victims of substantiated or reported sexual abuse (11.7%) and 1 in 4 having witnessed domestic violence (23.4%).
- ✓ Slightly more than 1 of every 3 (35.3%) youth placed in Treatment Foster Care were from single parent families.
- ✓ Just more than 1 in 10 youth (11.2%) experienced some level of parent rights termination prior to entering care.
- ✓ The average total risk score for 2015 was 3.8.

Clinical Functioning

- ✓ Youth in Treatment Foster Care had an average of 4.2 items endorsed on the CPC at intake. The most frequently endorsed items at intake were failing to follow instructions (42.2%), behaviors suggesting hyperactivity / inattention and school learning difficulties (both at 38.2%).
- ✓ Also at intake, the youth's family had an average FPC score of 4.6 items endorsed. Two of the most frequently endorsed items were suspected neglect of child (67.8%) and caregiver judgment impaired (41.2%).
- ✓ At discharge, youth had an average of 4.3 items endorsed on the CPC, and their families 2.4 items on the FPC. The most frequently endorsed items on the CPC at discharge were failing

2015 Program Outcomes: Treatment Foster Care Programs

to follow instructions (46.3%) and behaviors suggesting hyperactivity / inattention (38.9%). The most frequently endorsed items on the FPC at discharge were suspected neglect of child (23.4%) and caregiver judgment impaired (22.7%).

Functional Outcomes

- ✓ Over 7 of every 10 youth (70.6%) had a positive educational outcome at discharge. Nearly all youth contacted at follow-up I (97.6%) had a positive educational outcome.
- ✓ Of the youth aged 16 and older in Treatment Foster Care, nearly 1 in 3 (32.5%) were employed at discharge. Just over 1 of every 5 youth aged 16 and older who were contacted at follow-up I were employed (21.4%).
- ✓ Most youth contacted at follow-up I had not experienced new abuse (93.5% for no substantiated child abuse; 99.1% for no abuse in the home) or new court involvement (96.0%).

Placement Outcomes

- ✓ The average length of stay in Foster Care programs was about 9.5 months (Mean = 288.6 days). Half of all the youth were in care for around 5 months or less (Median = 160 days).
- ✓ Almost all youth being discharged from care had a case plan (96.8%). Of those with a case plan, just over half of the youth met their permanency or concurrent goals (53.6%).
- ✓ For nature of discharge, 3 of every 5 youth were discharged as planned (63.6%).
- ✓ About 4 of every 5 youth were in a similar or less restrictive placement at discharge (81.8%), and 4 of every 5 youth contacted at follow-up I (85.8%) were in a similar or less restrictive setting.

Satisfaction Outcomes

- ✓ The referral sources and families reported satisfaction with Treatment Foster Care programs (with average scores respectively of 6.2 and 6.5 on a 7-point scale). Youth on whom satisfaction ratings were collected were also generally satisfied with the program (average scores of 5.9 on a 7-point scale).

Services Provided

- ✓ Seven services were reported as being provided to over half of the youth in Foster Care. Of the top services, 4 were medical in nature (e.g., medical exam, dental exam), 2 addressed psychosocial issues (i.e., case management and individual therapy), and one addressed family support (i.e., supervised visitation).
- ✓ Case management services were provided to 3 of every 4 youth in foster care (78.7%). Approximately half of the youth participated in individual therapy (51.7%).

2015 Program Outcomes: Treatment Foster Care Programs

Sample Size	Intake	Discharge	Follow-up I		Follow-up II	
			Contacted	Not able to contact	Contacted	Not able to contact
	1,040	836	125	398	67	274

Child and Family Risk Factors

Variable		Variable	
Average Age	8.5	Average # Prior Placements	1.9 placements
Gender		Child Factors	
Male	51.3%	Pregnant	0.8% females; 0.4% all youth
Female	48.7%	Have children	0.7%
Ethnicity		Grade retention	10.2%
Caucasian	52.8%	Special education	17.5%
African American	30.3%	Psychotropic medication	24.1%
Hispanic	5.0%	Parent Factors	
Other	11.8%	Substance abuse	39.6%
History of:		Psychiatric diagnosis	7.9%
Neglect	75.0%	Incarceration	28.4%
Physical abuse	18.2%	Single parent family	35.3%
Sexual abuse	11.7%	Parent rights terminated:	11.2%
Witness to domestic violence	23.4%	For one parent	3.6%
CHINS	80.7%	For both parents	7.2%
Delinquent	3.5%	For adoptive parents	0.4%
Previous home-based services	26.6%	Mean Risk Factor Score	3.8

Clinical Outcomes

	Intake	Discharge	Follow-up I	Follow-up II
Child				
Average GAF	64.7	64.4		
Average Child Problem Checklist Total	4.2	4.3		
Family				
Average Family Risk Scales Total	0.64	0.42	0.32 (n=22)	0.37 (n=11)
Average Family Problem Checklist Total	4.6	2.4		

Intake Child and Family Problem Checklists

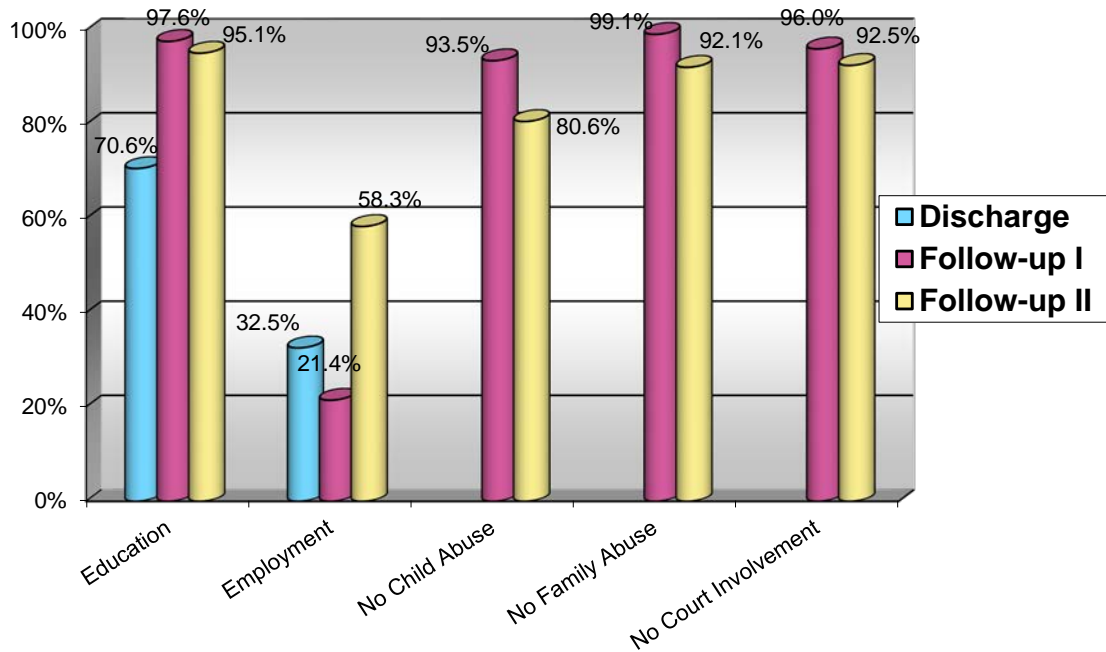
Top 5 Child Problem Checklist Items (n=793)		Top 5 Family Problem Checklist Items(n=805)	
Failure to follow instructions	42.2%	Neglect suspected	67.8%
School learning problems	38.2%	Caregiver judgment impaired	41.2%
Hyperactive / inattentive	38.2%	Caregiver substance abuse	37.5%
Depression / withdrawn	36.4%	Caregiver unemployed	31.9%
Verbally aggressive	29.8%	Severe family conflict	29.9%

Discharge Child and Family Problem Checklists

Top 5 Child Problem Checklist Items (n=678)		Top 5 Family Problem Checklist Items(n=671)	
Failure to follow instructions	46.3%	Neglect suspected	23.4%
Hyperactive/inattentive	38.9%	Caregiver unemployed	22.7%
School learning problems	34.2%	Caregiver judgment impaired	22.5%
Depression / withdrawn	33.6%	Transportation lacking	21.5%
Peer relationship problems	31.6%	Lack of family supports	20.7%

2015 Program Outcomes: Treatment Foster Care Programs

Functional Outcomes*



School Status at Discharge [†]	Percent
Enrolled in preschool	6.8%
Enrolled in K-12	64.1%
Home schooled	0.2%
Working on GED	1.7%
Enrolled in high school vocational program	1.4%
Obtained certificate of completion	0.2%
Obtained GED	0.5%
Obtained high school diploma	1.8%
Enrolled in post-secondary vocational training program	0.2%
Enrolled in college or university	0.8%
Youth Expelled	0.2%
None apply	13.6%
Unknown	0.6%

* Education and employment outcome variables are reported for the percent of youth who are of appropriate age who had a positive outcome. Education (Discharge n=506; Follow-up I n=82; Follow-up II n=41); Employment (Discharge n=151; Follow-up I n=28; Follow-up II n=12); Child abuse (Follow-up I n=112; Follow-up II n=67); Family abuse (Follow-up I n=116; Follow-up II n=63); Court involvement (Follow-up I n=125; Follow-up II n=67).

[†] Individual children may be counted in more than one category (e.g., obtained high school diploma and enrolled in college). In addition, school status may not have been noted for some children. Thus, the cumulative percentage may not equal 100%.

2015 Program Outcomes: Treatment Foster Care Programs

Placement Outcomes

Length of Stay **Mean = 288.6 days** **Median = 160.0 days**

Permanency Goal	Intake	Discharge
Reunification with parent	76.1%	67.3%
Adoption	7.5%	17.6%
Emancipation / independent living	5.8%	6.8%
Permanent custodial relationship	1.3%	1.7%
Legal guardianship	0.2%	0.1%
Other planned permanent living arrangement	2.2%	4.4%
Placement without case plan	5.2%	0.8%
No case plan required by referral source:	1.7%	1.1%
Department of Correction	0.1%	0.1%
Department of Education	0.0%	0.0%
Probation	0.8%	0.2%
Private	0.0%	0.0%
Other / not specified	0.8%	0.8%

Discharged to:	Percent
Independent living	1.9%
Parent's home	30.3%
Relative's home	16.3%
Adoptive home	10.8%
Friend's home	1.4%
Regular foster care	7.4%
Specialized / treatment foster care	13.5%
Emergency shelter	3.3%
Group home	1.1%
Residential treatment center	4.8%
In-patient in medical hospital	1.4%
Drug / alcohol rehab center	0.0%
Intensive treatment unit	0.7%
Detention / correctional center	2.0%
Jail	0.0%
Other	0.3%
Runaway	4.4%

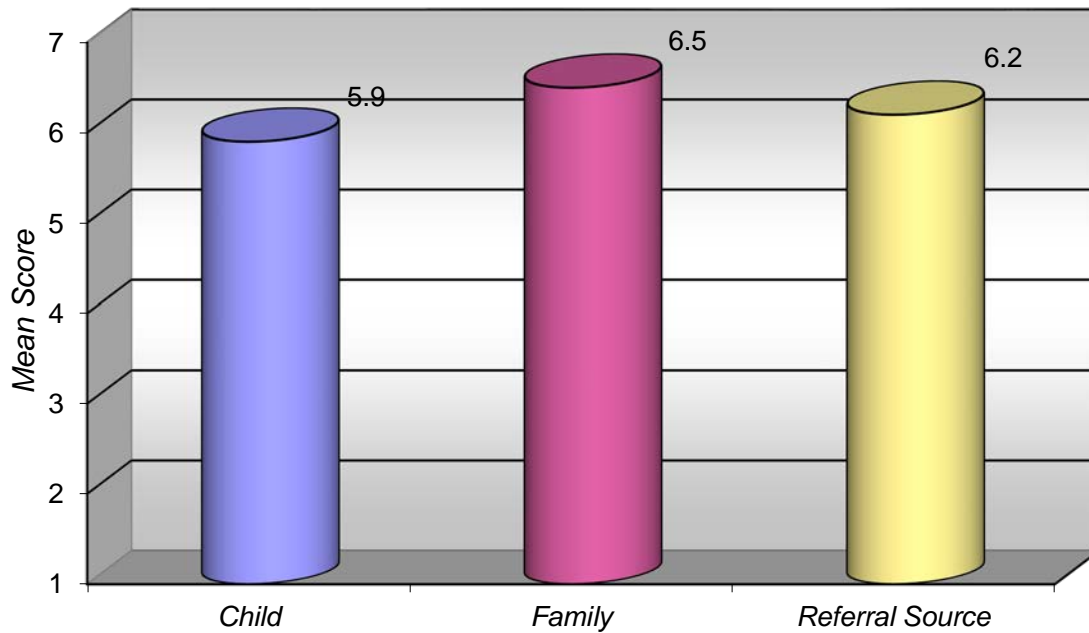
ROLES	Discharge	Follow-up I	Follow-up II
More restrictive	13.7%	14.2%	21.0%
Similar restrictiveness	12.1%	69.9%	64.5%
Less restrictive	69.7%	15.9%	14.5%
Runaway	4.4%	0.0%	0.0%

Placement Outcomes (continued)

Was discharge permanency goal achieved?	Percent	
	Total Sample	Case plan only
Yes	45.3%	46.8%
No	44.8%	46.3%
Yes for concurrent plan	6.6%	6.8%
No case plan	3.2%	

Nature of Discharge	Percent
Planned	63.6%
Removed by referral source	5.0%
Administrative	25.3%
Runaway	6.0%

Satisfaction Outcomes[‡]



[‡] Child Satisfaction (n=48); Family Satisfaction (n=129); Referral Source Satisfaction (n=131).

Services Provided

In 2015, 7 services were identified as being provided to over half of the youth in Treatment Foster Care programs. Of these 7 services, four focused on medical care (physical examination, dental examination, vision examination, and routine medical care), one on family (supervised visitation), and two focused on psychosocial issues (case management and individual therapy).

Shelter Care

Shelter care programs provide a safe environment for a child who is self-referred, in protective custody, or at risk. These programs may provide a range of services including custodial care, diagnostic assessment, and referral services (IARCA, 2013).

2015 Highlights

Sample sizes for youth in Shelter Care have fluctuated across the years, ranging from 267 youth in 2013 to 1,223 in 2008. In 2015, Shelter Care programs reported the third smallest sample size across the years, and included 554 youth. Despite the fluctuations, few factors are seen as being substantially different than that seen in previous years. Noted discrepancies in the 2015 data are reported in the highlights below.

Child and Family Risk Factors

- ✓ The average total risk score for 2015 was 4.1. Between 1999 and 2014, the range of average total risk scores was 3.8 to 4.8.
- ✓ In 2015, 58.5% of those entering shelter care programs were male (vs. 41.5% female). Over the years, the differences found between males to females have ranged from 2:3 to 3:2.
- ✓ In 2015, nearly 2 of 5 youth entering Shelter Care programs were adjudicated delinquent (38.8%). Between 1999 and 2012, percentages ranged from 29.9% to 62.3%.
- ✓ The percentage of youth who received previous home-based services in 2015 (26.2%) is within the range reported over the past years, where it has ranged from 18.2% to 43.7%.
- ✓ Youth had on average, 1.9 prior placements. This number, when compared to previous years, is slightly in the lower range of average number of prior placements (the range of average number of prior placements from 1999 to 2014 is 1.7 to 2.3).
- ✓ Approximately 2 of 5 youth entering Shelter Care had a parent with an incarceration history (38.3%). This percentage is within the range of that reported in past years (between 1998 and 2014 the range was 33.5% to 50.2%).
- ✓ Just over 2 in 5 youth had parents who have abused substances (46.1%).

Clinical Functioning

- ✓ The average CPC score at intake was 8.3, a score at the high end for those obtained in data collected in most past years. At intake, failure to follow instructions was endorsed for more than 4 of every 5 youth (83.2%); about 7 in 10 youth were identified as being out-of-control (68.9%), while about 3 in 5 were noted to be verbally aggressive (62.9%) or exhibit behaviors suggesting depression / or being withdrawn (59.9%). More than half of the sample was reported to have learning problems in school (53.2%).
- ✓ At discharge, youth in Shelter Care programs had an average CPC score of 5.4 items endorsed. Approximately 3 of every 5 youth were identified with depression or being withdrawn (60.4%) or failing to follow instructions (59.2%). Close to half were seen as being verbally aggressive (45.0%) and about 2 in 5 youth were identified as being hyperactive / inattentive (38.8%), / or being out-of-control (37.3%).

Placement Outcomes

- ✓ The average length of stay was about 3 weeks (21.8 days). The median length of stay was just over 2 weeks (15.0 days).
- ✓ Over one-third of the youth (36.9%) had no case plan. Of those with a case plan, close to 7 in 10 (72.3%) achieved either their permanency or concurrent goal.
- ✓ Nearly seven in 10 of the youth (69.5%) were discharged to a less or similarly restrictive placement.
- ✓ Over 8 of every 10 youth leaving Shelter Care were discharged in accord with their treatment plan (84.9%).

Satisfaction Outcomes

- ✓ A minority of referral sources (less than 24% of cases) completed a satisfaction survey. Those that did were generally pleased with the program provided to the youth (6.9 on a 7-point scale).

Services Provided

- ✓ Four services were reported as being provided to over half of the youth in Shelter Care programs. Of these four services, two were recreational (79.7% participated in arts / crafts activities and 87.7% received on-campus recreation), one was psychosocial (66.4% had case management services), and one was medical (58.1% received a physical examination).

2015 Program Outcomes: Shelter Care

	Intake	Discharge
Sample Size	554	406

Child and Family Risk Factors

Variable		Variable	
Average Age	14.7	Average # Prior Placements	1.9 placements
Gender		Child Factors	
Male	58.5%	Pregnant	2.2% females; 0.9% all youth
Female	41.5%	Have children	1.1%
Ethnicity		Grade retention	7.5%
Caucasian	70.4%	Special education	23.9%
African American	15.3%	Psychotropic medication	37.0%
Hispanic	5.1%	Parent Factors	
Other	9.2%	Substance abuse	46.1%
History of:		Psychiatric diagnosis	8.7%
Neglect	29.4%	Incarceration	38.3%
Physical abuse	26.0%	Single parent family	56.1%
Sexual abuse	19.1%	Parent rights terminated:	19.9%
Witness to domestic violence	26.2%	For one parent	7.1%
CHINS	28.9%	For both parents	12.6%
Delinquent	38.8%	For adoptive parents	0.2%
Previous home-based services	26.2%	Mean Risk Factor Score	4.1

Clinical Outcomes

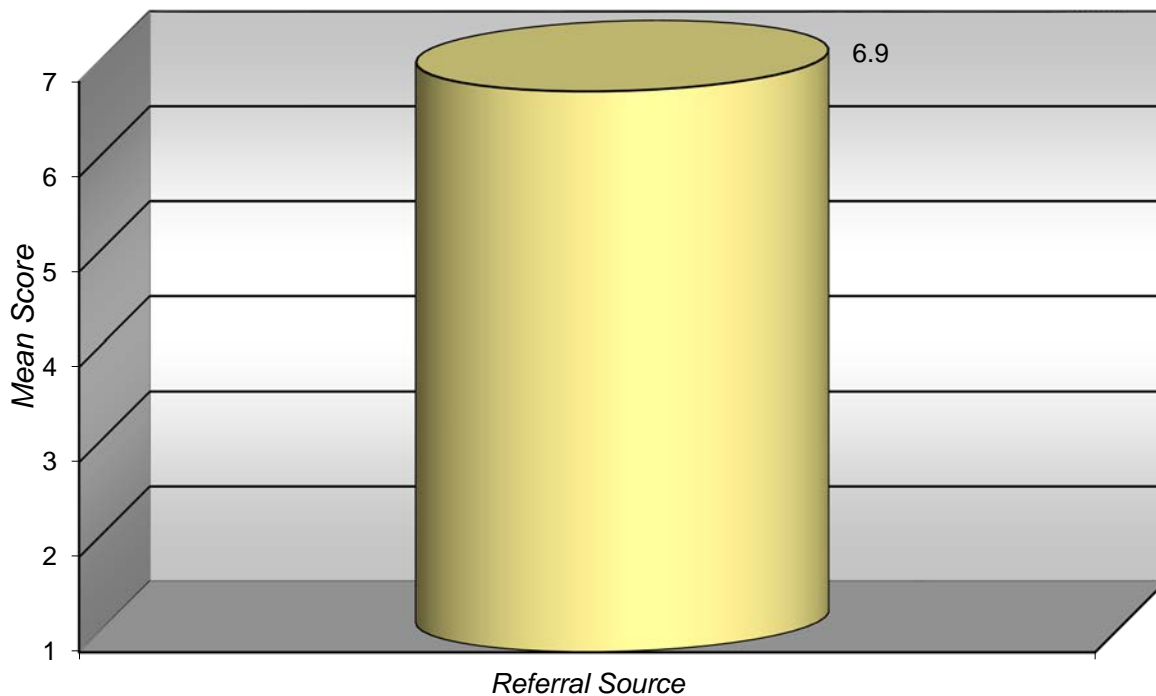
	Intake	Discharge
Child		
Average GAF	52.6	58.6
Average Child Problem Checklist Total	8.3	5.4

Child Problem Checklists	
Top 5 Child Problem Checklist Items at Intake (n=553)	
Failure to follow instructions	83.2%
Out of control	68.9%
Verbally aggressive	62.9%
Depression / withdrawn	59.9%
School learning problems	53.2%
Top 5 Child Problem Checklist Items at Discharge (n=402)	
Depression / withdrawn	60.4%
Failure to follow instructions	59.2%
Verbally aggressive	45.0%
Hyperactivity / inattention	38.8%
Out of control	37.3%

Functional Outcomes

School Status at Discharge*	Percent
Enrolled in preschool	0.2%
Enrolled in K-12	74.1%
Home schooled	1.2%
Working on GED	2.0%
Enrolled in high school vocational program	0.2%
Obtained certificate of completion	0.0%
Obtained GED	0.2%
Obtained high school diploma	1.2%
Enrolled in post-secondary vocational training program	0.2%
Enrolled in college or university	0.0%
Youth Expelled	2.0%
None apply	16.5%
Unknown	1.0%

Satisfaction Outcomes†



* Individual children may be counted in more than one category (e.g., obtained high school diploma and enrolled in college). In addition, school status may not have been noted for some children. Thus, the cumulative percentage may not equal 100%.

