

**The Odyssey Project: A Descriptive and Prospective
Study of Children and Youth in Residential Group Care
and Therapeutic Foster Care**

FINAL REPORT

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Odyssey Project Executive Summary

The Odyssey Project was a multiple-site study of children and youth in residential group care and therapeutic foster care. The study was conducted by the Child Welfare League of America (CWLA) in cooperation with and with support of twenty-two of its members, the Odyssey Project Consortium (see Appendix A for a list of participating agencies).

A fundamental aim of the Odyssey project was to describe more accurately the children in residential group care (RGC) and therapeutic foster care (TFC) programs and to determine what differences exist in services and outcomes for youth placed in each setting. To this end a descriptive and prospective longitudinal study was undertaken. The researchers involved in the Odyssey Project began data collection in 1994 and completed data entry in 2003.

The abridged findings listed below are taken from the comprehensive final report that follows. This report alone cannot adequately capture the scope and depth of the Odyssey Project. Supplemental publications from the consortium members are forthcoming.

Summary of Findings: The Odyssey Project Sample

Youth

- The average age at entry is 13 years, ranging from three to twenty years.
- Males (65%) outnumber females (35%).
- On average, youth had five prior living arrangements before entering the study.
- Prior to intake, almost half of the youth had been admitted to a psychiatric hospital.
- One-third of the youth had a history of suicidal ideation.

Birth Families

- Between 40% and 50% of birth parents had high school educations and approximately one-third were married when their children entered the study.
- One-quarter of birth mothers and more than half of birth fathers had criminal convictions.
- One-third of the mothers had psychiatric disorders, and one-third had prior psychiatric hospitalizations.

- Half of birth mothers and more than half of birth fathers suffered from alcohol dependency and/or chemical dependency.

Child Maltreatment

- Of children with data on maltreatment, 52% had been physically abused and 41% had been sexually abused.
- A majority was neglected, and a quarter had been abandoned.

Social Support Networks

- At entry into care, more than three-quarters of the youth felt they had three or more individuals with whom they could discuss their feelings.
- Close to two-thirds felt they had three or more people who gave them things they wanted and who helped them when they needed to know something.
- After discharge, approximately two-thirds reported having two or more people to talk to about their feelings.
- After discharge, more than half had two or more people who would help them when they need to know something.

Services

- The majority received multiple operational services, independent living skills training, mental and behavioral health services, and traditional health services.
- Less than half received vocational and substance abuse services and less than 20% received youth services.

Permanency Goals and Living Environments

- At entry into the Odyssey Project, the permanency goal for a majority of the youth was to return to a biological parent.
- Although some data were lacking at discharge, the available information suggests more than two-thirds achieved their permanency goals set forth at entry.
- A majority of the participants (52%) returned home, and six months after discharge, more than half were living in less restrictive environments than their placements during the study.

School and Employment

- An ample majority was enrolled in school at six months and one year post-discharge.
- Most of the youth did not experience school behavior problems after discharge.
- Larger proportions of youth reported having part-time employment than full-time employment post-discharge.

Substance Use and Psychiatric Hospitalization

- More than half reported never using alcohol and drugs at six months and one year post-discharge.
- Overall, approximately 10% of the youth were admitted to a psychiatric hospital within their first six months post-discharge.

Satisfaction with Care

- More than two-thirds of the youth rated the programs as helpful at six months, one year, and two years post-discharge.
- More than half would definitely recommend the agency.

Summary of Findings:

Differences between Youth in RGC and TFC Programs

Youth

- Fifty-eight percent of the sample entered RGC programs, and 42% entered TFC.
- The average age of participants entering TFC was 12 years in comparison to 14 for youth entering RGC.
- A larger proportion of the RGC program participants were male (73%) as compared to TFC (54%).
- RGC programs appear more ethnically diverse than TFC programs. However, ethnic diversity may be an artifact of the geographic distribution of the sample.
- On average, youth in RGC programs had five prior living arrangements, and youth entering TFC had four.

Mental Health and Behavior Problems

- A larger proportion of youth entered RGC (93%) with a psychiatric diagnosis as compared with youth entering TFC (80%).
- Similarly, a greater number of RGC youth (51%) had histories of psychiatric hospitalization compared to TFC youth (38%).
- Youth in RGC programs also had a greater history of known crime (51%), school suspensions (34%), and suicidal ideation (38%; compared to 34%, 26%, and 24%, respectively, for TFC).
- Roughly half of both groups scored in the clinical range for Total Problems on the CBCL.
- More RGC youth exhibited Externalizing Problems (60%) as well as Delinquent Behavior (37%) and Anxious/Depressed Behavior (17%) than did TFC youth on the CBCL (48%, 24%, and 13%, respectively for the three scales).

Family Histories

- Between 5% and 20% more TFC than RGC youth had birth parents with substance dependencies, criminal histories, and psychiatric disorders.
- More TFC youth (43%) had been sexually abused than RGC youth (38%).
- Conversely, more RGC youth (57%) had been physically abused than TFC youth (47%).

Social Supports

- RGC youth perceived having one or two more social supports than TFC youth did at entry into care.
- During care, TFC youth averaged more weekly contacts with siblings (one more) and friends (three more) than RGC youth.
- Youth in both programs had similar numbers of contacts with their biological parents.

Services

- Three-quarters or more of RGC youth received mental and behavioral health, substance abuse, education, independent living, and health services whereas between one-quarter and two-thirds of TFC youth received the services.
- Only family support services were provided to a larger proportion of TFC youth (64%) than RGC youth (50%).

Permanency Goals and Living Environment

- The goals for youth in RGC and TFC varied slightly although returning to a parent was the predominant goal for both groups.
- More RGC (50%) were discharged to a parent or relative than TFC youth (36%).
- More TFC youth moved to foster care programs (11%) or were adopted (8%) than RGC youth at discharge (6% and 2%, respectively).
- Six months after discharge, three-quarters of RGC youth and two-thirds of TFC youth were living in less restrictive environments, such as home, foster care, and independent living.

Contact with Law

- At six months, one year, and two years post-discharge, approximately 20% of RGC youth reported that they were found guilty by a court.
- Between 25% (six month) to 39% (two year) of former TFC youth were found guilty by a court.
- Most of the offenses for both groups were property or status crimes.

Odyssey Project Final Report

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A fundamental aim of the Odyssey project was to describe more accurately the children in residential group care (RGC) and therapeutic foster care (TFC) programs and to determine what differences exist in services and outcomes for youth placed in each setting. To this end a descriptive and prospective longitudinal study was undertaken. The researchers involved in the Odyssey Project began data collection in 1994 and completed data entry in 2003.

Research Goals and Questions

The following goals and objectives were proposed at the study's initiation. They dictated the research design and development of several original measures. Beneath each goal are the corresponding research questions. The findings described in this report address each goal to varying degrees. Additional publications, current and forthcoming, from the Odyssey Project attend to other aspects of these goals and in more detail.

Goal 1: To describe children and youth entering care, their families of origin, and their service intervention histories.

- What are the age, gender, race, and family composition of the children and youth as they enter care?
- What risk and protective factors characterize children and youth as they enter care?
- What is the sample's history of out-of-home care and what services have they received?

Goal 2: To describe the settings as well as the type and cost of services provided to children and youth.

- What are the key descriptors of the settings?
- What types of services do the settings provide?
- What types of services do the children and youth receive?
- What are the costs of services provided?

Goal 3: To compare characteristics of children and youth in residential group care to therapeutic foster care.

- How do children and youth living in residential group care and therapeutic foster care compare in terms of child and family

characteristics, placement history, services received, child behavior, educational achievement, and cognitive functioning?

Goal 4: To describe children's and youths' social functioning before and after service.

- What behavioral problems and social competencies do the children and youth demonstrate at the beginning of service, during service, and at the end of service?
- What level of educational achievement do the children and youth demonstrate at the beginning of service and at the end of service?
- What kinds of life skills do the children and youth demonstrate at the beginning of service, at the end of service, and at post-discharge?
- What is the employment and educational situation at post-discharge?
- How are children and youth connected to family and friends?
- What is the level of personal satisfaction with life and the level of satisfaction with services received at post-discharge?

Goal 5: To describe the relationship between child and youth outcomes and services received.

- What is the relationship between children and youth's outcomes and social supports, family participation in services, and services received?
- What is the impact of managed care on agency functioning and on child and youth outcomes?

Goal 6: To compare the outcomes of children and youth in residential group care to therapeutic foster care.

- How do children and youth living in residential group care and therapeutic foster care compare in terms of the discharge and post-discharge outcomes?
- Which risk and protective factors were related to the discharge and post-discharge outcomes?

Outcomes at Discharge

Placements into less intensive settings
Family reunification and adoptions
Behavioral problems and social competencies
Educational achievement
Life skills

Outcomes at Post-Discharge

Educational achievement
Employment
Contacts with juvenile and criminal justice
Use of alcohol and other drugs
Connections to family and friends
Personal satisfaction with life

Satisfaction with services received

Methodology

The sample included children and youth who entered RGC or TFC programs between April 1994 and January 2000. Children who had been currently living in an agency's RGC or TFC program were not eligible for the Odyssey Project. However, when a youth transferred into an RGC or TFC program, whether or not that program was in the same agency, s/he became eligible for the study. As participants left a program, whether or not they left the agency, they were considered "discharged" for study purposes and the post-discharge period commenced.

All children and youth were assessed using a battery of measures as they entered care and at the end of service. Some of the measures were administered annually while the youth was in care. Post-discharge interviews were conducted at six months, one year, and two years.

Researchers involved in the Odyssey Project developed several measures for use in the study: Program Description, Child and Family Characteristics form, Services form, and Post-Discharge Interviews. In addition, several standardized measures were utilized, such as the Child Behavior Checklist, the Ansell-Casey Life Skills Assessment, and the Survey of Children's Social Support. Descriptions of each measure including when it was administered follow.

Program Description

The Program Description was supposed to be completed within 90 days of the onset of data collection. However, the data were not reported or recorded accurately, and new program descriptions were completed at the end of the study. Only one Program Description was completed for each program type (i.e., residential group care or therapeutic foster care) regardless of the number of study participants in that setting. The survey covered descriptors such as location (campus-based/community-based), architecture (dormitory/cottage/apartment/single family home), school (on campus/off campus), resident characteristics, intake conditions (voluntary/no refusal), type of staffing (child care workers/house parents/foster parents), staff qualification requirements, and staff training.

Child and Family Characteristics Form (CFC)

The Child and Family Characteristics (CFC) form was completed within 90 days of a participant's entry into the program. The staff member with the best access to the data completed this measure. It includes questions pertaining to age, gender, race, languages spoken, descriptors of families of origin, history of out-of-home care, other service intervention history, conditions under which the child was accepted for service, program to which child is entering, type of referring agency, presenting problems checklist, strengths and skills checklist, history of child abuse and neglect, history of witnessing violence, DSM III-R or

DSM IV diagnoses (optional), educational status, permanency goal, health, medications used, special needs, and adoption status.

Achenbach Child Behavior Checklist (CBCL)

The Child Behavior Checklist (CBCL) was completed between 60 and 90 days of a child's entry into the program. The initial CBCL was completed based on both observed behaviors and behaviors documented in the child's records as having occurred within the previous six months. The CBCL was also completed annually and at the end of service.

The CBCL is a rating scale of observed behavior patterns used both in determining appropriate interventions and in measuring behavior change in response to interventions (Achenbach and Edelbrock, 1983). The CBCL is designed for a parent or primary caregiver to complete and consists of behavior problem items and social competency items. Subscales scores are generated from the behavior items' scores. The subscales are standardized based on the age and gender of a child.

Intelligence Tests

Administration of the Wechsler Intelligence Scale for Children, Third Edition (WISC-III) or the Stanford-Binet, Fourth Edition was required for all children at least six years old. The test was administered directly to the child or youth within 90 days of his or her entry into service. Scores derived from tests administered within three years of the subject's entry into the study were acceptable.

Ansell-Casey Life Skills Assessment (ACLSA)

The Ansell-Casey Life Skills Assessment (ACLSA) was administered within 90 days of the child's entry into service as well as at the end of service. There are caregiver and youth versions available; however, for this study only the caregiver forms were required. The measure yields scores in five areas: physical development and self-care; educational and vocational development; social development; community and housing issues; and moral development.

Woodcock-Johnson or WIAT

Administration of the Woodcock-Johnson or the Wechsler Individual Achievement Test (WIAT) test was optional. The test was administered directly to the child or youth within 90 days of entry into the program and at the end of service. The Woodcock-Johnson addresses educational achievement areas, such as reading, mathematics, writing, science, humanities, and social studies.

Survey of Children's Social Support (SOCSS)

Administration of the Survey of Children's Social Support (SOCSS; Dubow & Ullman, 1989) was also optional. Unlike other measures which were

administered within 90 days of the child's entry into service, the SOCSS was to be administered as close to the child's entry date as possible. The survey was also administered annually and at the end of service. The SOCSS is made up of the Scale of Available Behaviors (SAB), the Social Support Appraisals Scale (APP), and the NET, the number of people subjects list as providing support.