† Referral Source Satisfaction (n=124).

Placement Outcomes

Length of Stay **Mean = 21.8 days** **Median = 15.0 days**

Permanency Goal	Intake	Discharge
Reunification with parent	57.0%	52.5%
Adoption	2.3%	1.7%
Emancipation / independent living	2.2%	2.0%
Permanent custodial relationship	0.5%	0.5%
Legal guardianship	0.0%	0.0%
Other planned permanent living arrangement	3.4%	7.2%
Placement without case plan	16.8%	15.1%
No case plan required by referral source:	17.7%	21.0%
Department of Correction	0.0%	0.0%
Department of Education	0.0%	0.0%
Probation	7.6%	9.7%
Private	0.0%	0.0%
Other / not specified	10.1%	11.3%

Discharged to:	Percent
Independent living	0.7%
Parent's home	40.9%
Relative's home	8.4%
Adoptive home	1.5%
Friend's home	0.5%
Regular foster care	5.7%
Specialized / treatment foster care	3.7%
Emergency shelter	0.7%
Group home	3.4%
Residential treatment center	22.2%
In-patient in medical hospital	1.2%
Drug / alcohol rehab center	0.5%
Intensive treatment unit	1.5%
Detention / correctional center	6.0%
Jail	0.2%
Other	1.7%
Runaway	2.0%

ROLES	Discharge
More restrictive	28.6%
Similar restrictiveness	6.2%
Less restrictive	63.3%
Runaway	2.0%

Placement Outcomes (continued)

Was discharge permanency goal achieved?	Percent	
	Total Sample	Case plan only
Yes	36.7%	58.1%
No	17.5%	27.7%
Yes for concurrent plan	9.0%	14.2%
No case plan	36.9%	

Nature of Discharge	Percent
Planned	84.9%
Removed by referral source	5.9%
Administrative	6.7%
Runaway	2.5%

Services Provided

In 2015, four services were reported as being provided to over half of the youth in Shelter Care programs. Of these four services, one focused on medical (physical examination), two focused on recreation (on-campus recreation, and arts & crafts), and one focused on psychosocial concerns (case management).

Residential Programs Utilizing Public Schools

Residential programs provide a therapeutic 24-hour structured, safe treatment setting for children. A major component of residential programs is to address the emotional, behavioral, educational, and family-related issues of (for) each child. A goal of residential programs is to teach the child more appropriate strategies for successful community reintegration. Residential programs do not include crisis care programs, acute care programs, diagnostic programs, and shelter care programs. For residential programs utilizing public schools, children attend public school and participate in extra-curricular activities, as appropriate. Community and in-house resources may be utilized for recreation, counseling, tutoring, and employment. Home visits and family visitations are provided as defined in the treatment plans. Awake-night staff is optional (IARCA, 2013).

2015 Highlights

In general, findings from the 2015 data are consistent with those from previous years, and are not judged to be different beyond normal fluctuations. Listed below are highlights from 2015, including the specific areas where changes were observed.

Child and Family Risk Factors

- ✓ The average Total Risk score was 5.5 in 2015, which is consistent with that reported in earlier years. Between 1999 and 2014, this score has ranged between 4.5 and 5.8.
- ✓ The average age for youth admitted to Residential Programs Utilizing Public Schools is 15.4 years, which is at the upper end of that reported in previous years. The average for this program type between 1999 and 2014 has ranged between 13.9 and 15.4 years.
- ✓ About 2 in 5 youth are female (39.3%), which is lower than that reported for this program type. From 1999 to 2014, females accounted for between 40.5% and 65.7% of those served.
- ✓ Over 3 in 10 youth experienced reported or substantiated neglect prior to placement (32.5%) and 1 in 4 experienced physical abuse (26.9%). Nearly half of the youth witnessed domestic violence (45.9%).
- ✓ Approximately 3 of every 5 youth served come from a single-parent home (61.2%) and /or have a parent with known substance abuse issues (64.3%).
- ✓ Three (3) in 5 youth entering Residential Care Programs Utilizing Public Schools have a parent with a history of incarceration (63.0%). This proportion is significantly higher than all previous years; between 1998 and 2014, this figure has ranged between 28.1% and 49.7%.

Clinical Functioning

- ✓ Youth placed into this program type during 2015 had an average of 7.7 items endorsed on the CPC at intake. The most frequently identified problems from the CPC at intake were failure to follow parental instructions (68.4%); being verbally aggressive (62.4%); academic problems in school (61.1%); being “out-of-control” (58.5%) and/or being depressed / withdrawn (58.5%).
- ✓ The families of youth entering this program had an average of 4.5 FPC items endorsed at intake. The most frequently identified problems on the FPC at intake include lack of family supports (50.3%); and experiencing severe family conflict (47.7%).
- ✓ At discharge, youth had an average of 4.0 items endorsed on the CPC. Failing to follow instructions (56.1%) was the most commonly identified concerns for youth at discharge.

2015 Program Outcomes: Residential Programs Utilizing Public Schools

- ✓ Families of youth had an average FPC at discharge of 2.9 items endorsed. One of the more frequently identified problems on the FPC at discharge was lack of family supports (51.0%).

Functional Outcomes

- ✓ Over 3 in 4 youth (77.8%) had a positive education outcome at discharge. Approximately 9 in 10 youth contacted at follow-up I and follow-up II also had a positive education outcome (90.9% and 87.5%, respectively).
- ✓ One (1) in 3 youth age 16 and older (36.5%) were employed at discharge. A similar proportion was seen of those contacted at follow-up I (37.7%) and follow-up II (28.8%).
- ✓ Almost all of the youth contacted experienced no new abuse (97.4%) between discharge and follow-up I. At follow-up I, no youth experienced new abuse, and over 3 of every 5 youth had no new involvement with the juvenile court (63.6%). At follow-up II, nearly two-thirds of the youth contacted had not returned to court (65.8%) due to new infractions.

Placement Outcomes

- ✓ The average length of stay was approximately 5 months (Mean = 159.9 days). The average length of stay for 2015 was within the range of recent years, (with Means of 142.0 and 193.3 between 2012 and 2014). Half of the youth were in care for less than 3 months (Median = 84.0 days).
- ✓ Over 7 of every 10 youth were placed in a less or equally restrictive placement at discharge (71.9%). At follow-up I, 4 in 5 youth (80.0%) contacted remained in a less or similarly restrictive placement. At follow-up II, 7 in 10 youth (70.6%) contacted were in equal or less restrictive settings.
- ✓ For those youth with a permanency plan, 3 of 5 (63.1%) achieved either their primary or concurrent goal at discharge.
- ✓ Over 1 in 5 (21.2%) youth were administratively discharged. Between 1998 and 2014, this figure has ranged between 13.5% and 23.9%.

Satisfaction Outcomes

- ✓ Referral sources, families, and youth reported general satisfaction with services (respective averages of 6.6, 6.1, and 5.6 on a 7-point scale).

Services Provided

- ✓ Fifteen services were identified as being provided to over half of the youth. Six of these services were medical in nature (e.g., physical exam, dental exam).
- ✓ The other 9 services included individual therapy (78.7%), case management (66.5%), on-campus recreation (66.0%), arts/crafts (62.2%), independent living training (61.2%), life skills assessment (59.0%), group therapy (55.3%), unsupervised visitation (53.7%), and tutoring (54.3%).

2015 Program Outcomes: Residential Programs Utilizing Public Schools

Sample Size	Intake	Discharge	Follow-up I		Follow-up II	
			Contacted	Not able to contact	Contacted	Not able to contact
	234	189	77	30	74	47

Child and Family Risk Factors

Variable	Value	Variable	Value
Average Age	15.4	Average # Prior Placements	2.9 placements
Gender		Child Factors	
Male	60.7%	Pregnant	3.3% females; 1.3% all youth
Female	39.3%	Have children	2.6%
Ethnicity		Grade retention	12.1%
Caucasian	72.6%	Special education	37.0%
African American	15.8%	Psychotropic medication	42.7%
Hispanic	3.0%	Parent Factors	
Other	8.5%	Substance abuse	64.3%
History of:		Psychiatric diagnosis	23.8%
Neglect	32.5%	Incarceration	63.0%
Physical abuse	26.9%	Single parent family	61.2%
Sexual abuse	26.9%	Parent rights terminated:	17.7%
Witness to domestic violence	45.9%	For one parent	4.0%
CHINS	38.0%	For both parents	12.4%
Delinquent	60.3%	For adoptive parents	1.3%
Previous home-based services	48.7%	Mean Risk Factor Score	5.5

Clinical Outcomes

	Intake	Discharge	Follow-up I	Follow-up II
Child				
Average GAF	53.3	58.1		
Average Child Problem Checklist Total	7.7	4.5		
Family				
Average Family Risk Scales Total	0.48	0.43	n/a (n=5)	0.41 (n=9)
Average Family Problem Checklist Total	4.0	2.9		

Intake Child and Family Problem Checklists

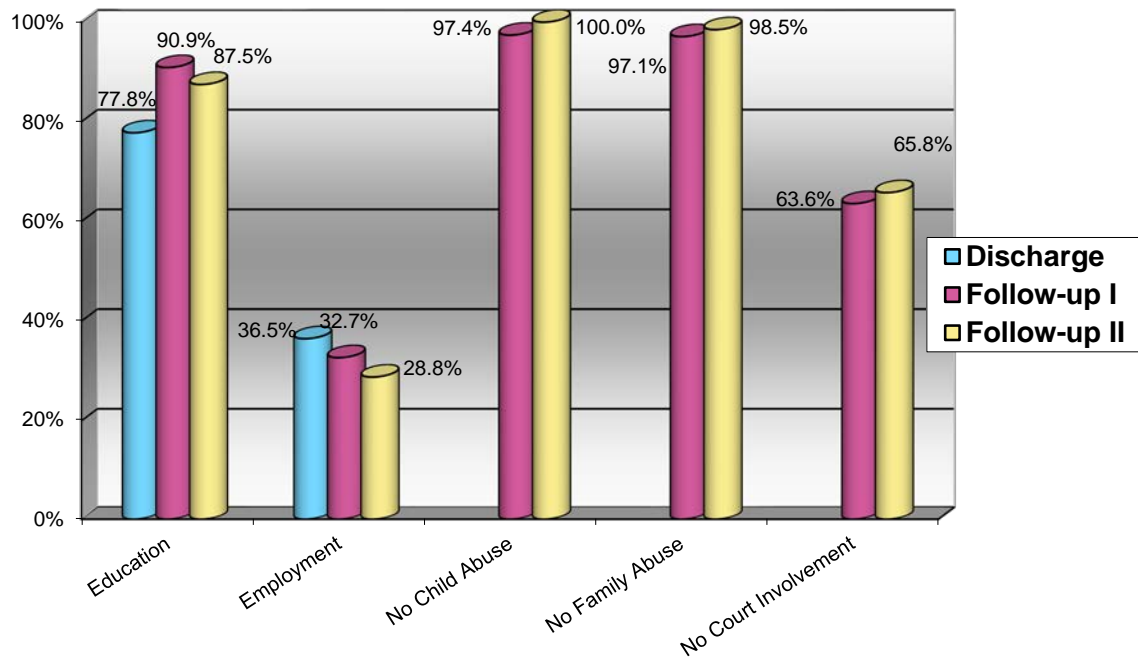
Top 5 Child Problem Checklist Items (n=234)		Top 5 Family Problem Checklist Items (n=199)	
Failure to follow instructions	68.4%	Lack of family supports	50.3%
Verbally aggressive	62.4%	Severe family conflict	47.7%
School learning problems	61.1%	Children unsupervised	40.2%
Out of control	58.5%	Caregiver judgment impaired	36.7%
Depression / withdrawn	58.5%	Caregiver unemployed	35.2%

Discharge Child and Family Problem Checklists

Top 5 Child Problem Checklist Items (n=189)		Top 5 Family Problem Checklist Items (n=157)	
Failure to follow instructions	56.1%	Lack of family supports	51.0%
Depression / withdrawn	43.4%	Children unsupervised	33.1%
School learning problems	42.9%	Transportation lacking	30.6%
Verbally aggressive	41.8%	Caregiver judgment impaired	26.8%
Peer relationship problems	39.2%	Severe family conflict	26.1%
		Caregiver unemployed	25.5%

2015 Program Outcomes: Residential Programs Utilizing Public Schools

Functional Outcomes*



School Status at Discharge [†]	Percent
Enrolled in preschool	0.0%
Enrolled in K-12	76.7%
Home schooled	0.0%
Working on GED	10.1%
Enrolled in high school vocational program	0.0%
Obtained certificate of completion	1.6%
Obtained GED	1.6%
Obtained high school diploma	3.2%
Enrolled in post-secondary vocational training program	0.5%
Enrolled in college or university	1.6%
Youth Expelled	1.6%
None apply	2.6%
Unknown	0.5%

* Education and employment outcome variables are reported for the percent of youth who are of appropriate age who had a positive outcome. Education (Discharge n=176; Follow-up I n=66; Follow-up II n=56); Employment (Discharge n=104; Follow-up I n=55; Follow-up II n=52); Child abuse (Follow-up I n=77; Follow-up II n=72); Family abuse (Follow-up I n=70; Follow-up II n=68); Court involvement (Follow-up I n=77; Follow-up II n=73).

[†] Individual children may be counted in more than one category (e.g., obtained high school diploma and enrolled in college). In addition, school status may not have been noted for some children. Thus, the cumulative percentage may not equal 100%.

2015 Program Outcomes: Residential Programs Utilizing Public Schools

Placement Outcomes

Length of Stay **Mean = 159.9 days** **Median = 84.0 days**

Permanency Goal	Intake	Discharge
Reunification with parent	63.7%	64.0%
Adoption	2.6%	5.3%
Emancipation / independent living	14.1%	11.6%
Permanent custodial relationship	0.4%	3.2%
Legal guardianship	0.0%	0.0%
Other planned permanent living arrangement	5.6%	6.9%
Placement without case plan	7.3%	4.2%
No case plan required by referral source:	6.4%	4.8%
Department of Correction	0.0%	0.0%
Department of Education	0.0%	0.0%
Probation	4.3%	1.1%
Private	0.0%	0.0%
Other / not specified	2.1%	3.7%

Discharged to:	Percent
Independent living	2.1%
Parent's home	45.5%
Relative's home	10.6%
Adoptive home	0.5%
Friend's home	0.5%
Regular foster care	3.2%
Specialized / treatment foster care	3.7%
Emergency shelter	1.1%
Group home	4.2%
Residential treatment center	4.2%
In-patient in medical hospital	1.1%
Drug / alcohol rehab center	0.5%
Intensive treatment unit	2.6%
Detention / correctional center	11.1%
Jail	0.5%
Other	1.5%
Runaway	6.9%

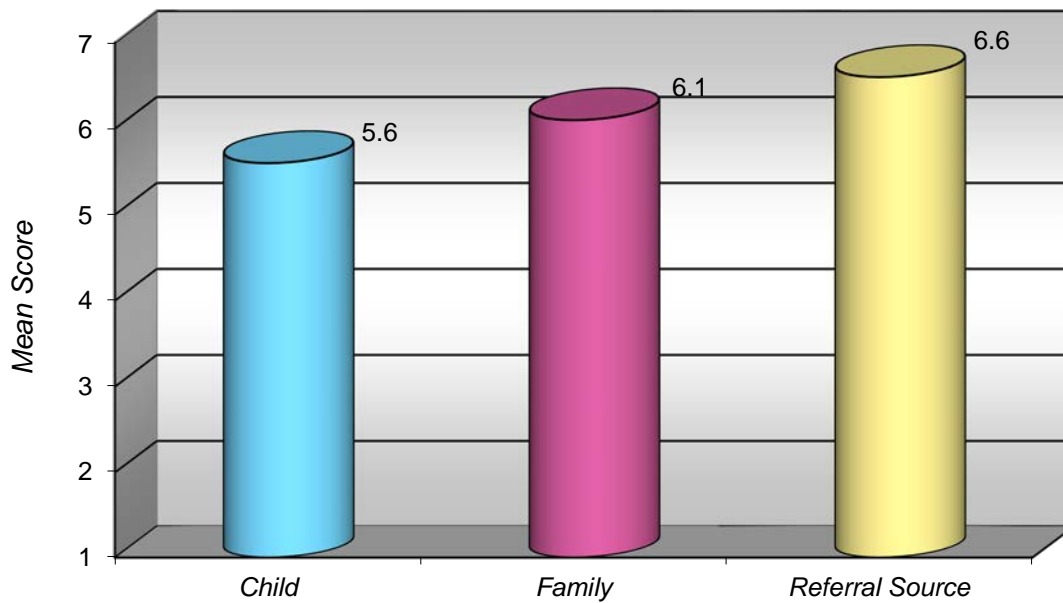
ROLES	Discharge	Follow-up I	Follow-up II
More restrictive	21.2%	20.0%	29.4%
Similar restrictiveness	4.2%	52.9%	33.8%
Less restrictive	67.7%	27.1%	36.8%
Runaway	6.9%	0.0%	0.0%

Placement Outcomes (continued)

Was discharge permanency goal achieved?	Percent	
	Total Sample	Case plan only
Yes	51.9%	57.3%
No	33.3%	36.8%
Yes for concurrent plan	5.3%	5.8%
No case plan	9.5%	

Nature of Discharge	Percent
Planned	68.8%
Removed by referral source	2.6%
Administrative	21.2%
Runaway	7.4%

Satisfaction Outcomes[‡]



[‡] Child Satisfaction (n=45); Family Satisfaction (n=33); Referral Source Satisfaction (n=45).

Services Provided

In 2015, 15 services were reported as being provided to over half of the youth in Residential Programs Utilizing Public Schools. Of these 15 services, 6 focused on medical (physical examination, dental examination, routine medical care, vision examination, routine dental care, and routine vision care), 3 focused on psychosocial (individual therapy, case management, & group therapy), 2 focused on recreational (on-campus recreation, and arts & crafts), 1 focused on family (unsupervised visitation), 2 focused on employment (life skills assessment and independent living training), and 1 in education (tutoring).

Residential Programs Utilizing Public and On-Grounds Schools

Residential programs provide a therapeutic 24 hour structured, safe treatment setting for children. A major component of residential programs is to address the emotional, behavioral, educational, and family-related issues of (for) each child. A goal of residential programs is to teach the child more appropriate strategies for successful community reintegration. Residential programs do not include crisis care programs, acute care programs, diagnostic programs, and shelter care programs. For residential programs utilizing public and on-grounds schools, education may be provided on-grounds, at public school, or a combination of the two. An on-grounds educational program exists and is used for some of the clients. Community and in-house resources may be utilized for recreation, counseling, tutoring, and employment. Home visits and family visitations are provided as defined in the treatment plans. Awake-night staff may be utilized (IARCA, 2013).

2015 Highlights

In general, findings from the 2015 data are consistent with those from previous years, and are not judged to vary beyond normal fluctuations. Listed below are highlights from 2015.

Child and Family Risk Factors

- ✓ The average Total Risk Score was 5.1. This score is within the range of risks identified for youth at program entry across the years (ranging from 4.8 to 5.5 since 1999).
- ✓ Just over 3 of every 5 youth (63.7%) were adjudicated as delinquent at program admission in 2015. Between 1999 and 2014, the proportion of youth adjudicated delinquent ranged from 47.5% to 68.5%.
- ✓ Approximately 3 of every 10 youth had experienced substantiated or reported neglect (29.5%), 1 in 4 youth experienced reported / substantiated physical abuse (25.9%), 1 in 3 youth witnessed domestic violence (36.7%), and just over 1 of every 5 youth had histories of reported / substantiated sexual abuse (22.3%).
- ✓ Over half of the youth were taking psychotropic medication at intake (53.1%). This proportion ranged from 48.2% to 60.6% between 1999 and 2014.
- ✓ About 1 in 3 youth were receiving special education assistance (34.6%) at program admission. This rate is at the lower end of the range across the years reported (ranging from 34.4% to 47.2% between 1999 and 2014). About 1 in 7 youth (14.8%) had been retained a grade.
- ✓ About 1 of every 5 youth had a parent whose rights had been terminated (22.4%).
- ✓ About half of the youth (56.6%) came from a single parent family or had a parent with substance abuse issues (53.6%). Over 2 of every 5 youth had a parent with an incarceration history (42.2%).

Clinical Functioning

- ✓ Youth entering these programs had an average CPC score at intake of 9.8. Items most frequently identified at intake include failing to follow instructions (84.0%), verbal aggression (68.2%), peer problems (66.4%), being out-of-control (62.9%), and depression/withdrawn (61.9%).
- ✓ Families of youth in this program had an average of 3.4 items identified on the FPC at intake. This average score has ranged from 3.0 to 4.2 from 1999-2014. Some of the more frequently

identified items in 2015 were severe family conflict (51.5%), lack of family supports (45.1%), and children left unsupervised (46.3%).

- ✓ At discharge, the average CPC score was 5.2. Some of the more frequently identified problems from the CPC at discharge include peer relationship problems (49.8%), failing to follow instructions (49.7%), and [being] verbally aggressive (47.6%).
- ✓ At discharge, families of youth had an average of 2.3 items endorsed on the FPC. The most commonly identified family problems at discharge include lack of family supports (36.9%), children being unsupervised (32.6%), and severe family conflict (30.3%).

Functional Outcomes

- ✓ Nearly 9 of every 10 youth (87.2%) had a positive education outcome at discharge, as well as at follow-up I (87.5%) and at follow-up II (89.9%).
- ✓ Of youth age 16 and older, about 1 in 7 (14.9%) were employed at discharge. Of youth contacted at follow-up I, about 1 of every 4 youth (23.5%) over the age of 16 were employed. At follow-up II, around 1 in 3 youth were employed (33.1%).
- ✓ Nearly all of the youth contacted experienced no new abuse at the time of follow-up I or II (98.8% and 99.4% respectively). Approximately 3 of every 4 youth had no new court involvement at follow-up I (72.7%), and at follow-up II (70.3%).

Placement Outcomes

- ✓ The average length of stay was about 7.5 months (229.1 days), and the median length was approximately 6.5 months (195 days).
- ✓ About 4 of every 5 youth (77.8%) were placed in a less or equally restrictive setting when discharged. At follow-up I and at follow-up II, about 4 in 5 youth were living in a similar or less restrictive setting when compared to their discharge placement (79.1% and 78.9% respectively).
- ✓ Of those with a permanency plan, more than 2 of every 3 youth (68.8%) achieved either their primary or concurrent plan when discharged.

Satisfaction Outcomes

- ✓ Referring sources and families were satisfied consumer groups (6.2 and 6.1 respectively on a 7-point scale). Youth (average of 5.5) also were generally satisfied with the program and services. These numbers are consistent with the past.

Services Provided

- ✓ Twenty-one (21) services were reported as being provided to over half of the youth. A majority of these services were psychosocial (7 of 21) or medical (7 of 21) in nature. The other most frequently provided services included recreational, employment related, educational, and family-focused activities.
- ✓ Nine of every 10 youth (88.7%) received individual therapy as part of their treatment.

2015 Program Outcomes: Residential Programs Utilizing Public and On-Grounds Schools

Sample Size	Intake	Discharge	Follow-up I		Follow-up II	
			Contacted	Not able to contact	Contacted	Not able to contact
	977	862	257	306	188	314

Child and Family Risk Factors

Variable		Variable	
Average Age	15.0	Average # Prior Placements	2.3 placements
Gender		Child Factors	
Male	71.7%	Pregnant	1.1% females; 0.3% all youth
Female	28.3%	Have children	2.5%
Ethnicity		Grade retention	14.8%
Caucasian	67.5%	Special education	34.6%
African American	21.9%	Psychotropic medication	53.1%
Hispanic	4.5%	Parent Factors	
Other	6.2%	Substance abuse	53.6%
History of:		Psychiatric diagnosis	23.7%
Neglect	29.5%	Incarceration	42.2%
Physical abuse	25.9%	Single parent family	56.6%
Sexual abuse	22.3%	Parent rights terminated:	22.4%
Witness to domestic violence	36.7%	For one parent	6.4%
CHINS	28.7%	For both parents	15.5%
Delinquent	63.7%	For adoptive parents	0.5%
Previous home-based services	51.6%	Mean Risk Factor Score	5.1

Clinical Outcomes

	Intake	Discharge	Follow-up I	Follow-up II
Child				
Average GAF	42.1	53.0		
Average Child Problem Checklist Total	9.8	5.2		
Family				
Average Family Risk Scales Total	0.49	0.41	0.37 (n=27)	n/a (n=2)
Average Family Problem Checklist Total	3.4	2.3		

Intake Child and Family Problem Checklists

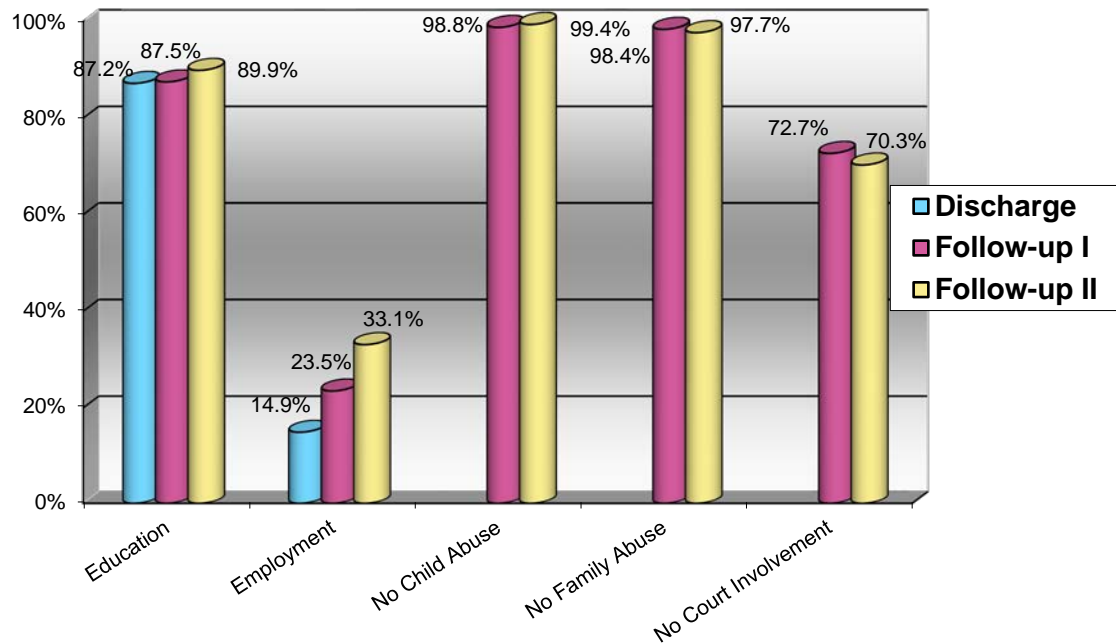
Top 5 Child Problem Checklist Items (n=977)		Top 5 Family Problem Checklist Items (n=875)	
Failure to follow instructions	84.0%	Severe family conflict	51.5%
Verbally aggressive	68.2%	Children unsupervised	46.3%
Peer relationship problems	66.4%	Lack of family supports	45.1%
Out of control	62.9%	Transportation lacking	30.5%
Depression / withdrawn	61.9%	Caregiver judgment impaired	28.2%

Discharge Child and Family Problem Checklists

Top 5 Child Problem Checklist Items (n=862)		Top 5 Family Problem Checklist Items (n=727)	
Peer relationship problems	49.8%	Lack of family supports	36.9%
Failure to follow instructions	49.7%	Children unsupervised	32.6%
Verbally aggressive	47.6%	Severe family conflict	30.3%
Depression / withdrawn	40.7%	Transportation lacking	29.7%
Hyperactive/inattentive	32.7%	Caregiver judgment impaired	19.7%

2015 Program Outcomes: Residential Programs Utilizing Public and On-Grounds Schools

Functional Outcomes*



School Status at Discharge [†]	Percent
Enrolled in preschool	0.1%
Enrolled in K-12	79.0%
Home schooled	0.3%
Working on GED	3.4%
Enrolled in high school vocational program	2.7%
Obtained certificate of completion	1.2%
Obtained GED	5.5%
Obtained high school diploma	4.2%
Enrolled in post-secondary vocational training program	0.7%
Enrolled in college or university	1.9%
Youth Expelled	0.1%
None apply	2.4%
Unknown	0.2%

* Education and employment outcome variables are reported for the percent of youth who are of appropriate age who had a positive outcome. Education (Discharge n=804; Follow-up I n=224; Follow-up II n=179); Employment (Discharge n=511; Follow-up I n=153; Follow-up II n=127); Child abuse (Follow-up I n=251; Follow-up II n=181); Family abuse (Follow-up I n=185; Follow-up II n=129); Court involvement (Follow-up I n=253; Follow-up II n=185).

[†] Individual children may be counted in more than one category (e.g., obtained high school diploma and enrolled in college). In addition, school status may not have been noted for some children. Thus, the cumulative percentage may not equal 100%.

2015 Program Outcomes: Residential Programs Utilizing Public and On-Grounds Schools

Placement Outcomes

Length of Stay **Mean = 229.1 days** **Median = 195.0 days**

Permanency Goal	Intake	Discharge
Reunification with parent	63.3%	58.5%
Adoption	3.2%	1.9%
Emancipation / independent living	8.0%	9.2%
Permanent custodial relationship	3.8%	3.6%
Legal guardianship	0.9%	1.5%
Other planned permanent living arrangement	7.6%	11.0%
Placement without case plan	5.0%	4.1%
No case plan required by referral source:	8.2%	10.3%
Department of Correction	1.1%	1.3%
Department of Education	0.2%	0.1%
Probation	3.1%	4.5%
Private	2.1%	1.9%
Other / not specified	1.7%	2.5%

Discharged to:	Percent
Independent living	4.4%
Parent's home	37.5%
Relative's home	10.7%
Adoptive home	2.3%
Friend's home	0.7%
Regular foster care	2.7%
Specialized / treatment foster care	2.8%
Emergency shelter	0.0%
Group home	8.8%
Residential treatment center	7.7%
In-patient in medical hospital	0.5%
Drug / alcohol rehab center	0.1%
Intensive treatment unit	1.5%
Detention / correctional center	15.5%
Jail	0.9%
Other	0.5%
Runaway	3.4%

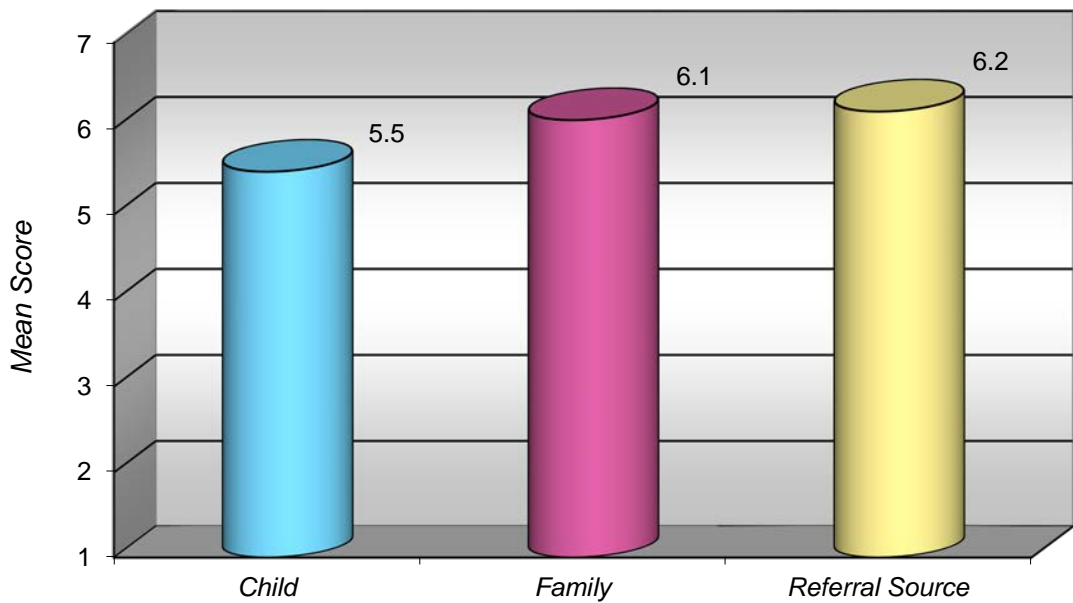
ROLES	Discharge	Follow-up I	Follow-up II
More restrictive	18.6%	19.6%	21.1%
Similar restrictiveness	7.2%	51.8%	45.0%
Less restrictive	70.6%	27.3%	33.9%
Runaway	3.6%	1.2%	0.0%

Placement Outcomes (continued)

Was discharge permanency goal achieved?	Percent	
	Total Sample	Case plan only
Yes	52.6%	61.8%
No	26.6%	31.2%
Yes for concurrent plan	5.9%	7.0%
No case plan	15.0%	

Nature of Discharge*	Percent
Planned	71.5%
Removed by referral source	6.3%
Administrative	17.6%
Runaway	4.6%

Satisfaction Outcomes‡



‡ Child Satisfaction (n=332); Family Satisfaction (n=225); Referral Source Satisfaction (n=310).

Services Provided

In 2015, 21 services were reported as being provided to over half of the youth in Residential Programs Utilizing Public and On-Grounds Schools. Of these 21 services, 7 focused on psychosocial, (individual therapy, group therapy, case management, family therapy, mental health evaluation, psychotropic medication and behavior management therapy), 7 focused on medical (physical examination, routine medical care, routine dental care, dental examination, vision examination, routine vision care, and hearing examination), 2 focused on recreational (on-campus recreation and arts & crafts), 1 focused on family (unsupervised visitation), 2 focused on education (social skills training and educational evaluation), and 2 focused on employment (life skills assessment and independent living training).

Residential Locked and Staff Secure Programs

Residential programs provide a therapeutic 24 hour structured, safe treatment setting for children. A major component of residential programs is to address the emotional, behavioral, educational, and family-related issues of (for) each child. A goal of residential programs is to teach the child more appropriate strategies for successful community reintegration. Residential programs do not include crisis care programs, acute care programs, diagnostic programs, and shelter care programs. For residential locked and staff secure programs, all services are provided within the facility. Children cannot leave the living unit unless accompanied by staff, do not attend public schools, or have off-campus jobs. Family visitation is generally in the facility unless a staff person accompanies resident. Awake-night staff required. Higher staff to child ratio, more intensive treatment services (IARCA, 2013).

2015 Highlights

In general, findings from the 2015 data are consistent with those from previous years, and are not judged to differ beyond normal fluctuations. Listed below are highlights from 2015, including areas where changes were observed.

Child and Family Risk Factors

- ✓ The average Total Risk Score was 5.5. This score has ranged from 4.8 to 5.9 between the years 1999 and 2014.
- ✓ Over 2 in 5 of the youth entering care was classified as CHINS (44.1%), and about one-half were adjudicated delinquent (51.9%). The percentage of adjudicated youth has fluctuated greatly across the years. Between 1999 and 2014, the percentage has ranged from 25.0% to 63.1%.
- ✓ Nearly 4 of every 10 youth had histories of substantiated or reported neglect (40.5%). Suspected or reported physical abuse was reported for more than 1 in 3 (33.9%) youth, nearly 3 in 8 witnessed domestic violence (36.3%), and about 1 in 4 (25.6%) had a reported or substantiated history of sexual abuse.
- ✓ Nearly 2 in 3 youth were taking psychotropic medication at intake (65.7%).
- ✓ Approximately 2 of every 5 youth were receiving special education assistance when admitted into care (39.2%). This proportion is within the range of that reported in previous years (ranging from 34.4% to 60.3% between 1999 and 2014).
- ✓ Nearly 1 of every 4 youth had a parent whose rights had been terminated (23.9%). About 3 in 5 youth came from a single parent family (59.6%) and/or half had a parent with substance abuse issues (52.8%). About 2 of every 5 youth had a parent with a history of being incarcerated (40.6%).

Clinical Functioning

- ✓ Youth entering these programs had an average CPC score at intake of 10.3. Average intake CPS scores have ranged from 8.4 to 11.2. Items most frequently identified at intake included failing to follow instructions (88.1%), verbal aggression (82.5%), depression / withdrawn (74.2%), peer problems (72.1%), and out of control (68.3%).
- ✓ Families of youth in this program had an average of 3.8 items identified on the FPC at intake. Some of the items most frequently identified in 2015 were severe family conflict (71.4%) and lack of family supports (52.6%).

2015 Program Outcomes: Residential Locked and Staff Secure Programs

- ✓ At discharge, the average CPC score was 6.3. Some of the more frequently identified problems from the CPC at discharge include: failure to follow instructions (64.0%), depression / withdrawn (59.1%), verbally aggressive (58.9%), and peer relationship problems (57.0%).
- ✓ At discharge, families of youth had an average of 2.8 items endorsed on the FPC. The most commonly identified family problems at discharge include severe family conflict (44.5%) and lack of family supports (44.5%).

Functional Outcomes

- ✓ Nearly 3 of every 4 youth had a positive education outcome at discharge (73.8%); about 9 in 10 youth contacted at follow-up I (88.4%) and at follow-up II (91.9%) reported a positive education outcome.
- ✓ About 1 in 20 youth age 16 and older (5.6%) were employed at discharge. In previous years this percentage has ranged from 3.2% to 28.3%. The proportion of employed youth contacted at follow-up-I was 13.1%, and at follow-up II was 6.4%.
- ✓ Nearly all youth contacted experienced no new abuse at time of follow-up I (98.6%) or at follow-up II (100.0%).
- ✓ More than 7 of every 10 youth contacted had no new court involvement at follow-up I (73.2%), and 2 in 3 youth at follow-up II (64.7%).

Placement Outcomes

- ✓ The average length of stay was under 6 months (174 days), and the median length was about 5 months (155.5 days). The average length of stay is lower than previous years, while the median stay is at the lower end of the range of that reported over the past 7 years (between 2006 and 2014, the median length ranged from 155 to 198).
- ✓ Over 8 of every 10 youth (80.6%) were placed in a less or equally restrictive setting when discharged. At the same time, about 1 in 8 youth (13.4%) were placed in a more restrictive setting. Of those youth with a permanency plan, half (53.9%) achieved either their primary or concurrent plan when discharged.
- ✓ At follow-up I, over 4 in 5 youth (84.8%) contacted were in a similar or less restrictive setting than their placement upon discharge. Almost 1 in 4 youth contacted at follow-up II were in similar or less restrictive settings (73.1%).