Services

The Services form was completed annually and at the end of service. Services included those received by individual children and youth. For each service, the person completing the form indicated if the agency provided the service, if a secondary provider was involved, and if the primary caregiver was involved with service delivery. The services were organized into ten groups: operational, youth, health, family support, education, recreational, independent living skills training, vocational, mental/behavioral health, and substance abuse services.

Post-Discharge Interviews: Services and Outcomes

There were two versions of the post-discharge interviews: a youth version and a caregiver version. The youth version was administered in person or over the phone to youth who were 13 years old or older at the time of the interview. If the child was less than 13 years old, could not be found, or refused to participate, the caregiver version was administered to the child's caregiver (i.e., birth parent, foster parent, child care worker, etc.). Forms were completed at six months, one year, and two years post-discharge.

Respondents were asked to report only on their experiences in the prior six months or year depending upon the timing of the interview. At post-discharge, services needed, but not necessarily received, were covered. The outcomes included educational achievement, employment, contacts with juvenile and criminal justice, use of alcohol and other drugs, connections to family and friends, personal satisfaction with life, and satisfaction with services received.

Odyssey Project Results

The results described in this report touch upon each of the six goals set forth at the project initiation. However, the findings are abbreviated and largely correspond to the first three goals. The remainder of the research questions, as well as additional inquiries, are being addressed by researchers at the consortium agencies. These publications are forthcoming.

Agency Descriptions

Twenty-two agencies provided data on youth entering care. Nineteen agencies contributed data on youth in their RGC programs. Nine agencies provided data on youth in TFC programs. Six agencies in the study have both RGC and TFC programs and submitted data on youth from both programs.

Fifteen of the twenty-two agencies that contributed data completed descriptions on their programs, twelve RGC and seven TFC programs¹. All of the agencies are private, non-for-profit service providers.

Residential Group Care Programs

Most of the RGC programs are campus-based, cottage settings. Nine RGC programs have open campuses, one has a secure setting, and two have open and locked settings. Seven RGC programs are co-ed and two have co-ed and single sex options. Twelve agencies operate schools on their campus. The average daily cost per child for these RGC programs is \$226 (SD=\$68). On average, the RGC programs serve youth between 9 and 18 years of age; however, the youngest age reported was 5.5 years and the oldest age was 21. There are 13 (SD=3) youth per living situation on average.

The primary caregiver in most of the RGC programs is a shift-type child care worker or counselor. Two programs have resident-type counselors. Nine programs require caregivers to have a high school diploma or GED. Only three programs require an undergraduate degree. Most programs provide staff orientation and agency in-service training. Nine provide tuition-reimbursement for training. Training areas that all programs provide or support are behavioral management, crisis intervention, orientation to the agency's policies, and first aid/CPR (see Table 1 for complete list of training areas by program type).

¹ Four of the six agencies that submitted data on youth in their RGC and TFC programs completed descriptions on both programs.

Table 1. Training Areas for Primary Caregivers by Program Type

	RGC (n=12)	TFC (n=7)
Behavioral management/intervention	12	7
First aid/CPR	12	6
Orientation to agency rules/policies	12	7
Orientation to state law	9	6
Basic skills	11	7
Family systems	8	4
Community resources	5	3
Recreation	9	3
Team Building	10	2
Group process	9	3
Counseling skills	9	2
Crisis intervention	12	7
Parenting skills	3	7
Child development	10	7

Therapeutic Foster Care Programs

Most of the TFC programs are community-based, single family home settings. Five TFC programs are co-ed, and three have co-ed and single sex options. The average cost per child is \$78 per day (SD=\$17). These TFC programs tend to serve youth between 1_ and 18 years of age; however, some agencies reported serving children from birth to 21 years old. On average, there are 2 (SD=.6) youth per living situation.

Foster parents are required to have a high school diploma or GED in four agencies. The other three agencies that provided data on their TFC programs do not have education requirements for their foster parents; however, the typical foster parent in six of the agencies has a high school education or GED. On average, foster parents have 38.6 (SD=23.5) months of experience as foster parents. None of the agencies require foster families to have two parents. All of the agencies provide orientation, pre-service training, and in-service training. All of the agencies provide or support training in behavioral management, basic skills, crisis intervention, parenting skills, and child development (see Table 1 for complete list of training areas by program type).

Participant Demographics and Predisposing Risk Factors

Of the 2,487 study participants, 2,274 children and youth supplied complete demographic data² on the child and family characteristics form (CFC) at intake. Fifty-eight percent (n=1,321) of the Odyssey sample entered RGC programs, and 42% (n=953) children and youth entered TFC. There are notable geographic differences between the RGC and TFC samples, with the greatest percent of RGC youth coming from the Mid-Atlantic region (67%), and the greatest percent of TFC youth from the Midwest (78%). Based on this difference, generalizations to national trends should be made with some caution.

Within the sample, males (65%, n = 1472) outnumber females (35%, n = 802). The gender difference is most striking for RGC. That is, a larger proportion of the RGC program participants were male (73%) as compared to TFC (54%). However, this gender difference does not necessarily indicate that males are more suited to RGC than to TFC because RGC beds generally are fixed as to which gender may be accepted. Historically, RGC beds have been more numerous for males than females.

RGC programs in the sample appear more ethnically diverse than TFC programs (see Table 2)³. Forty percent of RGC children and youth in the sample are Caucasian, compared to 62% of TFC children and youth. Another 37% of RGC children and youth are African American, compared to 21% of TFC children and youth. Note that ethnic diversity may reflect the geographic distribution of this sample more than a national trend.

Table 2. Race and Ethnicity by Program Type

	RGC	TFC
Caucasian	39.8%	62.0%
African American/Black	37.3%	20.9%
Latino/a	14.9%	2.4%
Biracial	5.5%	6.7%
Native American	0.7%	7.8%
Asian/Pacific Islander	0.8%	0.0%
Other	1.1%	0.2%

Note. The percentages do not sum to 100% because of rounding.

The average age of children and youth at entry into the Odyssey Project was 13.1 years, ranging from three to twenty years. Children and youth were significantly younger when they entered TFC (M = 11.9 years, SD = 3.9) than when they entered RGC (M = 14.0 years, SD = 2.2; $t(1385)=15.05$, $p=.000$).

² Data on 202 children and youth were excluded because their records were incomplete. Data on 11 youth were excluded because they were served in group homes.

³ Three children and youth who entered RGC programs were missing race and ethnicity data. Thus, the sample with completed race and ethnicity information was 2,271 children and youth.

Children and youth in the sample had an average full scale IQ score (as measured by the WISC) of 88.2 (SD=14.4), with no significant difference between youth in RGC and TFC⁴. However, with respect to psychiatric diagnosis, a significantly larger percentage of youth entered RGC with a psychiatric diagnosis (93%) as compared with TFC (80%; $\chi^2(1, N=2,152)=76.75, p=.000$)⁵. Repeat in behavioral health

In the sample analyzed⁶, the largest percentage of youth (70%) comes from city, county, or state public child welfare agencies: 39% (n = 869) of these are from county or local public child welfare agencies and 31% (n = 705) are from state public child welfare agencies (see Table 3). Nearly one-fifth of the youth (18%; n = 415) come from the juvenile justice system. Each of the other referral sources accounted for less than 4% of all referrals.

Table 3. Referral Source

	Count	Percent
State public child welfare agency	705	31.2%
County/local public child welfare agency	869	38.5%
Juvenile justice system	415	18.4%
Mental health system	52	2.3%
Voluntary, not-for-profit agency	83	3.7%
Family	23	1.0%
Private practitioner	5	.2%
Private psychiatric hospital	28	1.2%
Insurance company/HMO	2	.1%
Other	49	2.2%
Multiple Referral Sources	28	1.2%

Comparable proportions of TFC and RGC youth were referred from state child welfare agencies as well as from the juvenile justice system. More RGC than TFC youth were referred by their families, the mental health system, psychiatric hospitals, and non-profit agencies. In comparison, more TFC youth were referred by county or local child welfare agencies.

The majority of youth in the sample (68%) had histories of foster care placements sometime prior to their current program, with TFC youth more likely to have been in foster care than RGC youth (77% of TFC compared with 61% of RGC). On average, children and youth had five prior living arrangements before entering their current program with some having as many

⁴ IQ data were complete for 1,471 children and youth (988 in RGC and 483 in TFC).

⁵ Data on psychiatric diagnoses were complete for 2,152 children and youth (1,247 in RGC and 905 in TFC).

⁶ Data on referral source were complete for 2,259 children and youth (1,315 in RGC and 944 in TFC).

as sixteen (SD=3.3)⁷. Youth in RGC programs had more prior living arrangements (M=5.4, SD=3.6) than youth entering TFC (M=4.1, SD=2.7; $t(2,151)=9.5, p=.000$).

A quarter of the TFC youth came into the current program from home, and 20% came from foster care (see Table 4)⁸. Approximately 22% of the RGC youth came from home, 19% came from other residential programs, and 30% came from psychiatric or correctional facilities.

Table 4. Last Living Environment Prior to Current Care by Program Type

	RGC	TFC
Home	22.2%	26.5%
Foster care	4.9%	20.1%
Therapeutic foster care	0.4%	15.1%
Group home	5.7%	5.7%
Residential group care	18.9%	11.4%
Psychiatric facility	16.0%	6.9%
Correctional facility	13.5%	4.8%
Rehab/Hospital	3.5%	1.4%
Other	15.0%	8.2%

Note. The percentages do not sum to 100% because of rounding.

A little more than half of the children and youth in the Odyssey sample have siblings in care (58%, $n = 998$)⁹. A greater proportion of children and youth in TFC have siblings in care (70%) than do RGC children and youth (49%; $\chi^2(1, N=1,720)=76.93, p=.000$).

The mean per diem rate¹⁰ in RGC was \$203.96, with a rather large range (\$23 to \$675). The mean per diem rate in TFC was \$83.45 (ranging from \$21 to \$326). While this implies that TFC is a less expensive form of care, it does not take into account all of the services that are provided to TFC children and youth that are not directly covered by the rate and are funded through other sources (e.g., mental health, Medicaid, etc.). For example, school, therapy, medical, recreation and an administrative rate are all included in the RGC program rates, while the TFC programs only pay for a board rate (passed through to the therapeutic foster parent) and an administrative rate to the supervising agency.

⁷ Data on the number of prior living arrangements were complete for 2,156 children and youth (1,239 in RGC and 917 in TFC).

⁸ Data on last living environment were complete for 2,150 children and youth (1,234 in RGC and 916 in TFC).

⁹ Data on siblings in care were complete for 1,720 children and youth (945 in RGC and 775 in TFC).

¹⁰ Data on per diem rates were complete for 1,985 children and youth (1,150 in RGC and 835 in TFC).

Data on five predisposing risk factors were collected, but missing data limits generalizability to the larger sample (data were missing on 38% to 46% of the sample across risk factors). Based on the data that were collected¹¹, children and youth born with positive toxicology entered care at a significantly earlier age (M = 11.0 years, SD = 3.6) than other children and youth (M = 13.4 years, SD = 3.1; $t(72)=5.22$, $p=.000$). Children and youth born with fetal alcohol syndrome also entered care at a significantly earlier age (M = 11.6 years, SD = 4.1) than other children and youth (M = 13.3 years, SD = 3.2; $t(50)=2.89$, $p=.006$). There were no differences in age at entry between those youth identified and not identified as born prematurely, experiencing oxygen deprivation, or having a low birth weight. Note that this lack of data is due in large part to the older age at which youth enter the programs and the limited access programs have to this early information.

Summary

In sum, the vast majority of youth were referred from public welfare agencies, and one fifth of the youth were referred from juvenile justice. There were several differences between children and youth entering RGC and TFC programs. Compared with TFC, youth in RGC were more likely to be male, non-white, and older and were less likely to have siblings in care. Youth in RGC also were more likely to enter a program with a psychiatric diagnosis. The cost for RGC was much higher than for TFC, but this difference does not take into account all of the services acquired in the community by youth in TFC that are included in the RGC programs. Trend data from the total sample suggested that youth with pre-natal drug exposure (positive toxicology and fetal alcohol syndrome) came into care at an earlier age than other youth.

Family Characteristics

In order to understand the context of the child's life, the Odyssey Project collected a variety of data on family characteristics and the type of stresses, such as maltreatment and victimization (see Child Maltreatment and Victimization section), experienced by the children. The child and family characteristics form (CFC) was administered at intake. Data on family characteristics are missing for close to half (and sometimes more than half) of the participants. The amount of missing information varies depending on the questions and the depth of the informants' knowledge of the families.

Birth Mothers

At participants' intake, 29% (n=529) of their birth mothers were married and an additional 21% (n=389) were living with a partner¹². Close to one-third

¹¹ Data on positive toxicology were complete for 1,222 children and youth and on fetal alcohol syndrome for 1,294.

¹² Data on birth mothers' status were complete for 1,843 children and youth (1,080 in RGC and 763 in TFC).

(n=298) had less than a high school education¹³. Birth mothers' status and education did not differ for children and youth entering RGC and TFC.