Satisfaction Outcomes

- ✓ Families, referring sources, and youth completing surveys rated treatment satisfaction high, averaging 5.2, 5.4 and 5.0 on a 7-point scale respectively.

Services Provided

- ✓ Twenty-four (24) different services were reported as being provided to over half of the youth. A majority of these services were psychosocial or medical in nature. The other most frequently provided services included educational and family-focused activities.
- ✓ Nearly all youth (93.3%) received individual therapy as part of their treatment.

2015 Program Outcomes: Residential Locked and Staff Secure Programs

Sample Size	Intake	Discharge	Follow-up I		Follow-up II	
			Contacted	Not able to contact	Contacted	Not able to contact
	481	358	145	72	69	52

Child and Family Risk Factors

Variable	Value	Variable	Value
Average Age	14.6	Average # Prior Placements	2.9 placements
Gender		Child Factors	
Male	58.0%	Pregnant	0.5% females; 0.2% all youth
Female	42.0%	Have children	1.9%
Ethnicity		Grade retention	13.1%
Caucasian	58.8%	Special education	39.2%
African American	27.7%	Psychotropic medication	65.7%
Hispanic	5.2%	Parent Factors	
Other	8.3%	Substance abuse	52.8%
History of:		Psychiatric diagnosis	35.8%
Neglect	40.5%	Incarceration	40.6%
Physical abuse	33.9%	Single parent family	59.6%
Sexual abuse	25.6%	Parent rights terminated:	23.9%
Witness to domestic violence	36.3%	For one parent	9.4%
CHINS	44.1%	For both parents	14.1%
Delinquent	47.6%	For adoptive parents	0.4%
Previous home-based services	51.9%	Mean Risk Factor Score	5.5

Clinical Outcomes

	Intake	Discharge	Follow-up I	Follow-up II
Child				
Average GAF	43.6	49.5		
Average Child Problem Checklist Total	10.3	6.3		
Family				
Average Family Risk Scales Total	0.50	0.41	0.33 (n=22)	0.37 (n=7)
Average Family Problem Checklist Total	3.8	2.8		

Intake Child and Family Problem Checklists

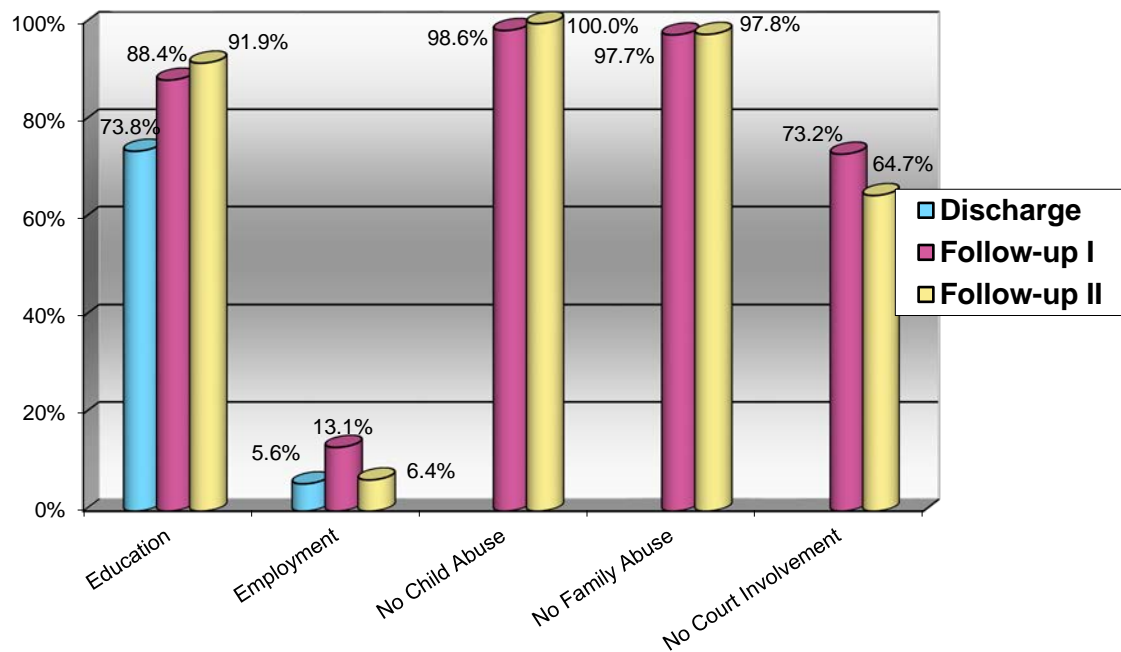
Top 5 Child Problem Checklist Items (n=480)		Top 5 Family Problem Checklist Items (n=430)	
Failure to follow instructions	88.1%	Severe family conflict	71.4%
Verbally aggressive	82.5%	Lack of family supports	52.8%
Depression / withdrawn	74.2%	Children unsupervised	34.7%
Peer relationship problems	72.1%	Caregiver judgment impaired	30.7%
Out of control	68.3%	Transportation lacking	26.5%

Discharge Child and Family Problem Checklists

Top 5 Child Problem Checklist Items (n=358)		Top 5 Family Problem Checklist Items (n=299)	
Failure to follow instructions	64.0%	Severe family conflict	44.5%
Verbally aggressive	58.9%	Lack of family supports	44.5%
Peer relationship problems	57.0%	Transportation lacking	31.1%
Depression/withdrawn	56.1%	Caregiver unemployed	28.8%
Out of control	34.9%	Children unsupervised	26.8%

2015 Program Outcomes: Residential Locked and Staff Secure Programs

Functional Outcomes*



School Status at Discharge [†]	Percent
Enrolled in preschool	0.0%
Enrolled in K-12	89.4%
Home schooled	0.6%
Working on GED	2.0%
Enrolled in high school vocational program	3.6%
Obtained certificate of completion	0.3%
Obtained GED	0.8%
Obtained high school diploma	0.8%
Enrolled in post-secondary vocational training program	0.3%
Enrolled in college or university	0.3%
Youth Expelled	0.6%
None apply	2.5%
Unknown	0.8%

* Education and employment outcome variables are reported for the percent of youth who are of appropriate age who had a positive outcome. Education (Discharge n=305; Follow-up I n=129; Follow-up II n=62); Employment (Discharge n=178; Follow-up I n=84; Follow-up II n=47); Child abuse (Follow-up I n=143; Follow-up II n=68); Family abuse (Follow-up I n=87; Follow-up II n=46); Court involvement (Follow-up I n=142; Follow-up II n=68).

[†] Individual children may be counted in more than one category (e.g., obtained high school diploma and enrolled in college). In addition, school status may not have been noted for some children. Thus, the cumulative percentage may not equal 100%.

2015 Program Outcomes: Residential Locked and Staff Secure Programs

Placement Outcomes

Length of Stay **Mean = 174.8 days** **Median = 155.5 days**

Permanency Goal	Intake	Discharge
Reunification with parent	66.9%	64.5%
Adoption	4.0%	3.9%
Emancipation / independent living	5.0%	7.8%
Permanent custodial relationship	3.1%	2.2%
Legal guardianship	2.1%	2.0%
Other planned permanent living arrangement	12.7%	9.8%
Placement without case plan	1.0%	0.0%
No case plan required by referral source:	5.2%	9.8%
Department of Correction	0.0%	0.0%
Department of Education	0.4%	0.0%
Probation	4.4%	5.3%
Private	0.2%	2.2%
Other / not specified	0.2%	2.3%

Discharged to:	Percent
Independent living	1.2%
Parent's home	29.4%
Relative's home	8.4%
Adoptive home	1.4%
Friend's home	0.9%
Regular foster care	4.3%
Specialized / treatment foster care	2.0%
Emergency shelter	0.6%
Group home	4.0%
Residential treatment center	24.8%
In-patient in medical hospital	0.3%
Drug / alcohol rehab center	0.0%
Intensive treatment unit	2.3%
Detention / correctional center	11.5%
Jail	1.4%
Other	1.2%
Runaway	6.1%

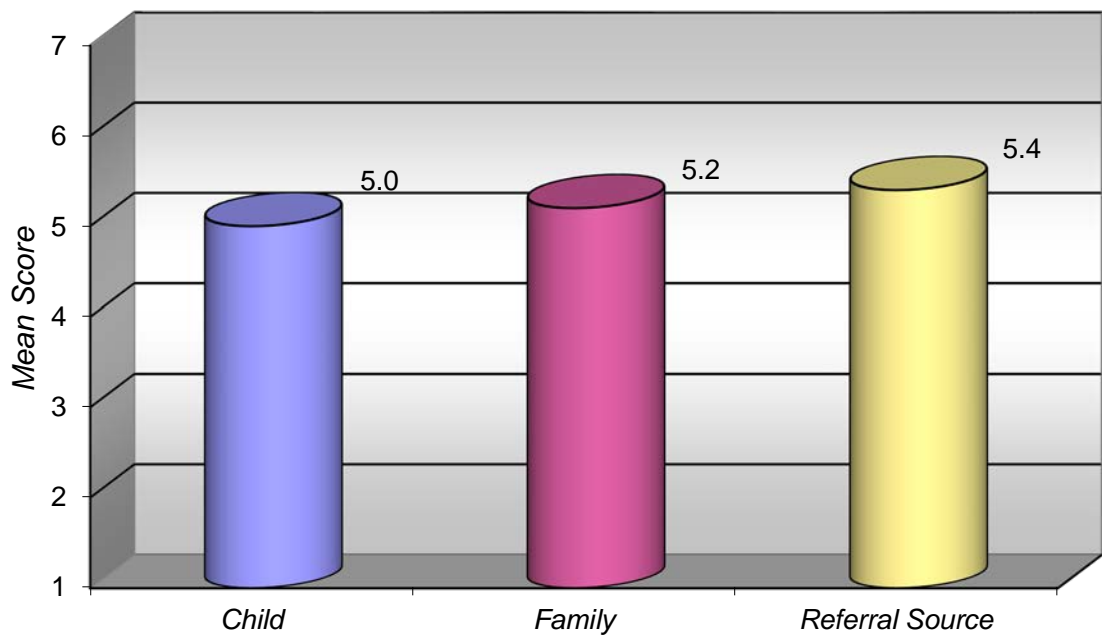
ROLES	Discharge	Follow-up I	Follow-up II
More restrictive	13.4%	13.8%	26.9%
Similar restrictiveness	9.2%	59.4%	47.8%
Less restrictive	71.4%	25.4%	25.4%
Runaway	5.9%	1.4%	0.0%

Placement Outcomes (continued)

Was discharge permanency goal achieved?	Percent	
	Total Sample	Case plan only
Yes	40.8%	46.1%
No	41.3%	46.7%
Yes for concurrent plan	6.4%	7.2%
No case plan	11.5%	

Nature of Discharge	Percent
Planned	76.0%
Removed by referral source	4.7%
Administrative	12.6%
Runaway	6.7%

Satisfaction Outcomes[‡]



[‡] Child Satisfaction (n=109); Family Satisfaction (n=76); Referral Source Satisfaction (n=84).

Services Provided

In 2015, 24 services were reported as being provided to over half of the youth in Residential Locked and Staff Secure Programs. Of these 24 services, 8 focused on medical (physical examination, dental examination, routine medical care, vision examination, routine dental care, nutrition assessment, routine vision care, and hearing examination), 8 focused on psychosocial, (individual therapy, group therapy, family therapy, mental health evaluation, case management, psychotropic medication, behavior management therapy, and psychoeducational therapy), 1 focused on recreational (on-campus recreation), 2 focused on employment (life skills assessment and independent living training), 1 focused on alcohol / drugs (alcohol/drug assessment), 2 focused on family (unsupervised visitation and safety plan), and 2 focused on education (educational evaluation and social skills training).

Psychiatric Residential Treatment Facilities

Residential programs provide a therapeutic 24 hour structured, safe treatment setting for children. A major component of residential programs is to address the emotional, behavioral, educational, and family-related issues of (for) each child. A goal of residential programs is to teach the child more appropriate strategies for successful community reintegration. Residential programs do not include crisis care programs, acute care programs, diagnostic programs, and shelter care programs. For psychiatric residential treatment facilities, clients are placed for medically necessary services in a Medicaid approved PRTF facility. Funding for the child is provided through the PRTF fund. In Indiana, the facility must be licensed as a private, secure, child-caring institution and must be accredited by one of three accrediting bodies: Joint Commission for Accreditation of Health Care Organizations (JCAHO), American Osteopathic Association (AOA) or the Council on Accreditation (COA) (IARCA, 2013).

2015 Highlights

In general, findings from the 2015 data are generally consistent with those from previous years, and are not judged to differ beyond normal fluctuations. Listed below are highlights from 2015, including areas where changes were observed.

Child and Family Risk Factors

- ✓ In 2015, the average Total Risk Score was 5.3. This score was at the lower end of scores for Psychiatric Residential Treatment Facilities (PRTF) across the years of data collection (2006-2014 average Total Risk Scores ranged from 4.7 to 6.1).
- ✓ The average age of youth in PRTF was 12.7 years. This was the lowest average across the years (between 2006 and 2014, the average age ranged from 12.8 to 13.8). About 2 of every 5 youth (39.5%) were female. Since 2006, the proportion of female youth placed into PRTF programs has ranged from 35.9% to 61.9%.
- ✓ At intake, more than 9 of every 10 youth were on psychotropic medication (92.2%). Over 3 in 10 youth were receiving special education support (31.8%).
- ✓ About 3 in 5 youth had parents with known substance use issues (62.2%), which was higher than all previous years. Between 2006 and 2014, the percent of parents with known substance use ranged from 46.8% to 60.6%.
- ✓ Over half of the youth had a parent with an incarceration history (50.6%), which was higher than all previous years. From 2006 to 2014, the percent of parents with a history of incarceration has ranged from 23.2% - 41.6%. Similarly, over half of the youth had a parent with a known or suspected psychiatric diagnosis (55.6%) in 2015. From 2006 to 2014, this proportion has ranged from 37.0% to 57.6%.
- ✓ Youth placed in PRTF had an average of 2.4 previous placements. When compared to past years, this proportion is the lowest of those reported (2006-2014 range of 3.3-4.2).

Clinical Functioning

- ✓ The average CPC score at intake was 10.9. Frequently identified problems at intake included the following items: depression / withdrawn (82.9%), peer relationship problems (78.3%), failure to follow instructions (77.5%), verbal aggression (75.2%), and/or being physically assaultive towards adults (67.4%).

2015 Program Outcomes: Psychiatric Residential Treatment Facilities

- ✓ The average GAF at intake (40.5) also indicated that youth in PRTF programs were experiencing more significant clinical difficulties than many of the other program types.
- ✓ The average number of items marked on the FPC at intake was 2.5. Severe family conflict (50.4%) was the only item reported for over half of the families.
- ✓ At discharge from PRTF programs, youth had an average CPC score of 5.2 items. The most frequently identified difficulties noted at discharge were on the items: verbally aggressive (53.9%), peer relationship problems (53.9%), and depression / withdrawn (48.7%).
- ✓ The average GAF score at discharge was 50.3.
- ✓ The average score of the FPC at discharge was 2.3 items.

Functional Outcomes

- ✓ About 4 in 5 youth experienced a positive education outcome at discharge (79.2%). Approximately 9 in 10 youth had a positive education outcome at follow-up I (92.7%) and at follow-up II (90.9%).
- ✓ For youth age 16 and older, none were employed at discharge. Of those contacted after being discharged, about 1 in 10 youth were employed at follow-up I (11.1%) and at follow-up II (10.0%).
- ✓ Most of the youth contacted at follow-up I experienced no new abuse (96.2%); nor did those youth contacted at follow-up II experience no new abuse (97.6%).
- ✓ Approximately 9 in 10 youth contacted at follow-up I (87.8%) and over 4 in 5 youth at follow-up II (82.9%) had no new court involvement.

Placement Outcomes

- ✓ The average length of stay was about 5 months (Mean of 157.5 days). Half of the youth were also in care for less than 5 months (Median of 155.0 days).
- ✓ Approximately 9 in 10 youth (96.5%) were placed in a less or similarly restrictive placement at discharge. At follow-up I, 4 in 5 youth contacted were so placed (79.1%). A similar result was found at follow-up II (75.0%).
- ✓ Three of 4 youth entered this placement with a case plan (75.9%). Of those youth with a case plan at discharge, about 7 in 10 (89.4%) achieved either their primary or concurrent permanency goal.

Satisfaction Outcomes

- ✓ Family members reported generally high levels of satisfaction (average of 6.0 on a 7-point scale). Youth also reported generally high levels of satisfaction (average score of 5.6). Referral sources also reported high levels of satisfaction (5.8). Of the 115 youth discharged, very few had satisfaction surveys completed (24 for youth, 36 family members, and 15 referral sources).

Services Provided

- ✓ Twenty-one services were reported as being provided to more than half of the youth in PRTF. Of these services, 8 were psychosocial in nature (e.g., therapy, medication, mental health evaluation) and 8 were medical (e.g., routine medical care, routine dental care).
- ✓ All youth received individual therapy (100.0%) and nearly all received family therapy (97.4%).

2015 Program Outcomes: Psychiatric Residential Treatment Facilities

	Intake	Discharge	Follow-up I		Follow-up II	
			Contacted	Not able to contact	Contacted	Not able to contact
Sample Size	129	115	43	28	36	32

Child and Family Risk Factors

Variable	Value	Variable	Value
Average Age	12.7	Average # Prior Placements	2.4 placements
Gender		Child Factors	
Male	60.5%	Pregnant	0.0% females; 0.0% all youth
Female	39.5%	Have children	0.8%
Ethnicity		Grade retention	15.6%
Caucasian	74.4%	Special education	31.8%
African American	14.0%	Psychotropic medication	92.2%
Hispanic	1.6%	Parent Factors	
Other	10.1%	Substance abuse	62.2%
History of:		Psychiatric diagnosis	55.6%
Neglect	32.6%	Incarceration	50.4%
Physical abuse	34.1%	Single parent family	48.8%
Sexual abuse	24.0%	Parent rights terminated:	30.8%
Witness to domestic violence	47.7%	For one parent	8.7%
CHINS	9.3%	For both parents	21.3%
Delinquent	3.1%	For adoptive parents	0.8%
Previous home-based services	46.1%	Mean Risk Factor Score	5.3%

Clinical Outcomes

	Intake	Discharge	Follow-up I	Follow-up II
Child				
Average GAF	40.5	50.3		
Average Child Problem Checklist Total	10.9	5.2		
Family				
Average Family Risk Scales Total	0.45	0.40	n/a (n=1)	n/a (n=1)
Average Family Problem Checklist Total	2.5	2.3		

Intake Child and Family Problem Checklists

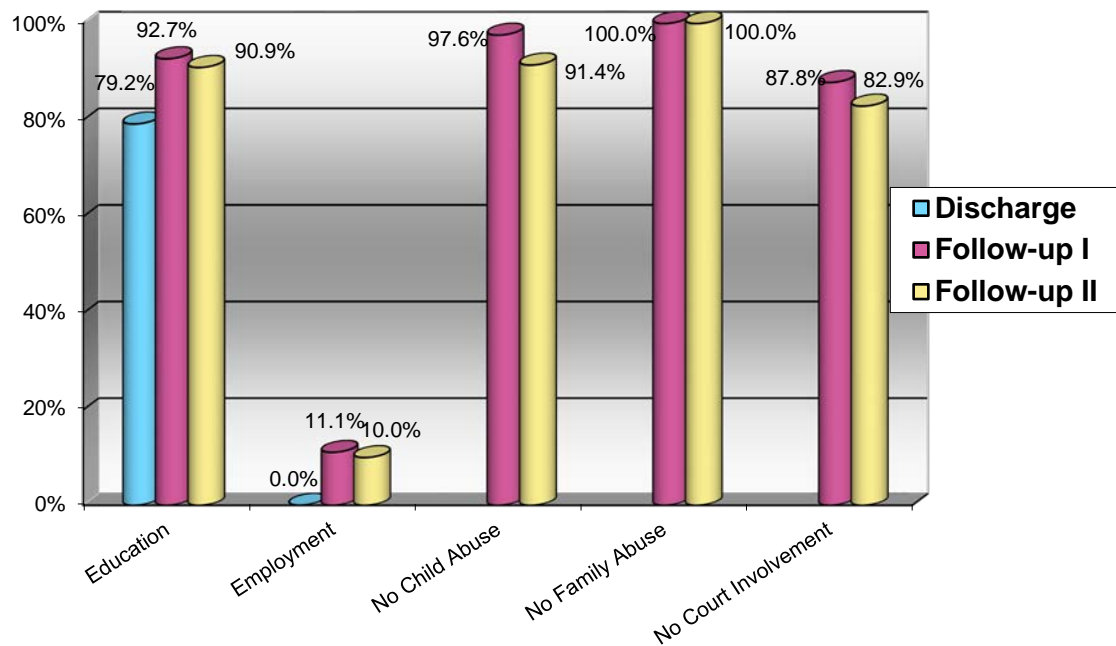
Top 5 Child Problem Checklist Items (n=129)		Top 5 Family Problem Checklist Items (n=121)	
Depression / withdrawn	82.9%	Severe family conflict	50.4%
Peer relationship problems	78.3%	Lack of family supports	36.4%
Failure to follow instructions	77.5%	Caregiver judgment impaired	23.1%
Verbally aggressive	75.2%	Children unsupervised	19.8%
Assaultive towards adults	67.4%	Caregiver unemployed	19.0%

Discharge Child and Family Problem Checklists

Top 5 Child Problem Checklist Items (n=115)		Top 5 Family Problem Checklist Items (n=106)	
Verbally aggressive	53.9%	Lack of family supports	34.0%
Peer relationship problems	53.9%	Severe family conflict	28.3%
Depression/withdrawn	48.7%	Caregiver judgment impaired	24.5%
Failure to follow instructions	46.1%	Caregiver unemployed	17.9%
Hyperactive/inattentive	44.3%	Transportation lacking	17.0%

2015 Program Outcomes: Psychiatric Residential Treatment Facilities

Functional Outcomes*



School Status at Discharge [†]	Percent
Enrolled in preschool	0.0%
Enrolled in K-12	91.3%
Home schooled	0.0%
Working on GED	2.6%
Enrolled in high school vocational program	0.0%
Obtained certificate of completion	0.0%
Obtained GED	0.0%
Obtained high school diploma	0.9%
Enrolled in post-secondary vocational training program	0.0%
Enrolled in college or university	0.0%
Youth Expelled	0.0%
None apply	0.9%
Unknown	3.5%

* Education and employment outcome variables are reported for the percent of youth who are of appropriate age who had a positive outcome. Education (Discharge n=96; Follow-up I n=41; Follow-up II n=33); Employment (Discharge n=24; Follow-up I n=9; Follow-up II n=10); Child abuse (Follow-up I n=41; Follow-up II n=35); Family abuse (Follow-up I n=36; Follow-up II n=29); Court involvement (Follow-up I n=41; Follow-up II n=35).

[†] Individual children may be counted in more than one category (e.g., obtained high school diploma and enrolled in college). In addition, school status may not have been noted for some children. Thus, the cumulative percentage may not equal 100%.

2015 Program Outcomes: Psychiatric Residential Treatment Facilities

Placement Outcomes

Length of Stay **Mean = 157.5 days** **Median = 155.0 days**

Permanency Goal	Intake	Discharge
Reunification with parent	65.9%	67.0%
Adoption	0.8%	1.7%
Emancipation / independent living	0.8%	0.0%
Permanent custodial relationship	3.1%	2.6%
Legal guardianship	3.1%	0.9%
Other planned permanent living arrangement	2.3%	5.2%
Placement without case plan	0.8%	0.9%
No case plan required by referral source:	23.3%	21.8%
Department of Correction	0.0%	0.9%
Department of Education	0.0%	0.0%
Probation	0.0%	0.9%
Private	22.5%	15.7%
Other / not specified	0.8%	4.3%

Discharged to:	Percent
Independent living	0.0%
Parent's home	68.7%
Relative's home	8.7%
Adoptive home	2.6%
Friend's home	0.0%
Regular foster care	0.0%
Specialized / treatment foster care	2.6%
Emergency shelter	0.0%
Group home	2.6%
Residential treatment center	2.6%
In-patient in medical hospital	0.0%
Drug / alcohol rehab center	0.0%
Intensive treatment unit	0.9%
Detention / correctional center	2.6%
Jail	0.0%
Other	0.0%
Runaway	0.0%

ROLES	Discharge	Follow-up I	Follow-up II
More restrictive	3.5%	20.9%	25.0%
Similar restrictiveness	2.6%	69.8%	66.7%
Less restrictive	93.9%	9.3%	8.3%
Runaway	0.0%	0.0%	0.0%

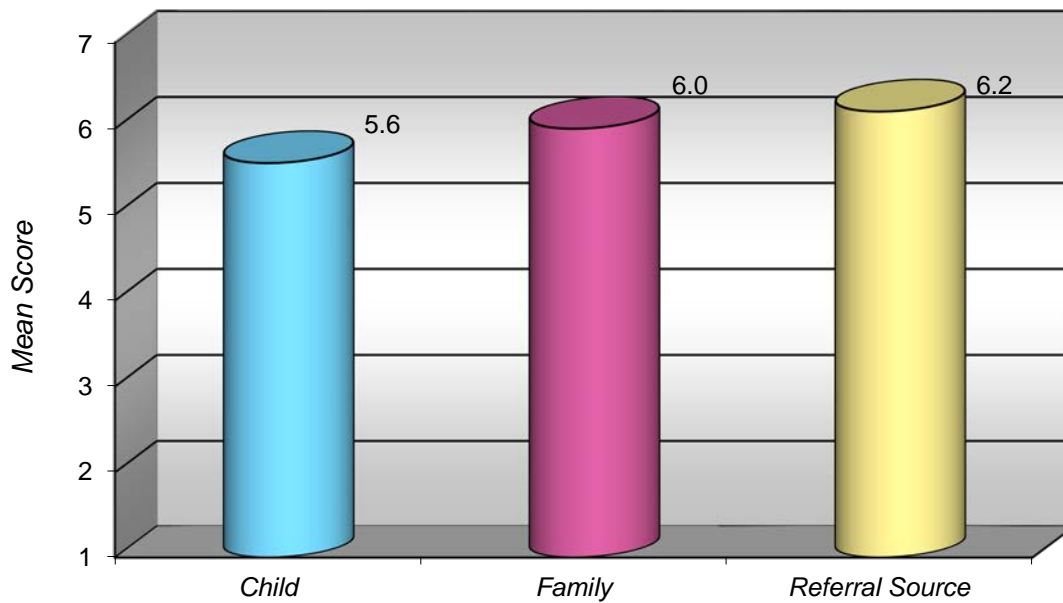
2015 Program Outcomes: Psychiatric Residential Treatment Facilities

Placement Outcomes (continued)

Was discharge permanency goal achieved?	Percent	
	Total Sample	Case plan only
Yes	63.5%	85.9%
No	7.8%	10.6%
Yes for concurrent plan	2.6%	3.5%
No case plan	26.1%	

Nature of Discharge*	Percent
Planned	85.2%
Removed by referral source	6.1%
Administrative	7.0%
Runaway	0.9%

Satisfaction Outcomes[‡]



[‡] Child Satisfaction (n=24); Family Satisfaction (n=36); Referral Source Satisfaction (n=15).

* Death while in placement = 0.9% (n=1, "Suicide").

Services Provided

In 2015, 21 services were reported as being provided to over half of the youth in Psychiatric Residential Treatment Facilities. Of these 21 services, 8 focused on psychosocial, (individual therapy, family therapy, group therapy, psychotropic medication, mental health evaluation, psychoeducational therapy, behavior management therapy, and case management), 8 focused on medical (physical examination, dental examination, routine medical care, routine dental care, vision examination, routine vision care, hearing examination, and nutrition assessment), 1 focused on recreational (on-campus recreation), 4 focused on family (safety plan, aftercare/follow-up plan, unsupervised visitation, and behavior management plan).

Crisis Stabilization

Crisis stabilization programs provide short-term acute care to children who are at-risk for severe harm to themselves or others, or are unmanageable at their current placement. These children may currently be failing outpatient services or day treatment settings and need a more intensive level of care. These programs may include short-term hospitalization, diagnostic evaluation, or other short-term treatment-focused residential programs. These programs do not include hospital-based residential treatment programs, shelter care, and programs in correctional facilities (IARCA, 2013).

2015 Highlights

Sample sizes for Crisis Stabilization programs over the last 18 years have generally been lower than other program types; ranging between 2 and 234 youth at intake, and between 16 and 210 at discharge. These smaller sample sizes may be associated with greater fluctuations in scores seen within this program type, especially when compared to other programs. Therefore, limited cross year comparisons are offered.

Child and Family Risk Factors

- ✓ The average Total Risk score for 2015 was 4.2.
- ✓ In 2015, 47.4% of those entering Crisis Stabilization programs were male (vs. 52.6% female). Nine in 10 of the youth were Caucasian (90.2%).
- ✓ About 1 of every 3 youth entering Crisis Stabilization in 2015 previously received home-based services (32.4%).
- ✓ Youth had on average, 0.9 prior placements.
- ✓ Three in 4 youth were listed as using psychotropic medications at entry into Crisis Stabilization programs (75.1%).
- ✓ About 1 in 13 youth (7.6%) had parents who had lost their parental rights.

Clinical Functioning

- ✓ The average GAF score at intake was 21.8.
- ✓ The average CPC score at intake was 5.3. The most frequently identified problems included items of depression/withdrawn (73.3%) and self-injurious threats (56.4%).
- ✓ The average GAF score among those discharged from Crisis Stabilization programs was 48.7
- ✓ The average CPC score at discharge was 2.1 items endorsed. The most frequently identified problems included items of depression/withdrawn (64.0%), and being out of control of parental instructions (29.1%).

Placement Outcomes

- ✓ The average length of stay was 7.2 days, and half of the youth were in care for 4.0 days or less.
- ✓ Nearly all youth had a planned discharge (99.4%).
- ✓ Nearly all of the youth were discharged into a similarly or less restrictive placement setting (98.9%).

2015 Program Outcomes: Crisis Stabilization

- ✓ Three in 4 youth were discharged to their parent's home (75.6%), while approximately 1 in 20 youth went to foster care (5.9%), an adoptive home (6.4%), or to a residential treatment center (3.5%).

Satisfaction Outcomes

- ✓ Caregivers and youth reported being generally satisfied with the program (an average score of 6.1 and 6.2, respectively on a 7.0 scale).

Services Provided

- ✓ Fifteen services were reported as being provided to over half of the youth served by Crisis Stabilization programs.
- ✓ Of these 15 services, 8 were psychosocial in nature, including various therapy modalities (e.g., individual, family) and mental health evaluation. Another 3 of the 15 services were family based (e.g., safety plan, after-care), and 2 were recreational in nature (i.e., arts / crafts, on-campus recreation).

2015 Program Outcomes: Crisis Stabilization

	Intake	Discharge
Sample Size	173	172

Child and Family Risk Factors

Variable		Variable	
Average Age	13.0	Average # Prior Placements	0.9 placements
Gender		Child Factors	
Male	47.4%	Pregnant	0.0% females; 0.0% all youth
Female	52.6%	Have children	0.0%
Ethnicity		Grade retention	11.0%
Caucasian	90.2%	Special education	15.6%
African American	0.6%	Psychotropic medication	75.1%
Hispanic	2.9%	Parent Factors	
Other	6.4%	Substance abuse	51.7%
History of:		Psychiatric diagnosis	66.3%
Neglect	10.4%	Incarceration	27.3%
Physical abuse	17.9%	Single parent family	68.0%
Sexual abuse	19.1%	Parent rights terminated:	7.6%
Witness to domestic violence	43.9%	For one parent	0.6%
CHINS	9.8%	For both parents	7.0%
Delinquent	0.6%	For adoptive parents	0.0%
Previous home-based services	32.4%	Mean Risk Factor Score	4.2

Clinical Outcomes

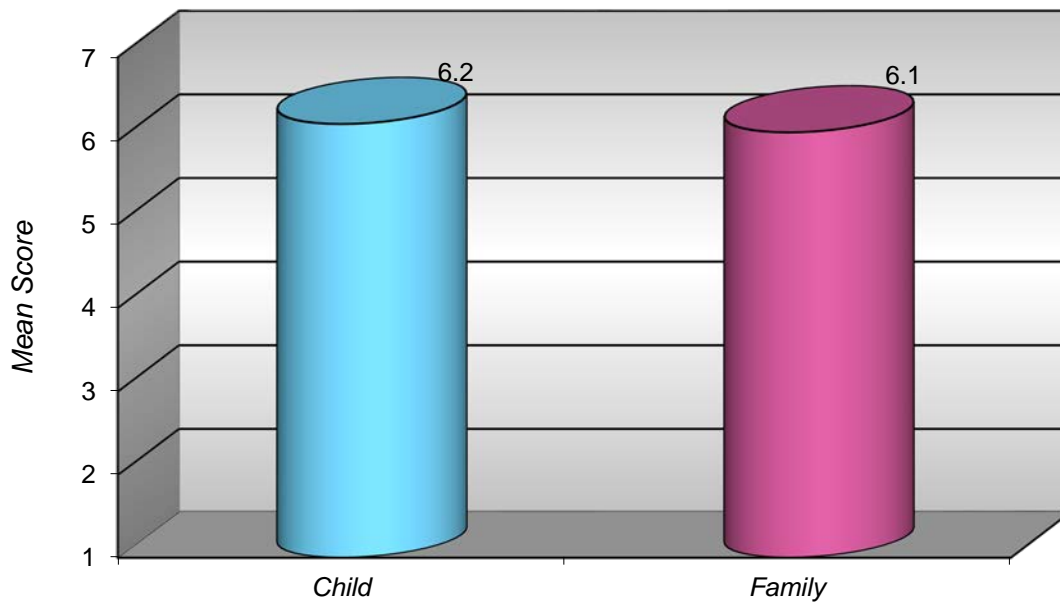
	Intake	Discharge
Child		
Average GAF	21.8	48.7
Average Child Problem Checklist Total	5.3	2.1

Child Problem Checklists	
Top 5 Child Problem Checklist Items at Intake (n=172)	
Depression / withdrawn	73.3%
Self-injurious threats	56.4%
Out of control	52.9%
Self-injurious acts	47.7%
Suicide attempts	41.9%
Top 5 Child Problem Checklist Items at Discharge (n=172)	
Depression/ withdrawn	64.0%
Out of control	29.1%
Peer relationship problems	22.7%
Physically assaultive to peers	14.0%
Physically assaultive to adults	14.0%

Functional Outcomes

School Status at Discharge*	Percent
Enrolled in preschool	0.0%
Enrolled in K-12	95.3%
Home schooled	2.3%
Working on GED	0.0%
Enrolled in high school vocational program	0.0%
Obtained certificate of completion	0.0%
Obtained GED	0.0%
Obtained high school diploma	0.0%
Enrolled in post-secondary vocational training program	0.0%
Enrolled in college or university	0.6%
Youth Expelled	1.2%
None apply	0.6%
Unknown	0.0%

Satisfaction Outcomes[†]



* Individual children may be counted in more than one category (e.g., obtained high school diploma and enrolled in college). In addition, school status may not have been noted for some children. Thus, the cumulative percentage may not equal 100%.

[†] Child Satisfaction (n=100); Family Satisfaction (n=142). Satisfaction surveys were not consistently collected from referral sources, so are not reported here.

Placement Outcomes

Length of Stay	Mean = 7.2 days	Median = 4.0 days
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Permanency Goal	Intake	Discharge
Reunification with parent	2.3%	4.7%
Adoption	1.2%	1.2%
Emancipation / independent living	0.0%	0.0%
Permanent custodial relationship	0.0%	0.0%
Legal guardianship	0.0%	0.0%
Other planned permanent living arrangement	0.0%	0.0%
Placement without case plan	6.9%	4.7%
No case plan required by referral source:	89.6%	89.6%
Department of Correction	0.0%	0.0%
Department of Education	0.0%	0.0%
Probation	1.2%	0.0%
Private	88.4%	48.3%
Other / not specified	0.0%	41.3%

Discharged to:	Percent
Independent living	0.0%
Parent's home	75.6%
Relative's home	7.0%
Adoptive home	6.4%
Friend's home	0.6%
Regular foster care	4.7%
Specialized / treatment foster care	1.2%
Emergency shelter	0.0%
Group home	0.6%
Residential treatment center	3.5%
In-patient in medical hospital	0.0%
Drug / alcohol rehab center	0.0%
Intensive treatment unit	0.0%
Detention / correctional center	0.0%
Jail	0.0%
Other	0.6%
Runaway	0.0%

ROLES	Discharge
More restrictive	1.2%
Similar restrictiveness	38.4%
Less restrictive	60.5%
Runaway	0.0%

Placement Outcomes (continued)

Was discharge permanency goal achieved?	Percent	
	Total Sample	Case plan only
Yes	0.6%	20.0
No	2.3%	80.0
Yes for concurrent plan	0.0%	0.0
No case plan	97.1%	

Nature of Discharge	Percent
Planned	99.4%
Removed by referral source	0.6%
Administrative	0.0%
Runaway	0.0%

Services Provided

In 2015, 15 services were reported as being provided to over half of the youth in Crisis Stabilization programs. Of these 15 services, 1 focused on recreation (on-campus recreation), 8 focused on psychosocial issues, (individual therapy, family therapy, psychotropic medication, mental health evaluation, psycho-educational group, inpatient hospitalization, case management, and group therapy), 1 focused on medical concerns (physical examination), 1 on drugs and alcohol (drug screening), 1 on education (educational evaluation), and 3 on family (safety plan, aftercare, unsupervised visitation).

Outpatient Treatment

Outpatient treatment programs provide counseling in an office or home setting to children and families. A major focus of this program is to provide therapeutic support to the child/family to enhance emotional health. A goal of outpatient treatment is to enhance the emotional health and well-being of the child/family, and to effect better decision-making to allow them to be more productive citizens. These programs may be provided to maintain current placement and/or improve functioning, or as a follow-up to a more restrictive setting of care (e.g., foster care or residential). Outpatient treatment includes individual counseling, family counseling, play therapy, etc. It may include group therapy as part of the treatment program. Outpatient treatment does not include counseling services provided as a part of a more comprehensive after-care program, Home-Based program, Day Treatment program, etc. Outpatient Treatment does not include educational programs, such as smoking cessation classes, parenting workshops, et cetera (IARCA, 2013).

2015 Highlights

The 2015 data reflect the seventh year that Outpatient Treatment data have been collected. It should be noted that the sample sizes for this program have continued to remain relatively small (Intake = 113, Discharge = 91), and thus cross-year comparisons will not be provided. In addition, the sample sizes this year for follow-up I (n = 33) and follow-up II (n = 27), are both extremely small, and thus not included in the Highlights section.

Child and Family Risk Factors

- ✓ The average Total Risk Score for youth in Outpatient Treatment in 2015 was 3.2.
- ✓ The average age of youth seen in Outpatient Treatment was 10.8 years.
- ✓ Just over half of the youth served were male (50.4%).
- ✓ The primary referral source for youth in Outpatient Treatment programs in 2015 was private referral agencies / providers (92.0%).
- ✓ Approximately 1 of every 5 youth had a history of known or suspected neglect (17.7%), over 1 of every 6 youth had reported or suspected physical abuse (15.0%) and / or 1 in 10 history of reported or suspected sexual abuse (15.0%). Approximately 2 in 5 was a witness to suspected or known domestic violence (37.2%).
- ✓ Just over 3 of every 10 youth entering Outpatient Treatment were on psychotropic medication (30.6%).
- ✓ About 2 in 5 youth had parents with known substance use issues (43.1%); nearly half (48.6%) had a parent with a known psychiatric diagnosis; over 1 in 3 had a parent with an incarceration history (34.9%); and 2 of every youth came from a single parent household (44.0%).

Clinical Functioning

- ✓ The average GAF score at intake for youth in Outpatient Treatment was 54.6, while the average score on the CPC at intake was 4.7 items endorsed.
- ✓ On the CPC at intake, approximately 2 of every 3 youth were reported as reported as depressed or withdrawn (68.2%), while just under half were reported to be verbally aggressive (46.4%), and / or had peer relationship problems (45.5%).