Twenty-eight percent (n=349) of the birth mothers had been convicted of a criminal offense¹⁴. Birth mothers of RGC and TFC youth differed (see Figure 1). Forty percent of TFC youths' birth mothers had been convicted compared to 20% of RGC youths' birth mothers ($\chi^2(1, N=1,231)=61.16, p=.000$).

Approximately one-third of birth mothers had prior psychiatric hospitalizations (n=191)¹⁵ and one-third had psychiatric disorders (n=419)¹⁶. The proportions of birth mothers whose children and youth entered TFC were evenly divided with regard to histories of psychiatric hospitalizations (48% had been hospitalized and 52% had not). In contrast, significantly fewer birth mothers whose children and youth entered RGC had been hospitalized (27%; $\chi^2(1, N=560)=26.00, p=.000$). Similarly, there was a discrepancy for psychiatric disorders. Thirty percent of birth mothers whose children and youth entered RGC had diagnosed psychiatric disorders compared to 43% of TFC mothers ($\chi^2(1, N=1,192)=23.72, p=.000$; see Figure 1).

Close to half of the birth mothers suffered from alcohol dependency (n=624)¹⁷ and from chemical dependency (n=705)¹⁸. A higher proportion of birth mothers of TFC youth (55%) than RGC youth (38%) suffered from alcohol dependency ($\chi^2(1, N=1,380)=43.29, p=.000$; see Figure 1). The two groups did not differ on chemical dependency.

¹³ Data on birth mothers' education were complete for 1,048 children and youth (626 in RGC and 422 in TFC).

¹⁴ Data on birth mothers' criminal history were complete for 1,231 children and youth (726 in RGC and 505 in TFC).

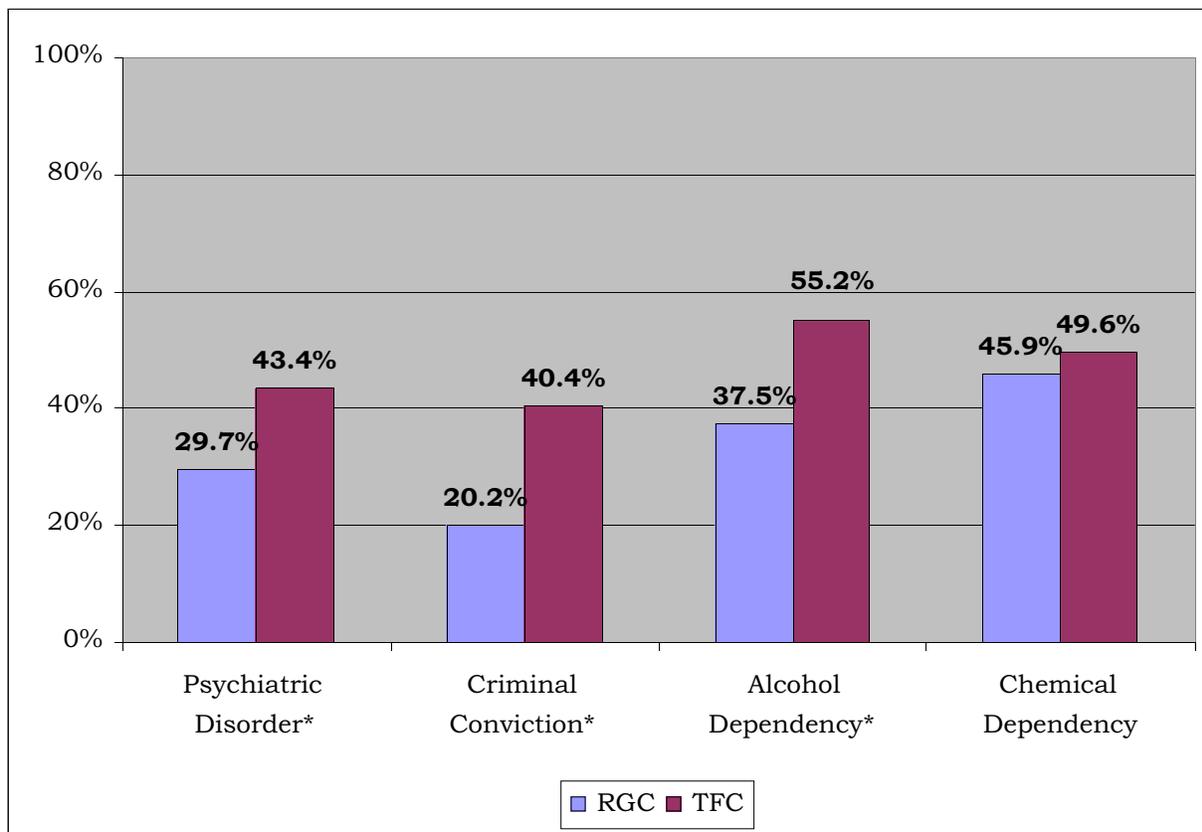
¹⁵ Data on birth mothers' psychiatric hospitalization were complete for 560 children and youth (359 in RGC and 201 in TFC).

¹⁶ Data on birth mothers' psychiatric disorder were complete for 1,192 children and youth (715 in RGC and 477 in TFC).

¹⁷ Data on birth mothers' alcohol dependency were complete for 1,380 children and youth (777 in RGC and 603 in TFC).

¹⁸ Data on birth mothers' chemical dependency were complete for 1,489 children and youth (892 in RGC and 597 in TFC).

Figure 1. Maternal Psychosocial Stressors



Note. * $p < .000$

Birth Fathers

The data on birth fathers is scarcer than that on birth mothers. Most variables are missing 60% or more data. According to the available data¹⁹, 39% (n=508) of birth fathers were married when their children entered care and 33% (n=434) were living alone. Approximately 20% (n=150) of the birth fathers had less than a high school education²⁰. Birth fathers' status and education did not differ for children and youth entering RGC versus TFC.

Fifty-seven percent (n=551) of fathers had been convicted of a criminal offense prior to their children's intake²¹. A greater proportion of children and youth in TFC (64%) had birth fathers with convictions than youth in RGC (52%; $\chi^2(1, N=965)=13.17, p=.000$; see Figure 2).

¹⁹ Data on birth fathers' status were complete for 1,315 children and youth (774 in RGC and 541 in TFC).

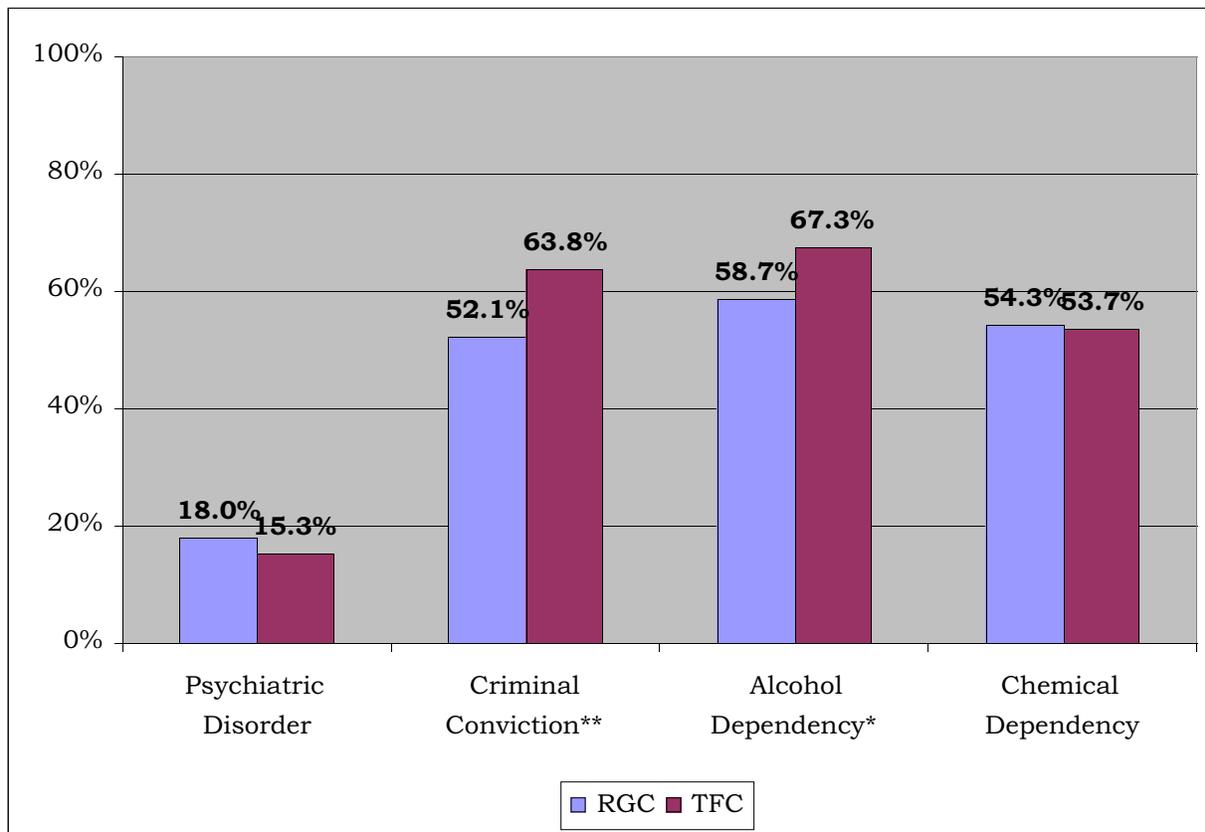
²⁰ Data on birth fathers' education were complete for 661 children and youth (376 in RGC and 285 in TFC).

²¹ Data on birth fathers' criminal history were complete for 965 children and youth (551 in RGC and 414 in TFC).

Very few informants knew if birth fathers had prior psychiatric hospitalizations. Of those that knew about fathers' psychiatric disorders²², less than 20% of each group reported that birth fathers had diagnosed disorders.

Sixty-two percent (n=600) of birth fathers suffered from alcohol dependency²³ and 54% (n=496) suffered from chemical dependency²⁴. RGC and TFC youths' birth fathers did not differ on chemical dependency. However, a larger proportion of TFC youths' fathers (67%) suffered from alcohol dependency than RGC youths' fathers (59%; $\chi^2(1, N=963)=7.39, p=.007$; see Figure 2).

Figure 2. Paternal Psychosocial Stressors



Note. * $p=.007$, ** $p<.000$

Summary

Between 40% and 50% of birth parents had high school educations and approximately one-third were married when their children entered placement. A quarter of birth mothers and more than half of birth fathers had criminal

²² Data on birth fathers' psychiatric disorder were complete for 701 children and youth (406 in RGC and 295 in TFC).

²³ Data on birth fathers' alcohol dependency were complete for 963 children and youth (562 in RGC and 401 in TFC).

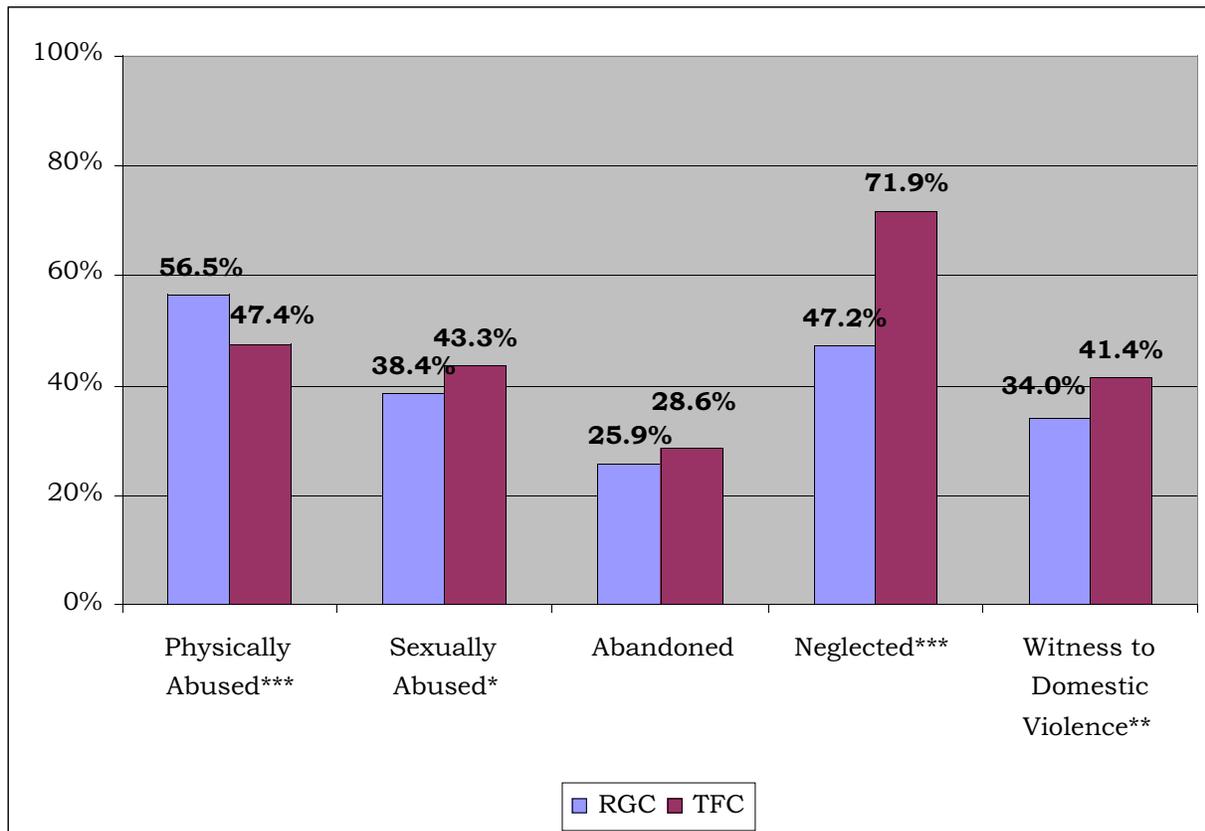
²⁴ Data on birth fathers' chemical dependency were complete for 918 children and youth (564 in RGC and 354 in TFC).

convictions. One-third of the mothers had psychiatric disorders and prior had psychiatric hospitalizations. Half of birth mothers and more than half of fathers suffered from alcohol dependency and chemical dependency. Overall, greater proportions of TFC youths had parents with substance dependencies, criminal histories, and psychiatric disorders (refer to Figures 1 and 2).