2015 Program Outcomes: Outpatient Treatment

- ✓ The average GAF score at discharge was 57.6, while the average CPC score at discharge was 4.0.
- ✓ At discharge, the most frequently identified items on the CPC included depressed/ withdrawn (56.0%), and / or being verbally aggressive (44.0%).

Functional Outcomes

- ✓ Nearly all of the youth in Outpatient Treatment programs were reported to be in school or were working on an equivalency diploma at the time of discharge (92.3%).

Placement Outcomes

- ✓ The average length of the Outpatient Treatment was just over 9.5 months (295.4 days). Half of youth were in care for about 6 months or less (Median program length = 192.0 days).
- ✓ Over 3 in 4 were discharged to their parent's home (79.1%).
- ✓ Very few youth had a permanency plan at discharge (12.1%).
- ✓ Over 19 of every 20 youth were placed in a similarly or less restrictive setting when discharged from care (96.7%).

Satisfaction Outcomes

- ✓ Since samples sizes were small, satisfaction outcomes are not reported.

Services Provided

- ✓ Three services were reported as being provided to over half of the youth in Outpatient Treatment programs – individual therapy, mental health evaluation, and / or family therapy. These services were psychosocial in nature.

2015 Program Outcomes: Outpatient Treatment

	Intake	Discharge	Follow-up I		Follow-up II	
			Contacted	Not able to contact	Contacted	Not able to contact
Sample Size	113	91	33	31	27	22

Child and Family Risk Factors

Variable	Value	Variable	Value
Average Age	10.8	Average # Prior Placements	0.4 placements
Gender		Child Factors	
Male	50.4%	Pregnant	0.0% females; 0.0% all youth
Female	49.6%	Have children	0.0%
Ethnicity		Grade retention	5.1%
Caucasian	77.0%	Special education	15.3%
African American	8.0%	Psychotropic medication	30.6%
Hispanic	3.5%	Parent Factors	
Other	11.5%	Substance abuse	43.1%
History of:		Psychiatric diagnosis	48.6%
Neglect	17.7%	Incarceration	34.9%
Physical abuse	15.0%	Single parent family	44.0%
Sexual abuse	15.0%	Parent rights terminated:	12.0%
Witness to domestic violence	37.2%	For one parent	2.8%
CHINS	5.3%	For both parents	9.2%
Delinquent	1.8%	For adoptive parents	0.0%
Previous home-based services	10.6%	Mean Risk Factor Score	3.2

Clinical Outcomes

	Intake	Discharge	Follow-up I	Follow-up II
Child				
Average GAF	54.6	57.6		
Average Child Problem Checklist Total	4.7	4.0		
Family				
Average Family Risk Scales Total	0.38	0.38	n/a (n=0)	n/a (n=3)
Average Family Problem Checklist Total	1.8	2.2		

Intake Child and Family Problem Checklists

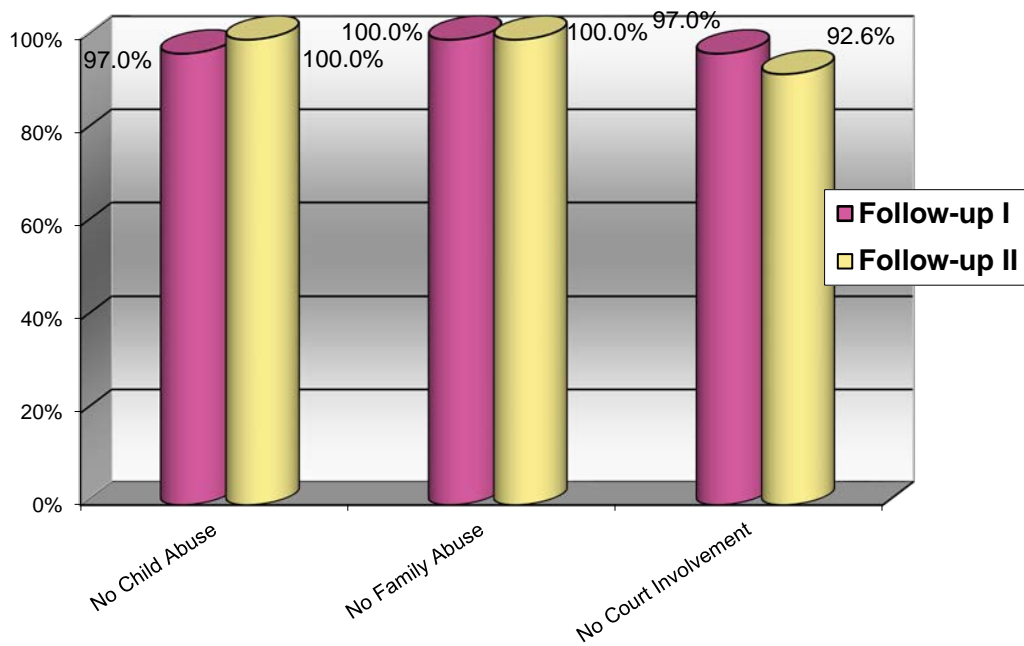
Top 5 Child Problem Checklist Items (n=110)		Top 5 Family Problem Checklist Items (n=110)	
Depression / withdrawn	68.2%	Severe family conflict	39.1%
Verbally aggressive	46.4%	Lack of family supports	34.5%
Peer relationship problems	45.5%	Caregiver unemployed	26.4%
Failure to follow instructions	35.5%	Caregiver judgment impaired	19.1%
Out of control	32.7%	Transportation lacking	12.7%

Discharge Child and Family Problem Checklists

Top 5 Child Problem Checklist Items (n=91)		Top 5 Family Problem Checklist Items (n=83)	
Depression/ withdrawn	56.0%	Severe family conflict	39.8%
Verbally aggressive	44.0%	Lack of family supports	38.6%
Failure to follow instructions	36.3%	Caregiver unemployed	26.5%
Hyperactive/ inattentive	36.3%	Caregiver not invested	22.9%
Boundaries inappropriate	36.3%	Transportation lacking	19.3%
		Caregiver judgment impaired	19.3%

2015 Program Outcomes: Outpatient Treatment

Functional Outcomes*



School Status at Discharge [†]	Percent
Enrolled in preschool	5.5%
Enrolled in K-12	84.6%
Home schooled	2.2%
Working on GED	0.0%
Enrolled in high school vocational program	0.0%
Obtained certificate of completion	0.0%
Obtained GED	0.0%
Obtained high school diploma	1.1%
Enrolled in post-secondary vocational training program	0.0%
Enrolled in college or university	0.0%
Youth Expelled	0.0%
None apply	1.1%
Unknown	0.0%

* Child abuse (Follow-up I n=33; Follow-up II n=27); Family abuse (Follow-up I n=32; Follow-up II n=25); Court involvement (Follow-up I n=33; Follow-up II n=27).

[†] Individual children may be counted in more than one category (e.g., obtained high school diploma and enrolled in college). In addition, school status may not have been noted for some children. Thus, the cumulative percentage may not equal 100%.

2015 Program Outcomes: Outpatient Treatment

Placement Outcomes

Length of Stay **Mean = 295.4 days** **Median = 192.0 days**

Permanency Goal	Intake	Discharge
Reunification with parent	9.7%	9.9%
Adoption	1.8%	0.0%
Emancipation / independent living	0.9%	1.1%
Permanent custodial relationship	0.9%	0.0%
Legal guardianship	0.0%	0.0%
Other planned permanent living arrangement	2.7%	1.1%
Placement without case plan	2.7%	1.1%
No case plan required by referral source:	81.5%	86.2%
Department of Correction	0.0%	0.0%
Department of Education	0.9%	1.1%
Probation	0.9%	0.0%
Private	78.8%	45.1%
Other / not specified	0.9%	40.7%

Discharged to:	Percent
Independent living	2.2%
Parent's home	79.1%
Relative's home	6.6%
Adoptive home	6.6%
Friend's home	0.0%
Regular foster care	3.3%
Specialized / treatment foster care	1.1%
Emergency shelter	0.0%
Group home	0.0%
Residential treatment center	0.0%
In-patient in medical hospital	0.0%
Drug / alcohol rehab center	0.0%
Intensive treatment unit	0.0%
Detention / correctional center	0.0%
Jail	0.0%
Other	0.1%
Runaway	0.0%

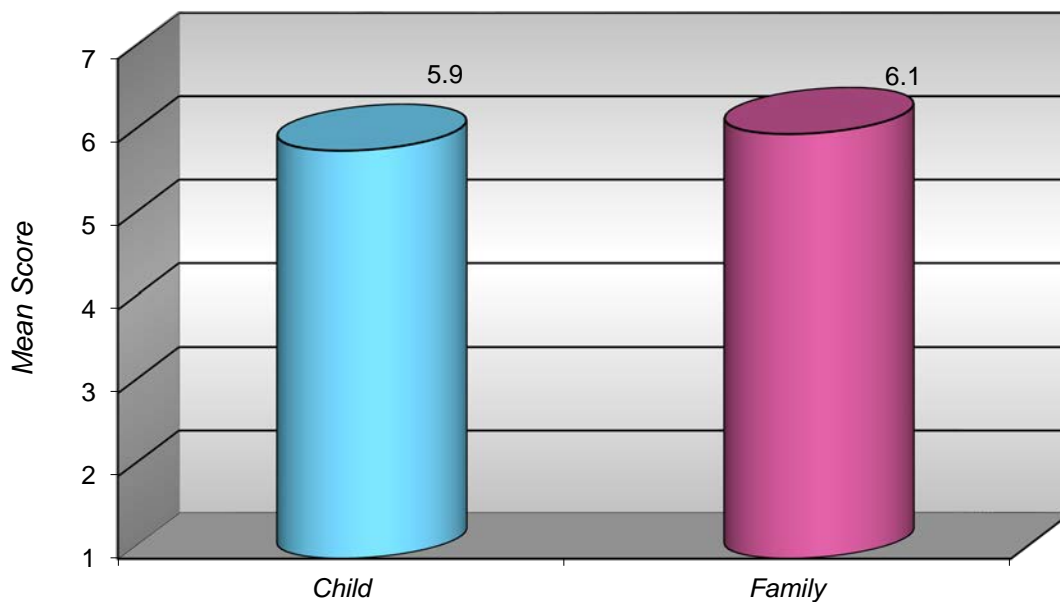
ROLES	Discharge	Follow-up I	Follow-up II
More restrictive	3.3%	0.0%	11.1%
Similar restrictiveness	93.4%	90.9%	77.8%
Less restrictive	3.3%	9.1%	11.1%
Runaway	0.0%	0.0%	0.0%

Placement Outcomes (continued)

Was discharge permanency goal achieved?	Percent	
	Total Sample	Case plan only
Yes	6.6%	54.5%
No	4.4%	36.4%
Yes for concurrent plan	1.1%	9.1%
No case plan	87.9%	

Nature of Discharge	Percent
Planned	70.3%
Removed by referral source	11.0%
Administrative	17.6%
Runaway	1.1%

Satisfaction Outcomes[‡]



[‡] Child Satisfaction (n=7); Family satisfaction (n=33). Satisfaction surveys were not consistently collected from referral sources, so are not reported here.

Services Provided

In 2015, 3 services were reported as being provided to over half of the youth in Outpatient Treatment programs. Both of these services were psychosocial (family therapy, individual therapy and mental health evaluation). Since data was reported for Outpatient Treatment programs in 2008, the range of services provided to over half of programs has been between 2 and 5 in a given year; the majority services reported were psychosocial / therapy approaches (e.g., individual therapy, family therapy, and group therapy). Sample sizes have been very low for Outpatient Treatment across the years as well, ranging from 26 in 2008 to 73 in 2014.

Conclusions

This Annual Report for data from 2015 provides benchmark information on youth admitted to programs provided by IARCA member agencies. Since 1998, the IARCA Outcome Measures Project has continuously monitored outcomes for the programs provided across the state by its member agencies. The programs monitored in 2015 include the following 12 broad programs and program subtypes: Transitional Living; Day Treatment; Home-Based; Traditional Family Foster Care; Treatment Foster Care; Shelter Care; Residential Programs Utilizing Public Schools; Residential Programs Utilizing Both Public and On-Grounds Schools; Residential Locked and Staff-Secure Programs; Psychiatric Residential Treatment Facilities; Crisis Stabilization; and Outpatient Treatment. For the last 18 years, an Annual Report and accompanying Executive Summary with Cross-Year Comparisons have been published. These reports provide stakeholders with aggregated benchmarks from participating IARCA member agencies operating across the state of Indiana. The benchmarks provide a measuring stick for the current state of care provided to children and their families within each of the IARCA member program types.

The benchmark information collected suggests that youth entering into care have multiple risks and come from families with multiple challenges. In addition, as a general rule, it is found that youth exiting care have fewer problems than those present in the youth entering care and that those youth who are contacted after a period of time has passed following discharge continue to show better functioning than youth do when they enter care. However, as data reporting occurs at a programmatic level rather than at the level for individual youth, it is not possible to conclude that individual youth and families improve from intake to discharge and/or follow-up. This is because the same youth and families may not be measured at these different time points during any given year. Therefore, it is not possible to conclude that risk factors or outcomes change from participation, nor is it possible to accurately determine if changes are evident from one year to the next. As the composition of cases in a program is unique to the agencies participating that year, conclusions explaining differences seen in results across the years may or may not be valid. Further, other factors not captured through this evaluation study (such as the economic or political climate) may be impacting differences seen from one year to another, limiting overall conclusions.

Even so, this Annual Report has attempted to identify where differences were suggested, comparing results in the most recent year to those which have occurred in past years, emphasizing changes that occurred more recently. The highlights sections provided for each of the 12 individual program types and sub-types provides a summary of possible cross-year differences found. While there are limitations in reporting cross-year differences, there are many areas where the data has continued to be consistent across the years. IARCA also recently published an examination of outcomes across the first 15 years for youth placed into Residential Care, Foster Care and / or Transitional Living programs (Koch & Wall, 2014a). These explorations identifying where changes may have occurred may assist IARCA and its member agencies to respond to the needs of the youth and families served; however, it is not clear if these changes are due to changes unique to the population of youth served, to agencies participating in a given year, to changes in the services provided by programs, or due to outside factors. For example, changes may be attributed in part to state policy changes.

The number of participating IARCA member agencies (Total Number = 53) as part of the IARCA Outcome Measures Project in 2015 reflects the smallest number of participating agencies across the 18 years of data collection, as well as the smallest overall percentage of member agencies (62.4% for 2015). Further, the number and percentage of participating agencies for the last three years has been lower than that collected in other years. IARCA and the Outcome Committee are encouraged to investigate possible reasons for the decline in the proportion of agencies participating, and to determine if there are particular barriers that can be addressed by IARCA and the Outcome Committee for agency participation. While the number and proportion of participating agencies has decreased, it should also be noted that those agencies which participate provide more data cases than in past years. The number of packets submitted by each agency has nearly tripled, from 112 packets per agency in 1998 to 292.5 in 2015.

Also of note for this year's report is that reported average scores for several instruments are based on smaller sample sizes due to many cases being absent. Of particular concern are data

associated with the Family Risk Scales instrument as well as the program Satisfaction Surveys completed by the youth, caregiver, and referral sources. For example, an examination of Family Risk Scales for each of the program types and subtypes identified rates of missing data as high as 46.3% at Intake (Treatment Foster Care), 37.3% at Discharge (Treatment Foster Care), 97.7% at Follow-Up I (Psychiatric Residential Treatment Facilities), and 98.9% at Follow-Up II (Residential Programs Utilizing Public and On-Grounds Schools). Satisfaction surveys completed by youth at discharge were missing for 80.8% of all cases; across programs, missing rates ranged from a low of 41.9% (Crisis Stabilization) to a high of 94.6% (Traditional Foster Care). Satisfaction surveys completed by the youth's caregivers were missing for 77.3% of all cases; across programs, missing rates ranged from a low of 68.7% (Psychiatric Residential Treatment Facilities) to a high of 89.0% (Outpatient Treatment). Satisfaction forms completed by the referring agency were missing for 76.6% of all cases; across programs, missing rates ranged from a low of 64.0% (Residential Programs Utilizing Public and On-Grounds Schools) to a high of 99.4% (Crisis Stabilization). Interpretation of these factors, when many cases are absent draws into question the generalizability of these particular items.

Recommendations / Future Analyses

Member agencies of IARCA have reported outcomes through the IARCA Outcome Measures Project for the past 18 years. This has allowed for the benchmarked data provided each year since 1998.

For 2015, we provide recommendations to IARCA and the Outcome Committee to address concerns with the data collected, and to identify strategies that can to strengthen the data collected for this Outcome Project. While some of these concerns have been presented in previous years, we share them again. Both individually and in combination, these concerns can impact the accuracy and validity of the results provided in the Annual Reports and the Executive Summaries. Some of these may be issues are associated with recording and data entry, others are related to the EON program, and others involve the instruments.

- ✓ Dates of Birth, Admission & Discharge: There are instances in which the dates provided by agencies are not in sequential temporal order. Examples include cases where a child is

listed as being admitted into a program prior to their identified birth, and instances where the date when a child has been discharged is prior to the date of their admission. These inaccuracies result in the following types of inconsistencies in the dataset, which make it difficult to determine average ages, lengths of stay, etc.

- A child is listed as -6 (negative 6) years of age
 - A child is listed as being in care for -360 days
 - A 12-year-old child is identified as being in care for the past 13.5 years
- ✓ Inconsistencies between variables: There are several variables that capture the same factor, but individual responses vary, and result in different answers based on which item is viewed. While the actual responses for each variable may be accurate, the differences may lead to questions about accuracy of that provided. Examples of this include:
- On the Child Risk Factor Survey, a child may be listed as not having been a victim of suspected / known neglect. However, the Family Problem Checklist indicates that the child is a victim of neglect.
 - A child is identified as being a runaway at discharge. However, the child is also listed as being reunified with their parents at discharge. It is unclear if these two points of data are inconsistent, or if the child was discharged by the referring agency after running away from placement to his/her parent's home.
 - A child is listed as having a permanency plan for reunification, and is discharged into a foster home. They are also identified as having achieving their permanency plan upon discharge.
- ✓ EON records missing data and valid responses with same code: There are instances where the EON system assigns a value of -1 to missing data. At other times the EON system assigns a value of 0 to missing items. This becomes problematic when a value of 0 can also be a valid score, and can lead to difficulty in properly calculating the percent of cases in which a risk factor is present. For example, if a program has 10 cases listed as having suspected/known physical abuse, 40 cases with no known/suspected abuse, and 50 cases of missing data, the percent with abuse could be computed as occurring in 20% of youth (10 of 50 who answered the question) or as occurring in 10% of the youth if the entire sample is used (10 of 100 in the data file). This occurs frequently with the Family Risk Scale, where -1 is coded, and 0 is coded. While a score of -1 and 0 are not valid scores for this instrument (Family Risk Scale), a score of 0 is a valid response for items on the Child Problem checklist or with the items on the Services form, which brings into question the accuracy of the percentage of items for these instruments.
- ✓ Determination of whether a youth was contacted or not at Follow-up: In the initial years of the Outcome Project, when data was submitted by paper forms, the evaluators were able to clearly identify whether a youth was contacted or not at Follow-up. However, once the EON system was implemented, it was no longer possible to report this with confidence. Therefore, starting in 2006, the evaluators implemented a procedure which estimated the reported number of youth who were contacted / not contacted by examining responses for 6 key variables at follow-up. If valid entries were identified for at least 3 of these 6 variables, the case was considered contacted; if less than 3 were present, it was considered not contacted. This method has begun to produce greater difficulty in accurately identifying the reported number of youth contacted, as the identified variables

have become compounded by variables in which accurate scores may also be associated with missing data (e.g., a score of 0 on employment at follow-up could mean that the youth is not employed due to age, or it may mean the data is missing as the youth was not contacted). When initially implemented in 2006, the identified procedure was a stopgap approach for reporting follow-up until the EON system could be revised to better capture whether or not youth were actually contacted. This process has become more significant with the decrease in sample sizes for particular variables, which will be addressed as follows.

- ✓ Significant decreases in sample sizes for particular instruments: Over the years, and more evident in recent years, there has been a significant decrease in the overall number of valid cases for several instruments (especially satisfaction surveys and the Family Risk Scales). The decrease has been noted also in the proportion of possible cases in which data could be provided (e.g., for the Family Risk Scales at follow-up I, a response rate of only 10% or less is common). Due to these significant decreases and small samples, these instruments are not reported every year. IARCA and the Outcome Committee should discuss strategies to increase response rates for the instruments used by the Project, and/or to consider eliminating those scales that agencies do not find of significant value.
- ✓ Assessment instruments: Some of the instruments used by the Outcome Project have limited support for their reliability and validity. While preliminary analyses of instrument psychometric properties were conducted at the start of the project nearly 20 years ago, more formalized analyses have never been performed. We will offer a few examples.
 - Scores on satisfaction surveys: The median score for the Child Satisfaction Survey is 6.0 on a 7.0 scale; for the Family Satisfaction Survey, the average is 6.8; and the Agency Satisfaction Survey is 6.7. These scores, particularly on the Family and Agency Surveys, suggest substantial limitations in the variability of the ratings. This reduction in variation could be due to the items used or to the method of how this data is collected, as well as in some programs, reductions in the reported number of cases collected.
 - Services: On the Services measures, there are fewer services reported as being provided to youth who are placed in care. For example, in transitional living programs in 2015, only 2 services were reported as being provided to a majority of the youth placed in these programs. Likewise, there were no services reportedly provided to the majority of youth in day treatment or home based programs, and the maximum percentages of services to all youth placed into these programs was less than 40%. In treatment foster care, there were 7 services reportedly provided to the majority of youth, most (5) of which were medical examinations or treatment. In youth placed in PRTF, 20 services were reportedly administered to more than half of the youth placed. While it is recognized that services should only be delivered to those who are in need of them, it also appears that the reported number and proportion of services for youth placed in all settings has dropped when compared with past years. It is unclear if there is a trend to offer fewer services, if the changes are associated with the samples each year (e.g., different agencies participating from year to year) or if the reductions observed are due to how the data is collected. However, the reporting of services may or may not be accurate.

2015 Program Outcomes: Conclusions and Recommendations

- Other scales used to collect data: Although this concern has been stated in the past, it remains unclear if some of the scales developed for the Outcome Project measure the intended items reliably (e.g., CPC, FPC). This is because an examination of these instruments has either never been undertaken, was done some time ago or was completed before the current method of obtaining information was implemented. This statement is offered, since if examinations of any of the measures are undertaken, it would be worth examining the measures used to collect information on youth and families that are served by participating agencies.

Due to the concerns listed above, the following recommendations are offered:

- ✓ An examination of methods of data collection is recommended; specifically examining ways in which the EON system could be modified to improve accuracy. Greater specificity could be ensured if codes for missing data were not the same as entries that are also valid responses. Plus, if entries were incongruent (e.g., dates), the system could indicate the inaccuracy and request a correction by the person entering the data. In addition, a review of methods of data collection and the training provided to agencies may be beneficial for the project.
- ✓ Examine and evaluate reliability and validity of instruments and methods that have been developed for use in *the Project*. This examination should include all assessments, but specifically the satisfaction surveys, Child Problem Checklist, Family Problem Checklist, Education outcome flow chart, and the Services form. These examinations could explore each instrument's ability to provide accurate measurement that maintains consistency over time. Doing so would evidence that these measures accurately capture the outcomes and services offered by providers.
- ✓ Developing and implementing an alternative approach to measuring placement restriction within the IARCA Outcome Measures Project may provide findings more consistent with current systems of care. Recent articles (Lee, 2008; Rauktis, Huefner, O'Brien, Pecora, Doucette, & Thompson, 2009) have questioned the conceptualization of placement restrictiveness, especially as defined by the Restrictiveness of Living Environment Scale (Hawkins, Almeida, Fabry, & Reits, 1992). Changes in systems of care, as well as the services and programs provided to youth and their families over the past two decades suggest that reconsideration may be warranted on how best to assess movement to a less, similar or more restrictive placement.
- ✓ It is recommended that IARCA, the Outcome Committee and the External Evaluators engage in a discussion of what data would be most beneficial to include in the Annual Report (vs. that which does not need to be included). This discussion should be held prior to the development of the report for the 2016 data, and guide changes in the formatting of next year's Annual Report.
- ✓ Exploration of outcomes following placement could be enhanced if elements from *the Project* databases could be integrated with databases managed by other entities (such as the Department of Child Services; DCS). For example, by combining data from *the Project* with that from the DCS's MaGIK, explorations could examine the following: 1) an evaluation of the relationship between length of stay and outcomes to determine if

2015 Program Outcomes: Conclusions and Recommendations

rates of success were associated with days in care; and / or 2) an examination of outcomes for youth across multiple placements (vs. examination of one placement).

- ✓ Individual agencies are encouraged to compare their own outcomes to the annual benchmarks; such information may be useful in examining effectiveness and formulating improvements. For example, a comparison may investigate the presence of specific risk factors that may be associated with different outcomes. Such a finding could guide the development of an intervention or modifications to services provided.
- ✓ Referral sources and families are encouraged to review the data in this report and contact IARCA if they have questions about the results.
- ✓ Referral sources and families should discuss with individual agencies how their results compare with the benchmarks provided in this Annual Report. Part of this discussion should also address how the youth served by the agency are similar to or different from the IARCA aggregate (e.g., Child Risk Factors), and whether or not such differences might explain identified differences in outcomes.

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Appendix A: IARCA Outcome Measures Project Participating Agencies (2015)

Adult and Child Mental Health Center, Inc.
Anderson Center at St. Vincent Anderson Regional Hospital
Baptist Children's Home and Family Ministries
Bashor Children's Home
Benchmark Family Services
Branches of Life Therapeutic Foster Care
Campagna Academy
Cary Home for Children
Centerstone / Foster Care Select
Childplace
Children's Bureau
Clark County Youth Shelter & Family Services
Crossroad Child and Family Services
Dockside
Family Ark
Gateway Woods
George Junior Republic
Gibault, Inc.
Group Homes for Children
Hillcrest-Washington Youth Home
Home of the Innocents
Indiana MENTOR
Indiana United Methodist Children's Home
Interact Family Services
Kingsfield Children's Home
Life Choices Maternity & Youth Home, Inc.
Lifeline Youth & Family Services, Inc.
Lutheran Child & Family Services
Meridian Services Corp
Midwest Center for Youth and Families
National Youth Advocate Program
Oaklawn Psychiatric Center
Open Arms Family & Educational Services
Paddock View Residential Center
Park Center
Phoenix Institute
Polaris Group Home
Rescare Youth Services / Children's Sanctuary
Resolute Treatment Facility
SAFY-Specialized Alternatives for Families & Youth
Southwest Indiana Regional Youth Village
St. Francis Center
Success Group Home
The Villages of Indiana, Inc.
United Methodist Youth Home

Appendix A: IARCA Outcome Measures Project Participating Agencies (2015)

Vigo County Homes for Children
Wernle Youth & Family Treatment Center
White's Residential & Family Services
Whitewater Valley Care Pavilion
Youth Encouragement Services
Youth Opportunity Center
Youth Services Bureau of Jay County, Inc.
Youth Services Center of Allen County

Appendix B: IARCA Outcome Measures Project Committee Members (2015)

Gina Alexander, MS, MSW – Chair	The Villages of Indiana, Inc.
Jim Burns, MA	Family Focus, Inc.
Steven Butera, MS, LMHC	Dockside Services, Inc.
Rick Carlson	Indiana United Methodist Children’s Home
Elaine Daniel	IARCA
Cathleen Graham, MSW, LCSW	IARCA
Tonya Gonzales	Crossroad Child & Family Services
Debbie Helvey	White’s Residential & Family Services
Mark Hess, MSW	IARCA
Rebecca Jones, MS	Gibault, Inc.
Jodi Kelley, MSW, LSW	Adult & Child Mental Health Center, Inc.
Kristen Kinder	Bashor Children’s Home
Dennis Malloy, LPN	Lutheran Child & Family Services
Chasity Mota	White’s Residential & Family Services
Jennifer Sholund	Lifeline Youth and Family Services, Inc.
Loretta Smith	Adult & Child Mental Health Center, Inc.
Ericka Stiles, LMHC	Children’s Bureau

Appendix C: Data Collection across the Program Types

Data Collection across the Program Types

	Home-Based & Day Treatment	Outpatient Treatment	Foster Care & Residential Care	Transitional Living	Shelter Care & Crisis Stabilization
Intake	<ul style="list-style-type: none"> ➤ Difficulty of Child ➤ Difficulty of Family ➤ Demographics ➤ CYRM 	<ul style="list-style-type: none"> ➤ Difficulty of Child ➤ Difficulty of Family ➤ Demographics ➤ CYRM 	<ul style="list-style-type: none"> ➤ Difficulty of Child ➤ Difficulty of Family ➤ Demographics ➤ CYRM 	<ul style="list-style-type: none"> ➤ Difficulty of Child ➤ Demographics ➤ CYRM 	<ul style="list-style-type: none"> ➤ Difficulty of Child ➤ Demographics ➤ CYRM
Discharge	<ul style="list-style-type: none"> ➤ Difficulty of Child ➤ Difficulty of Family ➤ ROLES ➤ Nature of Discharge ➤ Education ➤ Employment ➤ Satisfaction (All) ➤ Services ➤ CYRM 	<ul style="list-style-type: none"> ➤ Difficulty of Child ➤ Difficulty of Family ➤ ROLES ➤ Nature of Discharge ➤ Satisfaction (All) ➤ Services ➤ CYRM 	<ul style="list-style-type: none"> ➤ Difficulty of Child ➤ Difficulty of Family ➤ ROLES ➤ Nature of Discharge ➤ Education ➤ Employment ➤ Satisfaction (All) ➤ Services ➤ CYRM 	<ul style="list-style-type: none"> ➤ Difficulty of Child ➤ ROLES ➤ Nature of Discharge ➤ Education ➤ Employment ➤ Satisfaction (Child, Referral Source) ➤ Services ➤ CYRM 	<ul style="list-style-type: none"> ➤ Difficulty of Child ➤ ROLES ➤ Nature of Discharge ➤ Satisfaction (CS – All; SC – Referral Source) ➤ Services ➤ CYRM
Follow-up I	<ul style="list-style-type: none"> (Three Months) ➤ Difficulty of Family ➤ ROLES ➤ Education ➤ Employment ➤ New Abuse ➤ New Court ➤ CYRM 	<ul style="list-style-type: none"> (Six Months) ➤ Difficulty of Family ➤ ROLES ➤ New Abuse ➤ New Court ➤ CYRM 	<ul style="list-style-type: none"> (Six Months) ➤ Difficulty of Family ➤ ROLES ➤ Education ➤ Employment ➤ New Abuse ➤ New Court ➤ CYRM 	<ul style="list-style-type: none"> (Three Months) ➤ ROLES ➤ Education ➤ Employment ➤ New Abuse ➤ New Court ➤ CYRM 	<ul style="list-style-type: none"> N/A
Follow-up II	<ul style="list-style-type: none"> (Six Months) ➤ Difficulty of Family ➤ ROLES ➤ Education ➤ Employment ➤ New Abuse ➤ New Court ➤ CYRM 	<ul style="list-style-type: none"> (Twelve Months) ➤ Difficulty of Family ➤ ROLES ➤ New Abuse ➤ New Court ➤ CYRM 	<ul style="list-style-type: none"> (Twelve Months) ➤ Difficulty of Family ➤ ROLES ➤ Education ➤ Employment ➤ New Abuse ➤ New Court ➤ CYRM 	<ul style="list-style-type: none"> (Six Months) ➤ ROLES ➤ Education ➤ Employment ➤ New Abuse ➤ New Court ➤ CYRM 	<ul style="list-style-type: none"> N/A

KEY:

Difficulty of Child = Global Assessment of Functioning, Child Problem Checklist if age 4 or older; Difficulty of Family = Family Risk Scales, Family Problem Checklist (at follow-up I and II, Family Risk Scales only); Demographics = Child Risk Factor Survey; ROLES = Restrictiveness of Living Environment Scales; Nature of Discharge = Nature of Discharge, Permanency Plan Met; Education = Education Outcome; Employment = Employed if age 16 or older; Satisfaction = Child Survey, Family Survey, Referral Source Survey; Services = Services Form; CYRM = Child and Youth Resilience Measure.

Appendix D: Primary Referral Source - By Program Type / Subtype (2015)

Primary Referral Source - by program type (2015)	Primary Referral Source					
	Department of Child Services	Department of Corrections	Department of Education	Probation	Private	Other
All Programs	61.5%	1.0%	0.8%	27.2%	5.9%	3.7%
Transitional Living	83.5%	5.4%	0.0%	9.4%	1.0%	0.7%
Day Treatment	6.9%	0.0%	22.8%	42.1%	20.0%	8.3%
Home Based	80.9%	0.7%	0.0%	16.5%	1.3%	0.7%
Traditional Foster Care	98.2%	0.0%	0.0%	0.9%	0.0%	0.9%
Treatment Foster Care	95.3%	0.0%	0.0%	3.0%	0.1%	1.6%
Shelter Care	40.1%	0.2%	0.0%	59.6%	0.0%	0.2%
Residential Programs – Public Schools	40.2%	0.0%	0.0%	59.8%	0.0%	0.0%
Residential Programs – Public & On-Grounds Schools	30.9%	3.1%	0.5%	60.2%	3.5%	1.8%
Residential Locked and Secure Care	47.0%	0.6%	1.0%	43.7%	2.7%	5.0%
Psychiatric Residential Treatment Facilities	12.4%	0.0%	0.0%	3.1%	80.6%	3.9%
Crisis Stabilization	5.8%	0.0%	0.0%	0.0%	23.1%	71.1%
Outpatient Treatment	4.4%	0.0%	0.9%	0.9%	92.0%	1.8%

Appendix E: Child Risk Factor Survey – By Program Type (2015)

Child Risk Factor Survey – By Foster Care / Residential Subtypes (2015) Child Risk Factor Survey – By Program Type (2015)

Variable	All Programs	Transitional Living	Day Treatment	Home-Based	Foster Care	Shelter Care	Residential Care	Crisis Stab.	Outpatient Treatment
Intake packets*	5,848	297	145	1,155	1,590	554	1,821	173	113
Age (Mean)	11.7	17.3	13.6	9.0	7.8	14.7	14.8	13.0	10.8
Gender									
Male	57.0	52.2	65.5	54.2	50.0	58.5	65.8	47.4	50.4
Female	43.0	47.8	34.5	45.8	50.0	41.5	34.2	52.6	49.6
Ethnicity									
Caucasian	62.6	66.3	54.5	62.8	51.4	70.4	66.3	90.2	77.0
African-American	23.2	23.2	26.9	22.3	31.2	15.3	22.1	0.6	8.0
Hispanic	4.8	5.4	6.2	4.1	5.8	5.1	4.3	2.9	3.5
Other	9.4	5.1	12.4	10.8	11.6	9.2	7.3	6.4	11.5
# Previous placements (Mean)	1.8	2.8	1.5	0.8	1.7	1.9	2.5	0.9	0.4
Past home-based Services	34.2	41.5	34.7	25.2	24.8	26.2	50.9	32.4	10.6
Pregnant	0.5	2.7	0.7	0.5	0.3	0.9	0.4	0.0	0.0
Have child(ren)	1.7	7.4	2.1	1.6	0.8	1.1	2.2	0.0	0.0
CHINS	50.7	49.2	6.2	60.2	84.2	28.9	32.6	9.8	5.3
Delinquent	26.2	22.2	20.0	15.5	2.8	38.8	54.7	0.6	1.8
Neglect	47.2	28.3	9.0	53.9	77.9	29.4	33.0	10.4	17.7
Physical abuse	20.1	10.1	2.8	14.0	16.5	26.0	28.7	17.9	15.0
Sexual abuse	14.6	10.1	4.1	6.0	9.9	19.1	23.9	19.1	15.0
Witness domestic violence	32.3	20.7	17.4	37.8	25.1	26.2	38.6	43.9	37.2
Grade retention	12.0	9.6	11.3	13.9	11.1	7.5	14.1	11.0	5.1
Special education	22.5	13.8	39.4	13.5	14.6	23.9	35.9	15.6	15.3
Psychotropic medication	33.4	16.0	19.0	13.2	18.7	37.0	57.9	75.1	30.6
Parent substance abuse	50.5	32.2	23.6	62.4	44.1	46.1	55.4	51.7	43.1
Parent incarceration	39.6	18.2	29.2	54.9	29.3	38.3	45.0	27.3	34.9
Parent psychiatric diagnosis	20.7	4.5	7.0	25.1	9.2	8.7	29.1	66.3	48.6
Single-parent family	51.4	31.9	67.4	57.2	39.1	56.1	57.4	68.0	44.0
Parent rights terminated:	15.5	24.0	10.5	10.4	9.6	19.9	22.8	7.6	12.0
One parent	5.0	6.5	2.8	4.4	2.8	7.1	7.1	0.6	2.8
Both parents	10.2	17.5	7.7	5.9	6.5	12.6	15.1	7.0	9.2
Adoptive parents	0.3	0.0	0.0	0.1	0.3	0.2	0.6	0.0	0.0
Risk Score (Mean)	4.3	2.9	2.6	4.3	3.9	4.1	5.3	4.2	3.2

* Sample sizes for individual items may be lower than the number of intake packets due to missing data. Unless otherwise noted, numbers refer to percentages of affirmative responses.

Appendix F: Child Risk Factor Survey – By Foster Care / Residential Subtype (2015)

Child Risk Factor Survey – By Foster Care / Residential Subtypes (2015)

Variable	Foster Care	Foster Care Traditional	Foster Care Treatment	Residential Care	Residential Public	Residential On-Grounds	Residential Secure	PRTF
Intake packets*	1,590	550	1,040	1,821	234	977	481	129
Age (Mean)	7.8	6.4	8.5	14.8	15.4	15.0	14.6	12.7
Gender								
Male	50.0	47.6	51.3	65.8	60.7	71.7	58.0	60.5
Female	50.0	52.4	48.7	34.2	39.3	28.3	42.0	39.5
Ethnicity								
Caucasian	51.4	48.7	52.8	66.3	72.6	67.5	58.8	74.4
African-American	31.2	32.8	30.3	22.1	15.8	21.9	27.7	14.0
Hispanic	5.8	7.3	5.0	4.3	3.0	4.5	5.2	1.6
Other	11.6	11.1	11.8	7.3	8.5	6.2	8.3	10.1
# Previous placements (Mean)	1.7	1.4	1.9	2.5	2.9	2.3	2.9	2.4
Past home-based Services	24.8	21.6	26.6	50.9	48.7	51.6	51.9	46.1
Pregnant	0.3	0.0	0.4	0.4	1.3	0.3	0.2	0.0
Have child(ren)	0.8	0.9	0.7	2.2	2.6	2.5	1.9	0.8
CHINS	84.2	90.7	80.7	32.6	38.0	28.7	44.1	9.3
Delinquent	2.8	1.5	3.5	54.7	60.3	63.7	47.6	3.1
Neglect	77.9	83.5	75.0	33.0	32.5	29.5	40.5	32.6
Physical abuse	16.5	13.5	18.2	28.7	26.9	25.9	33.9	34.1
Sexual abuse	9.9	6.5	11.7	23.9	26.9	22.3	25.6	24.0
Witness domestic violence	25.1	28.2	23.4	38.6	45.9	36.7	36.3	47.7
Grade retention	11.1	13.3	10.2	14.1	12.1	14.8	13.1	15.6
Special education	14.6	9.0	17.5	35.9	37.0	34.6	39.2	31.8
Psychotropic medication	18.7	8.5	24.1	57.9	42.7	53.1	65.7	92.2
Parent substance abuse	44.1	52.5	39.6	55.4	64.3	53.6	52.8	62.2
Parent incarceration	29.3	30.9	28.4	45.0	63.0	42.2	40.6	50.4
Parent psychiatric diagnosis	9.2	11.5	7.9	29.1	23.8	23.7	35.8	55.6
Single-parent family	39.1	46.2	35.3	57.4	61.2	56.6	59.6	48.8
Parent rights terminated:	9.6	6.7	11.2	22.8	17.7	22.4	23.9	30.8
One parent	2.8	1.3	3.6	7.1	4.0	6.4	9.4	8.7
Both parents	6.5	5.2	7.2	15.1	12.4	15.5	14.1	21.3
Adoptive parents	0.3	0.2	0.4	0.6	1.3	0.5	0.4	0.8
Risk Score (Mean)	3.9	3.9	3.8	5.3	5.5	5.1	5.5	5.3

* Sample sizes for individual items may be lower than the number of intake packets due to missing data. Unless otherwise noted, numbers refer to percentages of affirmative responses.