Child Maltreatment and Victimization

Abuse and victimization histories were known for 82%²⁵ of the children and youth in the Odyssey Project. Of those, 52% (n=982) had been physically abused and 41% (n=759) had been sexually abused. The proportions of RGC and TFC youth who had been sexually abused and who had been physically abused varied (see Figure 3). More TFC youth (43%) had been sexually abused than RGC youth (38%; $\chi^2(1, N=1,868)=4.55, p=.03$). Conversely, more RGC youth (57%) had been physically abused than TFC youth (47%; $\chi^2(1, N=1,873)=15.21, p=.000$).

Figure 3. Abuse and Victimization by Program Type



Note. *p=.03, **p=.001, ***p<.000

²⁵ Although the percent is roughly the same, the sample size for abuse and victimization variables varies slightly depending on the question (i.e., it ranges between 1,868 and 1,875).

Among children and youth who had been physically abused, the perpetrator was most often a biological parent (see Table 5). Perpetrators of sexual abuse were most often biological fathers, other relatives, and family friends (see Table 5).

Table 5. Perpetrators of Physical and Sexual Abuse

	PHYSICAL ABUSE		SEXUAL ABUSE	
	Count	Percent	Count	Percent
Biological Father	376	45.1%	156	28.4%
Biological Mother	363	43.5%	52	9.5%
Stepfather	139	16.7%	72	13.1%
Stepmother	23	2.8%	0	0.0%
Sibling	47	5.6%	89	16.2%
Relative	93	11.2%	157	28.5%
Family Friend	62	7.4%	135	24.5%
Stranger	15	1.8%	51	9.3%

Thirty-seven percent (n=698) of the youth witnessed domestic violence. A greater percent of youth entering TFC witnessed violence in their homes (41% compared to 34% for RGC youth; $\chi^2(1, N=1,870)=10.89, p=.001$; see Figure 3).

A majority (58%, n=1,094) were neglected, and a quarter (n=508) had been abandoned. Youth entering each program did not differ with regard to abandonment. More children and youth entering TFC programs (72%) were neglected than youth entering RGC programs (47%; $\chi^2(1, N=1,875)=115.96, p=.000$; see Figure 3).

Summary

The children and youth have histories of severe stressors. More than half had been neglected, half had been maltreated, a third had witnessed domestic violence, and a quarter had been abandoned before entering the Odyssey Project. Although in some instances the rates among TFC youth were higher than RGC youth (refer to Figure 3), children and youth entering both programs faced similar challenges in family background and in the maltreatment and victimization they experienced prior to care.

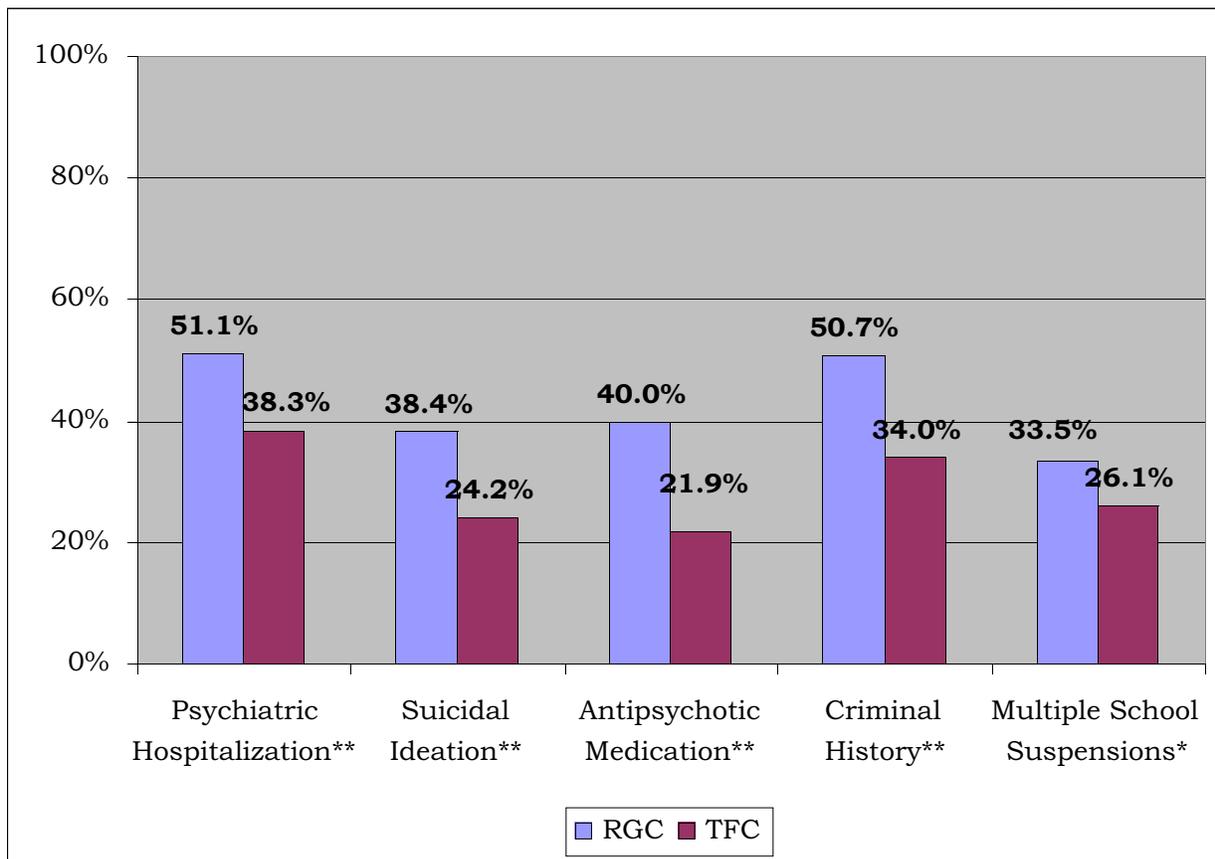
Behavioral and Mental Health Disorder

The Odyssey Project measured the severity of behavioral and mental health disturbance using the child and family characteristics form (CFC) administered at intake and the Child Behavior Checklist (CBCL). The CBCL, a widely used well-validated clinical and research instrument, was completed on 1,853 of the children in the study within their first three months of care.

CFC Results

Prior to intake, 88% of the youth had established psychiatric diagnoses²⁶, and almost half (46%, n=937) of the children and youth had been admitted to a psychiatric hospital²⁷. As reported above, a significantly larger percentage of youth entered RGC with a psychiatric diagnosis (93%) as compared with TFC (80%; $\chi^2(1, N=2,152)=76.75, p=.000$). In addition, a greater number of youth entering RGC programs (51%) had histories of psychiatric hospitalization compared to youth entering TFC programs (38%; $\chi^2(1, N=2,036)=31.95, p=.000$; see Figure 4).

Figure 4. Behavioral and Mental Health Disturbances by Program Type



Note. * $p=.001$, ** $p<.000$

²⁶ Data on psychiatric diagnoses were complete for 2,152 children and youth (1,247 in RGC and 905 in TFC).

²⁷ Data on psychiatric hospitalization were complete for 2,036 children and youth (1,225 in RGC and 811 in TFC).

One-third (n=688) of the children and youth had a history of suicidal ideation²⁸. More RGC youth (38%) had known histories of suicidal ideation than TFC youth (24%; $\chi^2(1, N=2,101)=56.92, p=.000$; see Figure 4).

Informants were aware of or completed questions on medications at intake for less than half of the study participants. Of those with known drug regimens, almost one-third (n=322) were medicated with antipsychotic drugs at the time of placement²⁹. More youth entering RGC programs (40%) were on antipsychotic medications than those entering TFC (22%; $\chi^2(1, N=985)=35.09, p=.000$; see Figure 4).

Close to half (44%, n=927) of the youth had a known history of committing at least one crime³⁰. Approximately 10% of the crimes were drug-related. Twenty percent were crimes against a person, and 30% were property crimes. Half of the youth entering RGC programs had known criminal histories whereas one-third of TFC youth did ($\chi^2(1, N=2,101)=56.92, p=.000$; see Figure 4).

Thirty percent (n=542) had a history of multiple school suspensions³¹. More youth in RGC programs (34%) had multiple school suspensions than TFC youth (26%; $\chi^2(1, N=1,759)=10.24, p=.001$; see Figure 4).

CBCL Results

The CFC findings are well-supported by the percentages of youth who scored in the clinical range (i.e., scores at least two standard deviations above the mean) on the CBCL³². The CBCL is a standardized instrument that controls for gender and age in calculating clinical categorizations.

At intake, more than half of the children and youth had clinical ratings for total problems (54%, n=983) and externalizing problems (56%, n=1,018; see Table 6). Thirty-nine percent had internalizing problems. Overall, the percentages indicate an extremely high level of behavioral and mental disturbance severity in all categories. At least 15% of the children scored in the clinical range, at least 2 standard deviations above the mean, on any scale except Somatic Complaints. In 6 of the 8 scales, at least 20% scored in that range.

²⁸ Data on suicidal ideation were complete for 2,099 children and youth (1,272 in RGC and 827 in TFC).

²⁹ Data on medications were complete for 985 children and youth (588 in RGC and 397 in TFC).

³⁰ Data on criminal history were complete for 2,101 children and youth (1,274 in RGC and 827 in TFC).

³¹ Data on school problems were complete for 1,759 children and youth (1,127 in RGC and 632 in TFC).

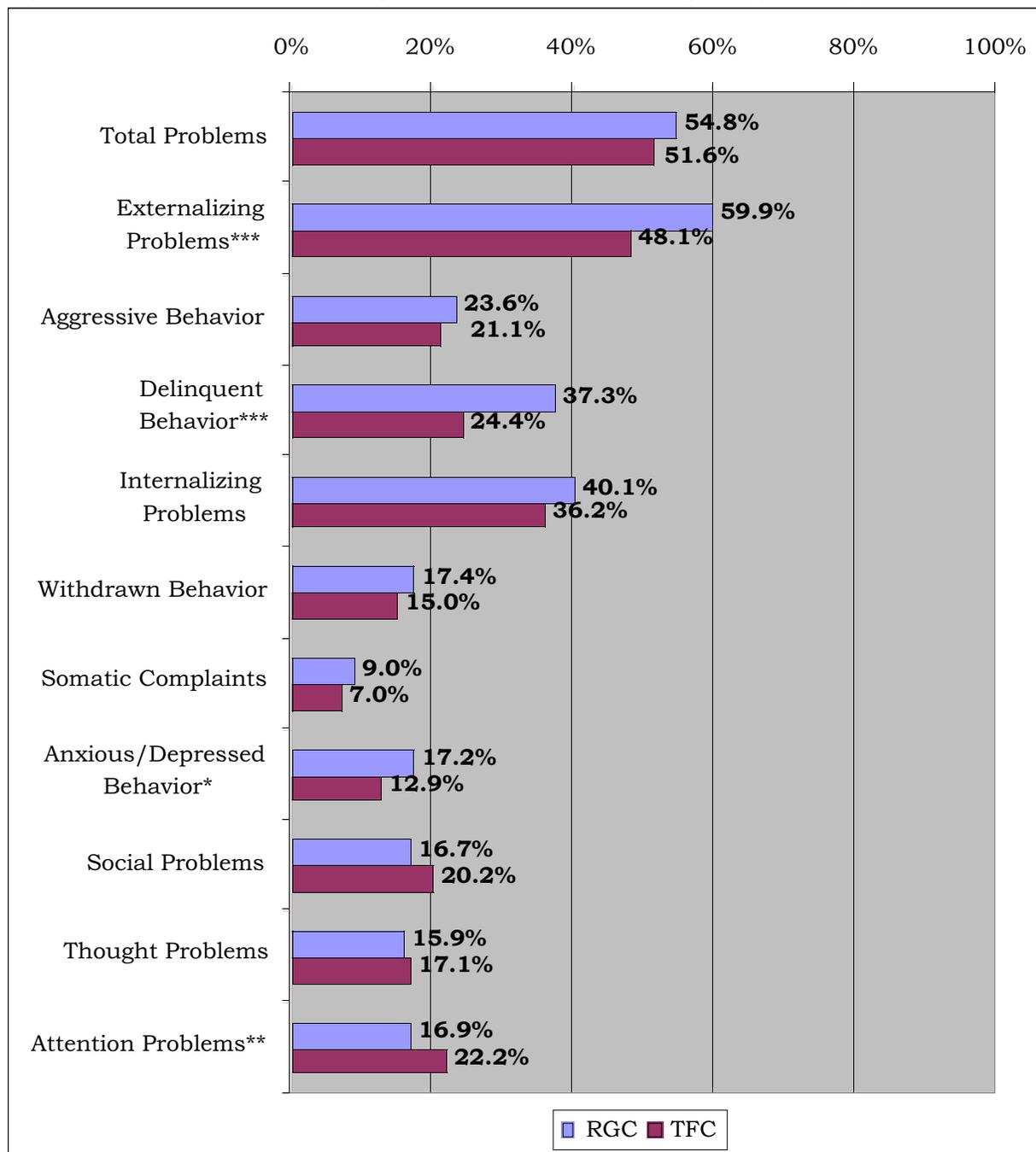
³² Standardized scores were obtained for 1,832 children and youth who had initial CBCL data. Missing data on 21 children and youth prevented project staff from scoring the records.