Intake Child and Youth Resilience Measure (CYRM-12) – By Program Type (2015)

Variable	All Programs	Transitional Living	Day Treatment	Home-Based	Foster Care	Shelter Care	Residential Care	Crisis Stab.	Outpatient Treatment
Completed Surveys	2,649	186	62	460	644	208	1,069	0	20
Completed by:*									
Self-Report	46.2%	40.3%	90.3%	52.6%	22.5%	68.3%	51.3%	i/n	80.0%
Person Most Knowledgeable	53.8%	59.7%	9.7%	47.4%	77.5%	31.7%	48.7%	i/n	20.0%
Mean CYRM-12 Score**	3.43	3.73	3.75	3.60	3.25	3.41	3.40	i/n	3.19

* The CYRM-12 is completed by either the youth or person deemed “most knowledgeable.” ** The Mean CYRM-12 scores range from 1 to 5; higher scores are associated with higher reported resilience. i/n = insufficient n (e.g., n = 0)

Intake Child and Youth Resilience Measure (CYRM-12) – By Foster Care / Residential Subtype (2015)

Variable	Foster Care	Traditional Foster Care	Treatment Foster Care	Residential Care	Residential Public	Residential On-Grounds	Residential Secure	PRTF
Completed Surveys	644	201	443	644	144	567	287	71
Completed by:*								
Self-Report	22.5%	25.4%	21.2%	22.5%	75.0%	48.7%	40.4%	67.6%
Person Most Knowledgeable	77.5%	74.6%	78.8%	77.5%	25.0%	51.3%	59.6%	32.4%
Mean CYRM-12 Score**	3.25	3.39	3.18	3.25	3.57	3.42	3.24	3.59

* The CYRM-12 is completed by either the youth or person deemed “most knowledgeable.” ** The Mean CYRM-12 scores range from 1 to 5; higher scores are associated with higher reported resilience.

Child and Family Clinical Functioning at Intake* – By Program Type (2015)

Variable	All Programs	Transitional Living	Day Treatment	Home-Based	Foster Care	Shelter Care	Residential Care	Crisis Stab.	Outpatient Treatment
Intake packets*	5,848	297	145	1,155	1,590	554	1,821	173	113
Clinical Outcomes									
GAF at intake (Mean)	54.4	70.2	58.7	64.1	64.4	52.6	43.8	21.8	54.6
CPC at intake (Mean)	6.6	3.4	6.5	4.1	3.9	8.3	9.7	5.3	4.7
FRS at intake (Mean)	0.52	n/a	0.44	0.47	0.63	n/a	0.49	n/a	0.38
FPC at intake (Mean)	4.0	n/a	2.9	3.8	4.9	n/a	3.5	n/a	1.8

* Sample sizes for individual items may be lower than the number of intake packets due to missing data. These clinical outcomes list the average score identified for the youth at program admission. The score is based upon the child's clinical functioning for the 12 months prior to admission. GAF=Global Assessment of Functioning. CPC=Child Problem Checklist. FRS=Family Risk Scales, Parent Centered Risk. FPC=Family Problem Checklist. n/a = data not collected on this item for the program type.

Child and Family Clinical Functioning at Intake* – By Foster Care / Residential Subtype (2015)

Variable	Foster Care**	Foster Care Traditional	Foster Care Treatment	Residential Care	Residential Public	Residential On-Grounds	Residential Secure	PRTF
Intake packets*	1,590	550	1,040	1,821	234	977	481	129
Clinical Outcomes								
GAF at intake (Mean)	64.4	63.9	64.7	43.8	53.3	42.1	43.6	40.5
CPC at intake (Mean)	3.9	3.1	4.2	9.7	7.7	9.8	10.3	10.9
FRS at intake (Mean)	0.63	0.63	0.64	0.49	0.48	0.49	0.50	0.45
FPC at intake (Mean)	4.9	5.5	4.6	3.5	4.0	3.4	3.8	2.5

* Sample sizes for individual items may be lower than the number of intake packets due to missing data. These clinical outcomes list the average score identified for the youth at program admission. The score is based upon the child's clinical functioning for the 12 months prior to admission. GAF=Global Assessment of Functioning, CPC=Child Problem Checklist, FRS=Family Risk Scales, Parent Centered Risk, FPC=Family Problem Checklist. n/a = data not collected on this item for the program type. ** Total Foster Care sample size including youth not identified in Traditional or Treatment subtypes.

Discharge Child and Youth Resilience Measure (CYRM-12) – By Program Type (2015)

Variable	All Programs	Transitional Living	Day Treatment	Home-Based	Foster Care***	Shelter Care	Residential Care	Crisis Stab.	Outpatient Treatment
Completed Surveys	2,179	186	40	367	546	151	867	1	21
Completed by: *									
Self-Report	29.3%	17.7%	85.0%	40.6%	7.5%	65.6%	31.7%	i/n	33.3%
Person Most Knowledgeable	70.7%	82.3%	15.0%	59.4%	92.5%	34.4%	68.3%	i/n	66.7%
Mean CYRM-12 Score**	3.58	3.53	3.72	3.65	3.53	3.56	3.59	i/n	3.29

* The CYRM-12 is completed by either the youth or person deemed “most knowledgeable.” ** The Mean CYRM-12 scores range from 1 to 5; higher scores are associated with higher reported resilience. *** Total Foster Care sample size including youth not identified in Traditional or Treatment subtypes. i/n = insufficient n (e.g., n = 1)

Discharge Child and Youth Resilience Measure (CYRM-12) – By Foster Care / Residential Subtype (2015)

Variable	Foster Care***	Traditional Foster Care	Treatment Foster Care	Residential Care	Residential Public	Residential On-Grounds	Residential Secure	PRTF
Completed Surveys	546	135	376	867	89	475	245	58
Completed by: *								
Self-Report	7.5%	10.4%	6.6%	31.7%	40.4%	28.4%	32.2%	43.1%
Person Most Knowledgeable	92.5%	89.6%	93.4%	68.3%	59.6%	71.6%	67.8%	56.9%
Mean CYRM-12 Score**	3.53	3.59	3.48	3.59	3.62	3.59	3.53	3.75

* The CYRM-12 is completed by either the youth or person deemed “most knowledgeable.” ** The Mean CYRM-12 scores range from 1 to 5; higher scores are associated with higher reported resilience. *** Total Foster Care sample size including youth not identified in Traditional or Treatment subtypes.

Appendix K: Discharge Outcome Summary – By Program Type (2015)

Discharge Outcome Summary – By Program Type (2015)

Variable	All Programs	Transitional Living	Day Treatment	Home-Based	Foster Care	Shelter Care	Residential Care	Crisis Stab.	Outpatient Treatment
Discharge packets*	4,852	230	145	988	1,296	406	1,524	172	91
Length of Stay: Mean	229.7	261.8	152.5	225.1	358.5	21.8	202.4	7.2	295.4
Median	148.0	190.5	107.0	173.0	184.0	15.0	170.0	4.0	192.0
Clinical Outcomes									
GAF at discharge (Mean)	60.1	69.2	62.4	67.8	65.2	58.6	52.7	48.7	57.6
CPC at discharge (Mean)	4.4	3.0	5.5	3.4	3.9	5.4	5.4	2.1	4.0
FRS at discharge (Mean)	0.41	n/a	0.44	0.40	0.41	n/a	0.41	n/a	0.38
FPC at discharge (Mean)	2.5	n/a	2.6	2.6	2.3	n/a	2.5	n/a	2.2
Functional Outcomes									
Positive education at discharge	77.2	77.7	74.8	71.3	73.5	n/a	82.5	n/a	66.0
Employed at discharge	25.4	48.5	10.4	36.5	31.8	n/a	15.2	n/a	15.4
Placement Outcomes									
ROLES at discharge									
More restrictive	13.9	14.8	11.7	10.5	11.1	28.6	16.6	1.2	3.3
Similar restrictiveness	26.2	28.8	76.6	66.0	12.2	6.2	7.0	38.4	93.4
Less restrictive	56.5	45.0	9.0	22.6	72.5	63.3	72.2	60.5	3.3
Runaway	3.4	11.4	2.8	0.9	4.2	2.0	4.3	0.0	0.0
Permanency plan achieved	48.1	50.4	15.3	41.0	56.8	45.7	56.2	0.6	7.7
(only those with required plan)	63.1	60.1	91.7	62.6	58.9	72.3	65.6	20.0	63.6
Nature of Discharge**									
Planned	71.6	60.0	82.8	64.4	68.2	84.9	73.2	99.4	70.3
Removed by referring source	4.3	3.0	4.1	1.6	4.6	5.9	5.4	0.6	11.0
Administrative discharge	19.8	24.3	8.3	32.4	21.9	6.7	16.1	0.0	17.6
Runaway	4.3	12.6	4.8	1.6	5.3	2.5	5.2	0.0	1.1
Satisfaction Outcomes									
Child (Mean)	5.7	6.1	5.3	6.1	5.9	n/a	5.4	6.2	5.9
Family (Mean)	6.2	n/a	5.9	6.5	6.5	n/a	5.9	6.1	6.1
Referring source (Mean)	6.3	6.6	6.0	6.4	6.3	6.9	6.1	n/a	i/n

* Sample sizes for individual items may be lower than the number of discharge packets due to missing data. Unless otherwise noted, numbers refer to percentages of affirmative responses. GAF=Global Assessment of Functioning. CPC=Child Problem Checklist. FRS=Family Risk Scales, Parent Centered Risk. FPC=Family Problem Checklist. ROLES=Restrictiveness of Living Environment Scale. Permanency Plan achieved refers to either primary or concurrent plan achieved. Education and employment are reported for the percent of youth who are of appropriate age. n/a = data not collected on this item for the program type. i/n = insufficient n (e.g., n = 1) ** One youth died in placement (PRTF).

Discharge Outcome Summary – By Foster Care / Residential Subtype (2015)

Variable	Foster Care	Foster Care Traditional	Foster Care Treatment	Residential Care	Residential Public	Residential On-Grounds	Residential Secure	PRTF
Discharge packets*	1,296***	392	836	1,524	189	862	358	115
Length of Stay: Mean	358.5	344.6	288.6	202.4	159.9	229.1	174.8	157.5
Median	184.0	181.0	160.0	170.0	84.0	195.0	155.5	155.0
Clinical Outcomes								
GAF at discharge (Mean)	65.2	66.7	64.4	52.7	58.1	53.0	49.5	50.3
CPC at discharge (Mean)	3.9	3.0	4.3	5.4	4.5	5.2	6.3	5.2
FRS at discharge (Mean)	0.41	0.41	0.42	0.41	0.43	0.41	0.41	0.40
FPC at discharge (Mean)	2.3	2.5	2.4	2.5	2.9	2.3	2.8	2.3
Functional Outcomes								
Positive education at discharge	73.5	78.1	70.6	82.5	77.8	87.2	73.8	79.2
Employed at discharge	31.8	23.8	32.5	15.2	36.5	14.9	5.6	0.0
Placement Outcomes								
ROLES at discharge								
More restrictive	11.1	6.1	13.7	16.6	21.2	18.6	13.4	3.5
Similar restrictiveness	12.2	13.3	12.1	7.0	4.2	7.2	9.2	2.6
Less restrictive	72.5	77.0	69.7	72.2	67.7	70.6	71.4	93.9
Runaway	4.2	3.6	4.4	4.3	6.9	3.6	5.9	0.0
Permanency plan achieved	56.8	64.8	51.9	56.2	57.2	58.5	47.2	66.1
(only those with required plan)	58.9	67.6	53.7	65.6	63.2	68.8	53.3	89.4
Nature of Discharge**								
Planned	68.2	77.4	63.6	73.2	68.8	71.5	76.0	85.2
Removed by referring source	4.6	3.9	5.0	5.4	2.6	6.3	4.7	6.1
Administrative discharge	21.9	14.9	25.3	16.1	21.2	17.6	12.6	7.0
Runaway	5.3	3.9	6.0	5.2	7.4	4.6	6.7	0.9
Satisfaction Outcomes								
Child (Mean)	5.9	5.7	5.9	5.4	5.6	5.5	5.0	5.6
Family (Mean)	6.5	6.4	6.5	5.9	6.1	6.1	5.2	6.0
Referring source (Mean)	6.3	6.3	6.2	6.1	6.6	6.2	5.4	6.2

* Sample sizes for individual items may be lower than the number of discharge packets due to missing data. Unless otherwise noted, numbers refer to percentages of affirmative responses. GAF=Global Assessment of Functioning. CPC=Child Problem Checklist. FRS=Family Risk Scales, Parent Centered Risk. FPC=Family Problem Checklist. ROLES=Restrictiveness of Living Environment Scale. Permanency Plan achieved refers to either primary or concurrent plan achieved. Education and employment are reported for the percent of youth who are of appropriate age. n/a = data not collected on this item for the program type. i/n = insufficient n (e.g., n = 1) ** One youth died in placement (PRTF). *** Total Foster Care sample size include youth not identified in Traditional or Treatment subtypes.

Follow-up I Outcome Summary – By Program Type (2015)

Variable	All Programs	Transitional Living	Day Treatment	Home-Based	Foster Care	Residential Care	Outpatient Treatment
Follow-up packets completed*	1,242	76	69	267	275	522	33
Could not contact at follow-up	1,526	92	22	379	566	436	31
Clinical Outcomes							
FRS at follow-up (Mean)	0.38	n/a	0.44	0.40	0.35	0.36	i/n
Functional Outcomes							
Positive education at follow-up	90.4	78.0	96.7	89.4	98.2	88.7	n/a
Employed at follow-up	25.7	45.1	18.2	22.0	27.1	21.9	n/a
No new abuse of child	98.1	100.0	100.0	99.6	95.3	98.4	97.0
No new abuse in family	98.7	100.0	100.0	98.8	98.8	98.1	100.0
No new court involvement	85.2	85.9	88.4	95.5	96.0	72.7	97.0
Placement Outcomes							
ROLES at follow-up							
More restrictive	11.9	11.4	8.7	4.6	10.0	18.1	0.0
Similar restrictiveness	70.8	74.3	82.6	88.5	75.0	55.6	90.9
Less restrictive	16.8	14.3	8.7	6.5	15.0	25.2	9.1
Runaway	0.5	0.0	0.0	0.4	0.0	1.0	0.0

* Sample sizes for individual items may be lower than the number of follow-up packets due to missing data. Unless otherwise noted, numbers refer to percentages of affirmative responses. FRS=Family Risk Scales, Parent Centered Risk. ROLES=Restrictiveness of Living Environment Scale. Education and employment are reported for the percent of youth who are of appropriate age. n/a = data not collected on this item for the program type. i/n = insufficient n (e.g., n=1).

Follow-up I Outcome Summary – By Foster Care / Residential Subtype (2015)

Variable	Foster Care**	Foster Care Traditional	Foster Care Treatment	Residential Care	Residential Public	Residential On-Grounds	Residential Secure	PRTF
Follow-up packets completed*	275	136	125	522	77	257	145	43
Could not contact at follow-up	566	124	398	436	30	306	72	28
Clinical Outcomes								
FRS at follow-up (Mean)	0.35	0.38	0.32	0.36	i/n	0.37	0.33	i/n
Functional Outcomes								
Positive education at follow-up	98.2	98.7	97.6	88.7	90.9	87.5	88.4	92.7
Employed at follow-up	27.1	31.3	21.4	21.9	32.7	23.5	13.1	11.1
No new abuse of child	95.3	97.1	93.5	98.4	97.4	98.8	98.6	97.6
No new abuse in family	98.8	98.4	99.1	98.1	97.1	98.4	97.7	100.0
No new court involvement	96.0	96.3	96.0	72.7	63.6	72.7	73.2	87.8
Placement Outcomes								
ROLES at follow-up								
More restrictive	10.0	6.8	14.2	18.1	20.0	19.6	13.8	20.9
Similar restrictiveness	75.0	78.2	69.9	55.6	52.9	51.8	59.4	69.8
Less restrictive	15.0	15.0	15.9	25.2	27.1	27.3	25.4	9.3
Runaway	0.0	0.0	0.0	1.0	0.0	1.2	1.4	0.0

* Sample sizes for individual items may be lower than the number of follow-up packets due to missing data. Unless otherwise noted, numbers refer to percentages of affirmative responses. FRS=Family Risk Scales, Parent Centered Risk. ROLES=Restrictiveness of Living Environment Scale. Education and employment are reported for the percent of youth who are of appropriate age. n/a = data not collected on this item for the program type or missing. ** Total Foster Care sample size including youth not identified in Traditional or Treatment subtypes. i/n = insufficient n (e.g., n=1).

Follow-up II Outcome Summary – By Program Type (2015)

Variable	All Programs	Transitional Living	Day Treatment	Home-Based	Foster Care	Residential Care	Outpatient Treatment
Follow-up packets completed*	750	49	46	140	121	367	27
Could not contact at follow-up	1,287	68	43	323	386	445	22
Clinical Outcomes							
FRS at follow-up (Mean)	0.39	n/a	0.41	0.40	0.36	0.38	i/n
Functional Outcomes							
Positive education at follow-up	90.0	72.7	93.2	92.9	96.0	90.0	n/a
Employed at follow-up	29.3	33.3	15.4	32.1	55.6	25.8	n/a
No new abuse of child	96.7	97.4	95.7	98.6	87.5	98.9	100.0
No new abuse in family	97.5	100.0	97.8	98.5	93.8	98.2	100.0
No new court involvement	80.4	74.4	91.3	92.9	93.4	69.5	92.6
Placement Outcomes							
ROLES at follow-up							
More restrictive	17.7	19.6	6.7	5.7	17.2	24.2	11.1
Similar restrictiveness	62.5	65.2	82.2	89.3	69.0	45.6	77.8
Less restrictive	19.6	13.0	11.1	4.3	13.8	30.2	11.1
Runaway	0.3	2.2	0.0	0.7	0.0	0.0	0.0

* Sample sizes for individual items may be lower than the number of follow-up packets due to missing data. Unless otherwise noted, numbers refer to percentages of affirmative responses. FRS=Family Risk Scales, Parent Centered Risk. ROLES=Restrictiveness of Living Environment Scale. Education and employment are reported for the percent of youth who are of appropriate age. n/a = data not collected on this item for the program type. i/n = insufficient n (e.g., n=1).

Follow-up II Outcome Summary – By Foster Care / Residential Subtype (2015)**

Variable	Foster Care**	Foster Care Traditional	Foster Care Treatment	Residential Care	Residential Public	Residential On-Grounds	Residential Secure	PRTF
Follow-up packets completed*	121	38	67	367	74	188	69	36
Could not contact at follow-up	386	83	274	445	47	314	52	32
Clinical Outcomes								
FRS at follow-up (Mean)	0.36	i/n	0.37	0.38	0.41	i/n	0.37	i/n
Functional Outcomes								
Positive education at follow-up	96.0	95.8	95.1	90.0	87.5	89.9	91.9	90.9
Employed at follow-up	55.6	66.7	58.3	25.8	28.8	33.1	6.4	10.0
No new abuse of child	87.5	94.7	80.6	98.9	100.0	99.4	100.0	91.4
No new abuse in family	93.8	94.4	92.1	98.2	98.5	97.7	97.8	100.0
No new court involvement	93.4	94.7	92.5	69.5	65.8	70.3	64.7	82.9
Placement Outcomes								
ROLES at follow-up								
More restrictive	17.2	10.5	21.0	24.2	29.4	21.1	26.9	25.0
Similar restrictiveness	69.0	76.3	64.5	45.6	33.8	45.0	47.8	66.7
Less restrictive	13.8	13.2	14.5	30.2	36.8	33.9	25.4	8.3
Runaway	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.0

* Sample sizes for individual items may be lower than the number of follow-up packets due to missing data. Unless otherwise noted, numbers refer to percentages of affirmative responses. FRS=Family Risk Scales, Parent Centered Risk. ROLES=Restrictiveness of Living Environment Scale. Education and employment are reported for the percent of youth who are of appropriate age. n/a = data not collected on this item for the program type. ** Total Foster Care sample size including youth not identified in Traditional or Treatment subtypes.
i/n = insufficient n (e.g., n=1).



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