Table 6. Participants Scoring in the Clinical Range on CBCL Scales

	Count	Percent
Total Problems	983	54%
Externalizing Problems	1,018	56%
<i>Aggressive Behavior</i>	415	23%
<i>Delinquent Behavior</i>	597	33%
Internalizing Problems	708	39%
<i>Withdrawn Behavior</i>	303	17%
<i>Somatic Complaints</i>	151	8%
<i>Anxious/Depressed Behavior</i>	286	16%
Social Problems	330	18%
Thought Problems	299	16%
Attention Problems	345	19%

Children and youth in RGC and TFC programs differed with regard to behavioral disturbance (see Figure 5). Although roughly half of both groups scored in the clinical range for Total Problems, a significantly larger proportion of RGC youth exhibited Externalizing Problems as well as Delinquent Behavior and Anxious/Depressed Behavior than did TFC youth. A marginally larger percentage of RGC youth had Internalizing Problems whereas more TFC youth tended to have Social Problems and Attention Problems.

Figure 5. CBCL Clinical Range Behavior Problems by Program Type



Note. *p=.02, **p=.005, ***p<.000

At discharge from the program, CBCL data were completed and scored for a little less than half of the original sample³³. In sum, the majority of the clinical and normal cases remained the same on CBCL ratings from intake to discharge (see Table 7). Among the youth who had clinical range behavior problems at

³³ Data on CBCL ratings were completed and scored for 796 children and youth at discharge from their programs (441 in RGC and 311 in TFC).

intake, 35% improved and were no longer deemed in the clinical range on Externalizing Problems by discharge. Fifty-two percent moved out of the clinical range on Internalizing Problems. The preponderance of borderline cases that worsened on Externalizing (58%) and Internalizing Problems (29%) by discharge may not indicate program effects but could be the result of various measurement effects, such as different raters. Borderline cases at intake may have been one or two points removed from a clinical rating; thus, a small shift in total score could result in a category shift from borderline to clinical.

Table 7. Changes³⁴ in CBCL Scales from Intake to Discharge by Intake Rating

	Improved	Stayed the Same	Worsened
Total Problems			
<i>Clinical (n=403)</i>	38.5%	61.5%	-
<i>Borderline (n=114)</i>	38.6%	17.5%	43.9%
<i>Normal (n=279)</i>	-	60.6%	39.4%
Externalizing Problems			
<i>Clinical (n=425)</i>	35.1%	64.9%	-
<i>Borderline (n=85)</i>	35.3%	7.1%	57.6%
<i>Normal (n=285)</i>	-	58.9%	41.1%
Internalizing Problems			
<i>Clinical (n=294)</i>	52.4%	47.6%	-
<i>Borderline (n=106)</i>	50.0%	20.8%	29.2%
<i>Normal (n=396)</i>	-	69.2%	30.8%

A greater proportion of RGC youth (43%) than TFC youth (22%) with clinical ratings on Externalizing Problems at intake appeared to improve. Youth from each program were more comparable with regard to improvements on Internalizing Problems; 58% of RGC youth with clinical ratings and 45% of TFC youth improved.

Summary

The findings indicate an exceptionally high level of severe behavioral and mental disturbance in the children and adolescents in both of these more restrictive placements. The disturbance was not confined to any one dimension of difficulty but spanned the range of behavioral, functional, and psychiatric disorder. Much greater frequencies of mental illness, delinquency, and school problems were indicated in RGC children and youth than in those in TFC (see Figure 4). Compared to children in TFC programs, those in RGC had a greater history of prior psychiatric hospitalizations and of treatment with antipsychotic

³⁴ Changes in CBCL ratings reflect a categorical change in status (i.e., clinical, borderline, or normal). For example, clinical range cases that “Improved” shifted from clinical at intake to borderline or normal at discharge.

medications. Youth in RGC programs also had a greater history of known crime, school suspensions, and suicidal ideation. CBCL scores indicated more behavioral disorder and mental disturbance in the RGC youth than in the TFC youth (see Figure 5), yet RGC youth appeared to improve more than TFC youth.

Social Supports

The SOCSS was optional for agencies to complete although agency staff were encouraged to collect social support information from youth at intake, annually during care, and at discharge. Nonetheless, only 36% (n=898) of the sample completed the SOCSS at intake. Even less completed the annual (n=7 to 149 depending on the year in care) and discharge (n=171) SOCSS forms.

The youth were asked the following three questions in regard to their social support networks:

1. Who helps you when you need to talk to somebody about your feelings? [TALK³⁵]
2. Who gives you something that you would like or need but don't have? (GIVE³⁶)
3. Who helps you when you need to know something of which you are unsure? [KNOW³⁷]

The total social network score is the sum of responses to these three items.

At Entry into Care

The average social network for all youth was 14 (SD=9.09) at entry into care. However, this count most likely duplicates individuals. That is, the youth could list one person on all three questions as a social support. Therefore, it is useful to examine responses to each question separately.

On all three items, around 12% or less felt they had nobody as a social support (see Table 8). In contrast, close to half of the youth felt they had more than five people with whom they could talk about their feelings. More than half felt they had one to five people who give them things or help them when they need to know something.

Table 8. Social Support at Intake

	Talk	Give	Know
No one	7.2%	11.6%	10.7%
One or two people	15.0%	24.6%	25.6%
Three to five people	31.3%	36.4%	35.8%

³⁵ Data on social support-TALK were complete for 821 children and youth (645 in RGC and 176 in TFC).

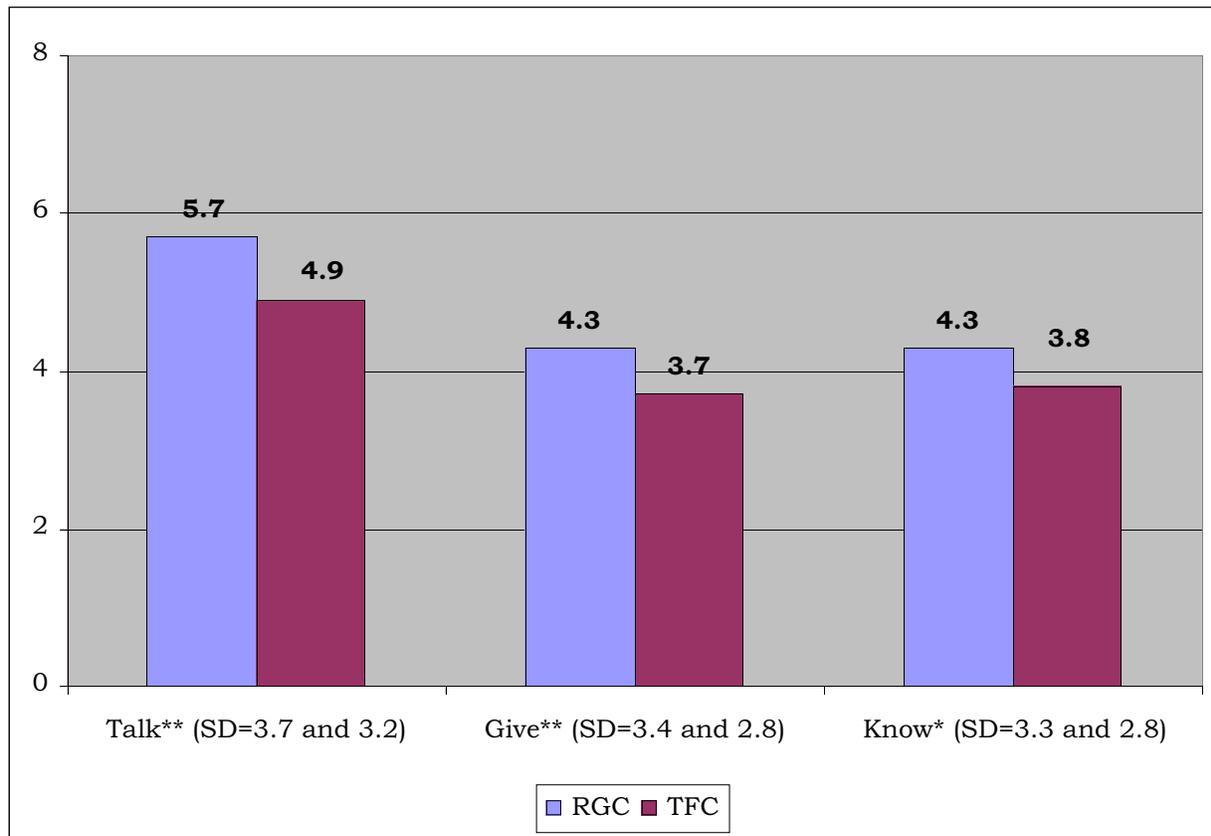
³⁶ Data on social support-GIVE were complete for 809 children and youth (635 in RGC and 174 in TFC).

³⁷ Data on social support-KNOW were complete for 809 children and youth (636 in RGC and 173 in TFC).

More than five people	46.5%	27.5%	27.9%
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The total social network scores differed for RGC and TFC youth as did the averages for all three separate social support items. Overall, RGC youth reported having larger social networks (M=14, SD=9.46) than TFC youth (M=12, SD=7.46; $t(336)=3.07, p=.002$). As Figure 6 displays, RGC youth perceived statistically greater numbers of social supports than TFC youth although the difference appears minimal.

Figure 6. Average Numbers of Social Supports by Program Type



Note. * $p=.03$, ** $p<.01$

For TALK, the difference mainly lies in the proportions of youth feeling that they have more than five people as social supports (50% of RGC versus 40% of TFC youth). The same is true for GIVE and KNOW. Thirty percent of RGC feel they have five or more people who give them things or help them when they need to know something whereas only 20% and 23% of TFC youth, respectively, felt they had that degree of social support. Similar proportions of RGC and TFC youth felt they had no one or only one or two people as social supports on all three items.

During Care

At discharge, caregivers reported on the Services form the average number of in person and telephone contacts between youth and their family, friends, and other caregivers during care. According to these reports, youth had face-to-face contacts with their biological mothers and fathers once a week and closer to two contacts per week with siblings (see Table 9). Youth appeared to have more frequent contacts, whether in person or on the telephone, with friends than with parents or siblings.

Table 9. Average Frequency of Contact with Birth Parents, Siblings, and Friends

	Face-to-face	Telephone
Birth Mother	(n=583)	(n=584)
<i>Mean</i>	1.25	1.70
<i>Standard Deviation</i>	1.28	1.27
Birth Father	(n=249)	(n=233)
<i>Mean</i>	1.26	1.54
<i>Standard Deviation</i>	1.48	1.53
Siblings	(n=501)	(n=320)
<i>Mean</i>	1.92	1.40
<i>Standard Deviation</i>	2.66	1.36
Friends	(n=424)	(n=266)
<i>Mean</i>	4.43	4.06
<i>Standard Deviation</i>	4.67	3.69

RGC and TFC youth did not differ with regard to contacts with their biological parents; however, contacts with siblings and with friends were significantly different. Youth in TFC had more face-to-face contact with siblings (M=2.32, SD=3.12) than RGC youth (M=1.47, SD=1.68; $t(293)=3.57$, $p=.000$). Similarly, TFC youth had more contact with their friends in person (M=5.14, SD=2.96) and on the telephone (M=5.16, SD=4.07) than RGC youth (M=2.83 and 2.15, SD=3.19 and 1.94, respectively; $t(401)=7.42$, $p=.000$ for in person and $t(249)=8.00$, $p=.000$ for telephone).

Summary

At entry into care, more than three-quarters of the youth felt they had three or more individuals with whom they could discuss their feelings. Close to two-thirds felt they had three or more people who gave them things they wanted and who helped them when they needed to know something. There were initial differences between youth entering RGC and TFC programs; RGC youth perceived having more social supports than TFC youth. However, during care, TFC youth had more contacts with siblings and friends than RGC youth. Youth

in both programs had similar numbers of contacts with their biological parents.

Services

Seventy-three services were covered on the Services form and organized into ten groups. Data were collected on who provided the service and if the primary caregiver was involved in delivery. Although information on services received during care was gathered annually and at discharge from the program, the findings here reflect only the latter³⁸. Also the data discussed here pertain to services provided by the agency, not by a secondary provider.

At program discharge³⁹, 30% of the youth (n=264) left care before completing service, against the advice of the agency staff. More of these cases were TFC youth (38% compared to 25% of RGC youth). In addition, 123 of all youth (11%) left the program within 60 days. These were deemed “early exits” by the project staff.

Operational Services

Multiple operational services were provided for three-quarters of the youth (see Figure 7 at the end of this section). Agencies provided case management and transportation services most frequently. Similar proportions of RGC and TFC youth received operational services. However, more RGC youth (80%) than TFC youth (71%) received multiple services ($\chi^2(2, N=1,081)=23.47, p=.000$).

Youth Services

Only 20% received any youth services, such as legal aid, community outreach, mediation, or detention (see Figure 7 at the end of this section). Of those that did receive services, child legal assistance was used most often. Few of either RGC or TFC youth received youth services; nonetheless, more RGC youth (26%) received services than TFC youth (13%; $\chi^2(2, N=1,081)=44.92, p=.000$).

Health Services

Sexual education, health education and prevention, health screening and assessment, and primary health care (in that order) were the most commonly provided services. Nearly 60% of all youth received multiple health services such as these (see Figure 7 at the end of this section). However, this proportion is inflated by the RGC youth. A notable majority of RGC youth (84%) received multiple health services as compared to TFC youth (25%; $\chi^2(2, N=1,081)=391.94, p=.000$).

³⁸ Data on services at discharge were complete for 1,081 children and youth (628 in RGC and 453 in TFC).

³⁹ Data on service completion at discharge were complete for 877 children and youth (507 in RGC and 370 in TFC).

Family Support Services

Approximately 56% of the youth received one or more family support services (see Figure 7 at the end of this section). Pre-placement visits and respite care were the services reported most frequently. Although half of RGC youth received family support services, more TFC youth (64%) received one or more services $\chi^2(2, N=1,081)=40.69, p=.000$.

Education Services

Close to half of the youth received two or more education services and an additional 21% received just one service (see Figure 7 at the end of this section). The agencies provided assessment and planning services to a majority of the youth. More RGC youth (94%) received school services than TFC youth (35%; $\chi^2(2, N=1,081)=514.76, p=.000$).

Recreational Services

Forty-two percent received two or more recreational services and an additional 26% received one service (see Figure 7 at the end of this section). Structured activities and after-school programs were the most common services provided. Fewer TFC youth (40%) received recreational services compared to RGC youth (89%; $\chi^2(2, N=1,081)=351.52, p=.000$).

Independent Living Skills Training

Eighty-one percent of the youth received two or more independent living skills services (see Figure 7 at the end of this section). Specifically, social skills training and services for building and understanding relationships were cited most often. More RGC youth (96%) received independent living skills services than TFC youth (72%; $\chi^2(2, N=1,081)=161.19, p=.000$).

Vocational Services

Slightly less than half of the youth received one or more vocational services (see Figure 7 at the end of this section). Career education, direct work experience, and assistance finding a job were the services cited most regularly. A larger proportion of RGC youth (64%) received vocational services than TFC youth (23%; $\chi^2(2, N=1,081)=188.18, p=.000$).

Mental/Behavioral Health Services

Approximately 70% of the youth received two or more mental and behavioral health services, and 20% did not receive any services (see Figure 7 at the end of this section). Comprehensive evaluations, individual treatment for the child, and recreational therapy were recurrently cited. Less than 5% of RGC youth did not receive mental and behavioral health services. Thus, more RGC youth (98%) received these services than TFC youth (56%; $\chi^2(2, N=1,081)=451.46, p=.000$).

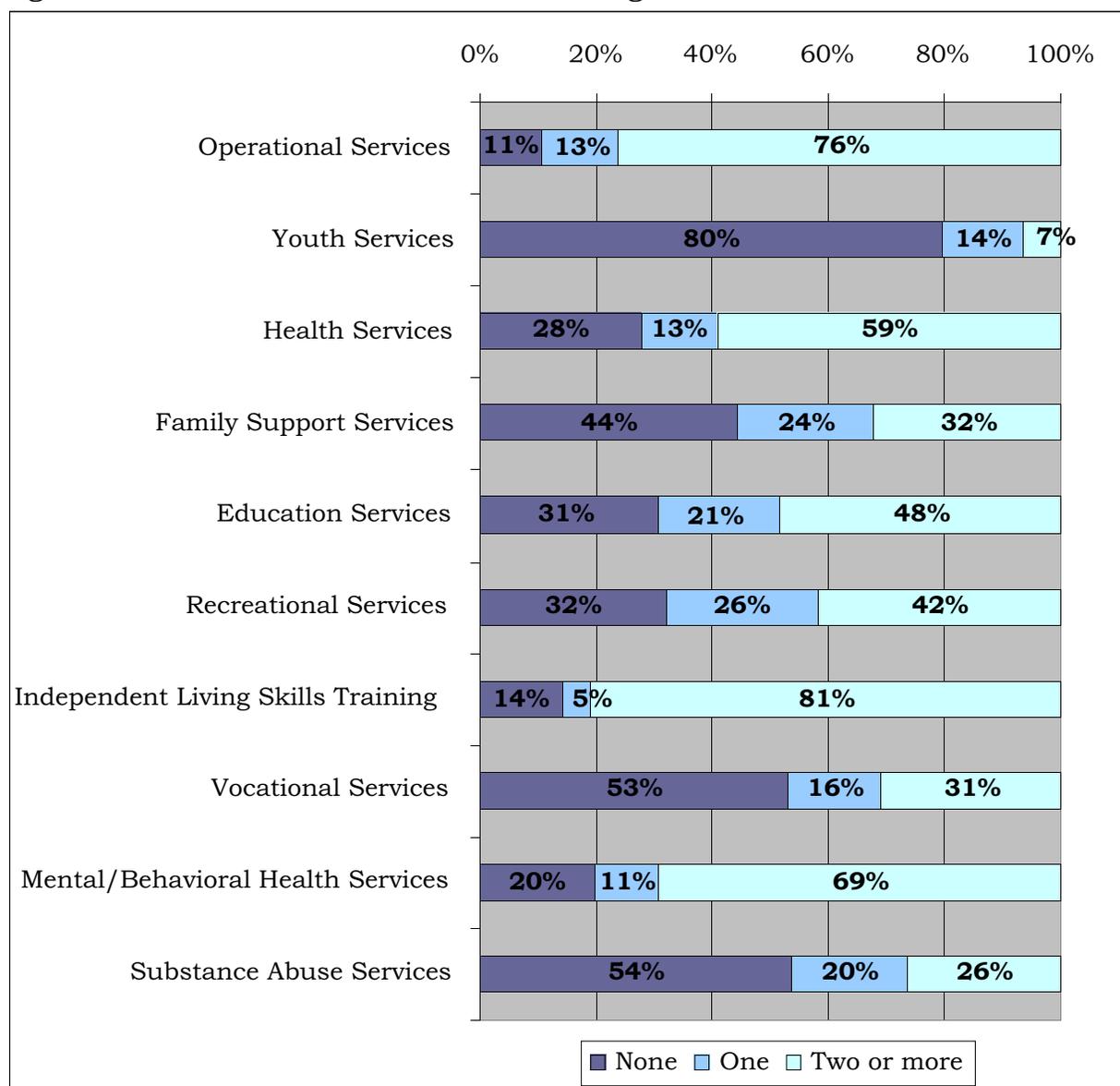
Substance Abuse Services

More than half of the youth did not receive any substance abuse services (see Figure 7 at the end of this section). Of the 46% that did receive service, drug and alcohol education and prevention services as well as child counseling were provided most frequently. In addition, far more RGC youth (72%) than TFC youth (12%) received substance abuse services ($\chi^2(2, N=1,081)=392.01, p=.000$).

Summary

Youth received an array of services. The majority received operational services, independent living skills training, mental and behavioral health services, and traditional health services. Less than half received vocational and substance abuse services and less than 20% received youth services. Overall, larger proportions of RGC youth received multiple services than TFC youth. RGC youth received more mental and behavioral health, substance abuse, education, vocational, independent living, and health services. Only family support services were provided to a larger proportion of TFC youth than RGC youth.

Figure 7. Services Received Prior to Discharge



Note. The percentages do not sum to 100% because of rounding.

Permanency Goals and Discharge

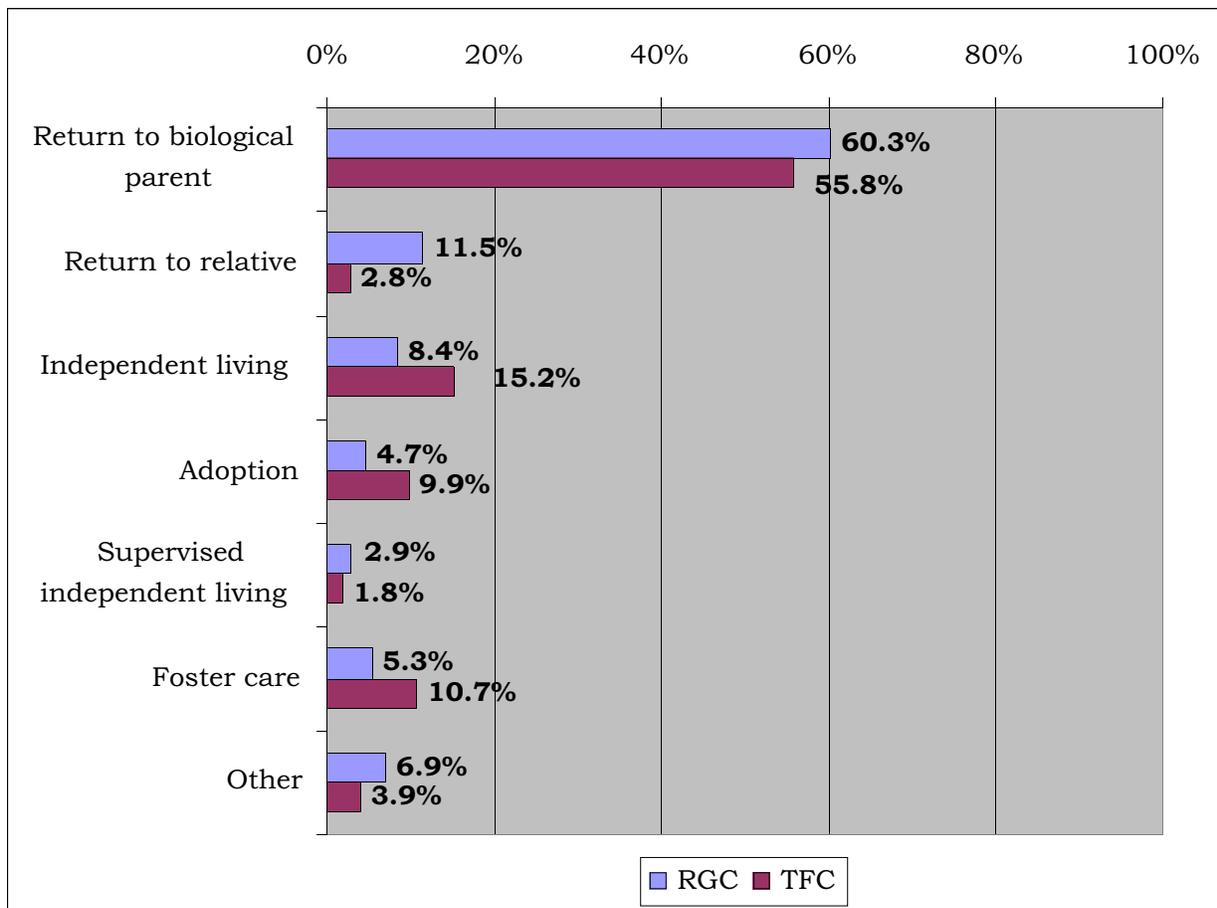
At entry into the Odyssey Project, the permanency goal⁴⁰ for a majority of the children and youth (58%, n=1,197) was to return to a biological parent. For approximately 11% of the youth (n=234) the goal was independent living (see Table 10 for a complete list of permanency goals). The goals for youth in RGC and TFC varied slightly although returning to a parent was the predominant goal for both groups (see Figure 8).

⁴⁰ Data on permanency goal at intake were complete for 2,052 children and youth (1,144 in RGC and 908 in TFC).

Table 10. Permanency Goals at Intake

	Count	Percent
Return to biological parent	1,197	58.3%
Return to relative	156	7.6%
Independent living	234	11.4%
Adoption	144	7.0%
Supervised independent living	49	2.4%
Foster care	158	7.7%
Other	114	5.6%

Figure 8. Permanency Goals at Intake by Program Type



Children and youth were discharged predominantly into the care of a biological parent (44%; see Table 11)⁴¹. Less than 10% returned to a relative, moved to independent living, or were adopted. Less than 5% with complete discharge data were classified as runaway or AWOL. To whom a youth was discharged

⁴¹ Data on discharge living environment were complete for 1,052 children and youth (612 in RGC and 440 in TFC).

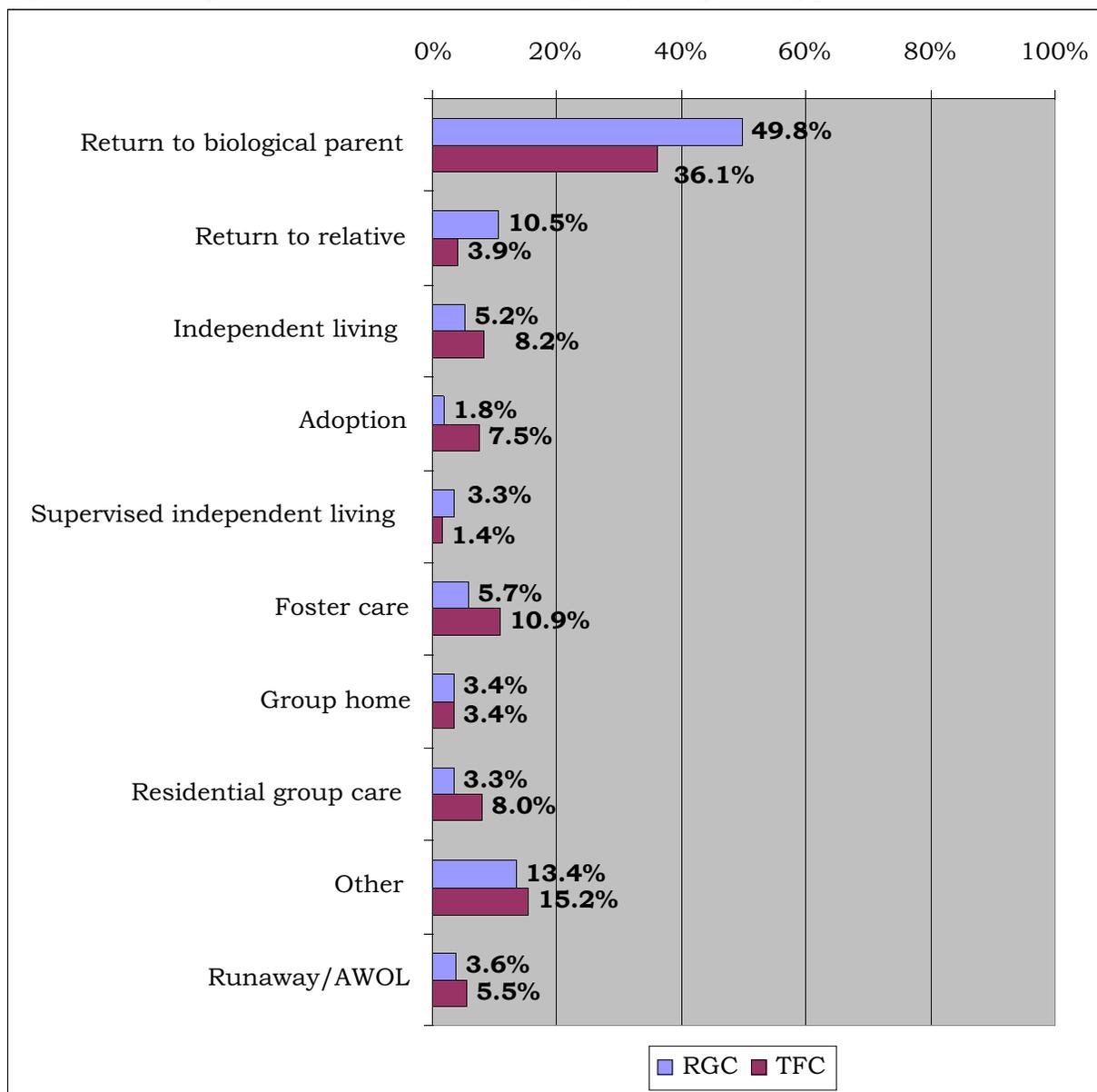
varied somewhat for youth in RGC versus TFC programs although for both the returning to a biological parent was the most frequent outcome (see Figure 9).

Table 11. Living Environment at Discharge

	Count	Percent
Return to biological parent	464	44.1%
Return to relative	81	7.7%
Independent living	68	6.5%
Adoption	44	4.2%
Supervised independent living	26	2.5%
Foster care	83	7.9%
Group home	36	3.4%
Residential group care	55	5.2%
Other ⁴²	149	14.2%
Runaway/AWOL	46	4.4%

⁴² “Other” includes shelter care, psychiatric hospital, correctional facility, and other living environments.

Figure 9. Living Environment at Discharge by Program Type



Achievement of Permanency Goal

At discharge from the Odyssey Project, data were available on living environment for 696 of the children and youth who had complete data on permanency goals at intake. Of these participants, 68% (n=474) achieved the permanency goal established at entry into care. Overall, RGC and TFC participants varied slightly in achieving their permanency goals (cf. 71% and 64%, respectively; $\chi^2(1, N=696)=3.20, p=.07$). In both groups, more than two-thirds achieved the goal of returning to a biological parent, and more than half achieved the goal of returning to live with a relative. More than half of the TFC youth with adoption as a goal at intake were adopted at discharge. Close to

two-thirds of the RGC youth achieved their intake goal and moved to foster care at discharge.

Summary

The goal for more than half of the children and youth in both programs was to return home to a biological parent (see Figure 8). Although data were lacking on discharge, the available information suggests that more than two-thirds achieved their permanency goals set forth at entry into care. Most participants in both RGC and TFC programs returned home albeit more RGC were discharged to a parent or relative than TFC youth. As might be expected, more TFC youth moved to foster care programs or were adopted than RGC youth (see Figure 9).

Post-Discharge: Outcomes

Post-discharge data were collected six months, one year, and two years after a youth left the program⁴³. Interviews were conducted with youth whenever possible; however, caregivers completed interviews in cases where youth were under thirteen, could not be found, or refused to participate. Many agencies were unable to complete this phase of the project, and data are available only on approximately 10% of the original sample. At six months post-discharge, interviews were completed on 225 youth. At one year, 269 interviews were completed, and at two years following program discharge, 139 interviews were completed. Less than 10% of the youth (n=35) completed interviews on all three occasions. The majority (64%, n=282) completed just one interview.

Most of the results are separated by program type; however, due to the limited sample size, statistical comparisons were not made. Also, the results are discussed by topic area rather than time period. Hence, six month, one year, and two year data are presented together.

Living Environment

Six months after discharge, 76% of RGC youth and 66% of TFC youth were living in less restrictive environments⁴⁴, such as home, foster care, and independent living. Approximately 40% of RGC youth and 25% of TFC youth were living with their biological parents. Approximately 20% of the TFC youth and less than 15% of the RGC youth were living in more restrictive placements. On average, all of the youth had only lived in one environment during the six months since discharge (M=1.3, SD=1.2).

⁴³ Discharge on the Odyssey Project equates to leaving the program, not to leaving the agency. Thus, a youth could leave his/her current program and move to a different program housed in the same agency and still be considered “discharged” from the project viewpoint.

⁴⁴ Data on living environment at six months post-discharge were complete on 163 children and youth (104 from RGC and 59 from TFC).

One year post-discharge, 79% of RGC youth and 73% of TFC youth were living in less restrictive placements as compared to their original placement in the Odyssey Project⁴⁵. Similar to the findings at six months, 41% of RGC youth and 27% of TFC youth were living with biological parents. Close to 20% of TFC youth were living in foster care. Less than 15% of each group was living in a more restrictive placement. Between six months and one year post-discharge, the average youth had one living arrangement (M=1.3, SD=1.4).

Two years after discharge, 75% of RGC youth and 62% of TFC youth were living in less restrictive settings⁴⁶. One-third of RGC were living with their biological parents, 13% were living with relatives, and another 13% were living with adoptive parents. Approximately 18% of TFC youth were living with biological parents and 18% were living with adoptive parents. One-quarter were living in foster care. The average number of living arrangements for all youth was 1.8 (SD=2.3) between one and two years post-discharge.

Educational Achievement

The majority of the youth from RGC and TFC were enrolled in school at the time of the interview. Approximately 80% of each group was enrolled at six months⁴⁷ post-discharge, close to 75% of each at one year⁴⁸, and over 55% of each group at two years⁴⁹. Over all three time periods, 13 youth who had been in RGC and 7 former TFC youth reported graduating from high school or receiving a GED.

Most of the youth did not experience school behavior problems. Among those who did, more RGC youth were suspended or expelled than TFC youth (see Table 12). Among RGC youth, twenty-three (19%) had been suspended in the first six months post-discharge, and six (5%) had been expelled in contrast to nine (13%) TFC youth suspended and four (6%) expelled.

⁴⁵ Data on living environment at one year post-discharge were complete on 194 children and youth (121 from RGC and 73 from TFC).

⁴⁶ Data on living environment at two years post-discharge were complete on 94 children and youth (54 from RGC and 40 from TFC).

⁴⁷ Data on school enrollment at six months post-discharge were complete on 214 children and youth (137 from RGC and 77 from TFC).

⁴⁸ Data on school enrollment at one year post-discharge were complete on 245 children and youth (166 from RGC and 79 from TFC).

⁴⁹ Data on school enrollment at two years post-discharge were complete on 135 children and youth (82 from RGC and 53 from TFC).

Table 12. Number of Youth Suspended and Expelled by Post-Discharge Interview and Program Type

	RGC	TFC
Suspended		
<i>Six month (n=186)</i>	19.4%	13.2%
<i>One year (n=182)</i>	11.6%	10.0%
<i>Two year (n=110)</i>	14.5%	4.1%
Expelled		
<i>Six month (n=186)</i>	5.1%	5.8%
<i>One year (n=182)</i>	3.6%	4.2%
<i>Two year (n=110)</i>	4.8%	4.1%

Note. Percentages represent proportions within each program type on the specified interview occasion.

In contrast, most youth reported doing well in school or at least perceived that they were doing well. Sixty-five percent of all youth reported their grades were good or average at the six month interview and less than 10% were below average or failing⁵⁰. At one year post-discharge, approximately 13% were below average or failing, and 60% had average or good grades⁵¹. Approximately 50% of the youth felt their grades were good or average at the two year interview⁵². Seventeen percent had grades below average or failing.

Employment

At all three time periods, larger proportions of youth reported having part-time employment than full-time employment (see Table 13). As might be expected, less than 20% of RGC and of TFC youth had full-time employment over the course of the post-discharge interviews, except for the RGC youth at the two year interview. Thirty-four percent reported having full-time jobs sometime during the prior year. In contrast, close to half of the RGC youth reported having part-time jobs on all three occasions.

⁵⁰ Data on grades at six months post-discharge were complete on 188 children and youth (120 from RGC and 68 from TFC).

⁵¹ Data on grades at one year post-discharge were complete on 186 children and youth (114 from RGC and 72 from TFC).

⁵² Data on grades at two years post-discharge were complete on 111 children and youth (63 from RGC and 48 from TFC).

Table 13. Employment Status by Post-Discharge Interview and Program Type

	RGC	TFC
Full-time employment		
<i>Six month (n=185)</i>	16.4%	8.7%
<i>One year (n=160)</i>	18.9%	16.7%
<i>Two year (n=90)</i>	34.0%	15.0%
Part-time employment		
<i>Six month (n=190)</i>	48.8%	14.5%
<i>One year (n=179)</i>	49.6%	41.7%
<i>Two year (n=95)</i>	56.4%	57.5%

Contact with the Law

RGC and TFC youth appear to differ with regard to offenses. At each interview⁵³, approximately 20% of RGC youth reported that they were found guilty by a court. Most of these offenses were property or status crimes. Twenty-five percent (six month) to 39% (two year) of former TFC youth were found guilty by a court. Like RGC youth's offenses, most of these were property or status crimes.

Between 14% (one year) and 20% (six month and two year) former RGC youth were put on probation from one interview to the next. The proportion fluctuated more for the youth who had been in TFC programs (8% to 26%; see Table 14). The percentages of youth put on parole after discharge were low for both groups; less than 5% of RGC and less than 10% of TFC youth reported being on parole over the three interview periods.

⁵³ Data on offenses post-discharge were complete for 173 youth (116 from RGC and 57 from TFC) at six months, 194 youth (134 from RGC and 60 from TFC) at one year, and 106 youth (62 from RGC and 44 from TFC) at two years.

Table 14. Probation and Parole by Post-Discharge Interview and Program Type

	RGC	TFC
Put on probation		
<i>Six month (n=181)</i>	19.8%	8.3%
<i>One year (n=204)</i>	13.7%	15.4%
<i>Two year (n=107)</i>	20.0%	26.2%
Put on parole		
<i>Six month (n=170)</i>	3.5%	0.0%
<i>One year (n=187)</i>	1.6%	1.7%
<i>Two year (n=103)</i>	0.0%	7.1%

Alcohol Use, Drug Use, and Psychiatric Hospitalization

More than half of both RGC and TFC youth reported never using alcohol and drugs at the first two interviews. Close to 10% reported using alcohol on a daily or weekly basis at the six month⁵⁴ and at the one year⁵⁵ interviews. At the two year interview⁵⁶, the percent using alcohol daily or weekly had risen slightly (13% for RGC and 16% for TFC) and the percent never using alcohol dropped to 46% for RGC and 44% for TFC.

Like alcohol use, drug use appeared to increase slightly from the six month to two year interview for both groups. More than two-thirds of all youth reported never using drugs at the six month and one year interviews. Less than 5% of each group reported using drugs daily or weekly at the six month interview. At the one and two interviews, the percents had risen to approximately 15% of RGC youth and 10% of TFC youth using drugs on a daily or weekly basis.

Overall, approximately 10% of the youth were admitted to a psychiatric hospital within their first six months post-discharge⁵⁷. Between the six month and one year interviews⁵⁸, 8% were admitted, and between the one and two year interviews⁵⁹, 14% were admitted to a psychiatric hospital.

Social Support

⁵⁴ Data on alcohol and drug use at six months post-discharge were complete for 217 children and youth (139 from RGC and 78 from TFC).

⁵⁵ Data on alcohol and drug use at one year post-discharge were complete for 231 children and youth (152 from RGC and 79 from TFC).

⁵⁶ Data on alcohol and drug use at two years post-discharge were complete for 132 children and youth (80 from RGC and 52 from TFC).

⁵⁷ Data on psychiatric hospitalization at six months post-discharge were complete for 210 children and youth (135 from RGC and 75 from TFC).

⁵⁸ Data on psychiatric hospitalization at one year post-discharge were complete for 222 children and youth (148 from RGC and 74 from TFC).

⁵⁹ Data on psychiatric hospitalization at two years post-discharge were complete for 126 children and youth (74 from RGC and 52 from TFC).

The youth were asked the following three questions, which were similar to questions on the SOCSS regarding social support networks:

4. Who helps you when you need to talk to somebody about your feelings? [TALK⁶⁰]
5. Who helps you when you need to know something of which you are unsure? [KNOW⁶¹]
6. To whom can you go to get help or support for a serious problem or difficulty? [GO TO⁶²]

Across all three interview periods, RGC and TFC youth reported similar levels of social support. On occasion, slightly more TFC youth reported having two or more persons as social supports than RGC youth. These differences were minimal.

Close to two-thirds of all youth have two or more people to talk to about their feelings (see Table 15). More than half have two or more people who help them when they need to know something. Between 40% and 54% (depending upon the interview period) of the youth feel they have two or more people they can go to for help or support. Approximately 10% or fewer felt they had no one to talk to about their feelings or they had no one to go to when they need to know something or need help.

⁶⁰ Data on social support-TALK were complete for 208 youth at six months post-discharge, for 235 youth at one year, and for 131 at two years.

⁶¹ Data on social support-KNOW were complete for 208 youth at six months post-discharge, for 237 youth at one year, and for 130 at two years.

⁶² Data on social support-GO TO were complete for 182 youth at six months post-discharge, for 196 youth at one year, and for 118 at two years.

Table 15. Social Support by Post-Discharge Interview (RGC and TFC Youth)

	Six month	One year	Two year
Talk			
<i>No one</i>	7.2%	11.5%	8.4%
<i>One person</i>	27.9%	24.3%	30.5%
<i>Two or more people</i>	64.9%	64.3%	61.1%
Know			
<i>No one</i>	8.7%	11.0%	7.7%
<i>One person</i>	33.2%	34.6%	38.5%
<i>Two or more people</i>	58.2%	54.4%	53.8%
Go to			
<i>No one</i>	4.4%	5.1%	9.3%
<i>One person</i>	41.2%	48.5%	50.8%
<i>Two or more people</i>	54.4%	46.4%	39.8%

Satisfaction with Services

In general, youth appeared to be satisfied with the services they received, and there were not noticeable differences between the opinions of RGC and TFC youth. Participants were asked to rate their stay in the program⁶³ and whether they would recommend the agency⁶⁴. For the most part, youth reported their stays helpful and would recommend the agency to a child or youth who needed to go to a place like their former programs (see Table 16). On all three interview occasions, more than two-thirds of the youth rated the programs as helpful and more than half would definitely recommend the agency. Ten percent or fewer reported that the program was not at all helpful at any post-discharge interview. Less than 15% reported that they would not recommend the agency.

⁶³ Data on program helpfulness were complete for 196 youth at six months post-discharge, for 212 youth at one year, and for 114 at two years.

⁶⁴ Data on program recommendation were complete for 193 youth at six months post-discharge, for 221 youth at one year, and for 113 at two years.

Table 16. Satisfaction with Services by Post-Discharge Interview (RGC and TFC Youth)

	Six month	One year	Two year
Program helpfulness			
<i>Not at all helpful</i>	10.2%	9.0%	8.8%
<i>A little helpful</i>	4.6%	6.6%	2.6%
<i>Somewhat helpful</i>	20.4%	23.1%	23.7%
<i>Very helpful</i>	64.8%	61.3%	64.9%
Program recommendation			
<i>Would not recommend</i>	11.9%	13.6%	8.8%
<i>Might recommend</i>	29.0%	32.1%	30.1%
<i>Would definitely recommend</i>	59.1%	54.3%	61.1%

Summary

Between six months and two years post-discharge, youth appeared to be functioning fairly well. More than two-thirds of the youth were living in less restrictive arrangements. Forty to 50% were living with their biological parents or other relatives. Most youth were enrolled in school at each interview occasion, and most were not suspended or expelled post-discharge. Depending on the interview occasion, 35% to 50% of all youth, RGC and TFC, were employed part-time. Less than 30% reported criminal offenses, and more than half reported never using alcohol or drugs. More than 80% of the youth felt they had one or more people to talk to or to go to for help. Large majorities found their former programs helpful and would recommend them to other youth in need of assistance.

Admittedly, the number of youth participating in the post-discharge interviews was limited. It is also likely that the youth who did complete the interviews were more optimistic and more successful than youth who refused to complete the interview or were unable to be found at all. The latter is plausibly the group that struggled the most post-discharge.

Final Comments

In retrospect, the Odyssey Project was a massive undertaking that provided an eye-opening education about conducting a multiple-site, longitudinal study as well as provided a wealth of information on the original and intended project goals. Some of the lessons learned about the research design and process include budget limitations, adjusting for staff turnover, designing comprehensive questionnaires and logic checks, developing appropriate data coding schemes and databases, and planning long-term objectives, such as project termination. As for the original goals, the Odyssey Project lends

empirical support for what has been anecdotally known in the field for some time.

Data from the Odyssey Project indicate that the goal for most youth entering care is to return home and that many youth achieve this goal. The data also suggest that youth in RGC programs tend to be older, be male, have more prior living arrangements, have greater frequencies of mental illness, delinquency, and school problems prior to care, and have been physically abused. In contrast, youth in TFC programs are more likely to be younger, have parents with substance dependencies, criminal histories, and psychiatric disorders, have been sexually abused, and have more contact with siblings and friends during care.

Appendix A: Odyssey Project Consortium Members

The following agencies signed permission forms granting publication of their names and addresses in any dissemination of Odyssey Project data. Their consent was given with the explicit understanding that their agency could not and would not be linked in any way to specific data.

Bellefaire Jewish Children's Bureau, Cleveland, OH
Bonnie Brae, Liberty Corner, NJ
Campagna Academy, Schererville, IN
Children's Bureau of Indianapolis, Indianapolis, IN
Edwin Gould Academy, Chestnut Ridge, NY
Family and Children's Center, Inc., Mishawaka, IN
Jewish Board of Family and Children's Services, New York, NY
Jewish Child Care Association, New York, NY
KidsPeace, Orefield, PA
Leake and Watts Services, Inc., Yonkers, NY
Presbyterian Child Welfare Agency, Buckhorn, KY
Professional Association of Treatment Homes, Inc., St. Paul, MN
Ryther Child Center, Seattle, WA
Saint Vincent's Home, Fall River, MA
The Children's Village, Dobbs Ferry, NY
The Devereux Foundation, Orlando, FL
The Spurwink School, Portland, ME
The Villages of Indiana, Inc., Bloomington, IN

Four agencies involved in the project from inception did not respond to the request for permission. Therefore, these agencies are not listed and shall not be released in any way.

Appendix B: Submitted Manuscripts and Publications

Baker, A.J.L., Curtis, P.A., Alexander, G., and Papa-Lentini, C. (2004). *Prior Placements of Youth Admitted to Therapeutic Foster Care and Residential Treatment Centers: The Odyssey Project Population*. Manuscript submitted for publication.

Abstract:

Two samples of youth in the child welfare system were compared– youth entering residential treatment centers (RTCs) and youth entering therapeutic foster care (TFC). Three questions were addressed: (1) Where were youth living prior to the current placement? (2) Had youth been treated in other systems of care? (3) How many prior placements did youth have? Time 1 data of the national “Odyssey Project” developed by the Child Welfare League of America were used. The measure utilized was the child and family characteristics form (CFC). Results revealed that youth admitted to RTCs were more likely to be entering from other systems of care and stepping down to the RTC while youth entering TFCs were more likely to be entering from within the child welfare system and stepping up to a higher level of care. The results have implications for improving clinical practice and for the development of a cross-system perspective on serving troubled youth.

Baker, A.J.L., Archer, M., & Curtis, P.A. (2003). *Youth Characteristics Associated with Behavioral and Mental Health Problems During the Transition to Residential Treatment Centers: The Odyssey Project Population*. Manuscript submitted for publication.

Abstract:

This study aimed to determine what youth characteristics were associated with emotional and behavioral problems within the first three months of placement in residential treatment centers (RTCs) in a sample of youth from 20 agencies in 13 states. Two primary research questions were addressed: (1) What characteristics were associated with behavior during the transition to care? And (2) were the characteristics associated with behavior during the transition the same for boys and girls? Data were drawn from the Time 1 phase of the longitudinal national “Odyssey Project” dataset developed by the Child Welfare League of America. Measures included an extensive child and family characteristics form (CFC) and the Child Behavior Checklist (CBCL). The results revealed significant and gender-specific patterns of associations between youth characteristics and behavior exhibited during the transition to RTC placement. Notable sexual abuse history was associated with externalizing for girls and internalizing for boys and entering on psychotropic medication was associated with Internalizing for both girls and boys and Externalizing for boys. Results suggest many avenues for refining practice.

Baker, A.J.L., Archer, M., & Curtis, P.A. (2003). *Age and Gender Differences in Emotional and Behavioral Problems During the Transition to Residential Treatment: The Odyssey Project*. Manuscript submitted for publication.

Abstract:

Utilizing a national sample of 1,167 youth in residential treatment, this study explored whether the behavioral problems exhibited during the transition to residential treatment varied depending upon the age and gender of the youth. Specifically, we asked whether youth who were admitted to residential treatment centers (RTCs) under 12 years of age had a different set of behavioral problems than youth who were 12 years and older when admitted and whether boys had different characteristics than girls. The eleven scales of the Achenbach Child Behavior Checklist were examined. The results revealed statistically significant patterns of associations by age and gender. As populations shift within agencies and across time, knowledge of the behavioral problems associated with age and gender groups can be used to facilitate agency planning and staff training.

Baker, A.J.L., Kurland, D., Curtis, P.A., Alexander, G., & Papa-Lentini, C. (in press). Mental Health and Behavioral Problems of Children in the Child Welfare System: Residential Treatment Centers Compared to Therapeutic Foster Boarding Home Programs in the Odyssey Project Population. *Child Welfare*.

Abstract:

This is the first multi-site, prospective study of behavioral and mental health disorders of youth in residential treatment centers (RTC), therapeutic foster care (TFC) and the first study to compare the two. This study addressed two questions in a sample of 22 agencies in 13 states: (1) How prevalent were emotional and behavioral disorders in the youth admitted to RTCs and TFC? And (2) Were the youth in RTCs significantly more likely to be disturbed than youth served in TFCs? Data were drawn from the Time 1 phase of the longitudinal national "Odyssey Project" developed by the Child Welfare League of America. Measures included an extensive child and family characteristics form (CFC) and the Child Behavior Checklist (CBCL). The results revealed extremely high levels of behavioral and mental health disorders in the sample as a whole, well above the norms for a non-child welfare population. There was a substantially greater prevalence of disorder in the RTC population than in the TFC population.

Curtis, P.A., Alexander, G., & Lunghofer, L.L. (2001). A Literature Review Comparing the Outcomes of Residential Group Care to Therapeutic Foster Care. *Child and Adolescent Social Work*, 18 (5), 377-392.

Abstract:

Both advocates of residential group care and therapeutic foster care claim that their programs serve the most troubled children and youth. Prior research, often limited to single sites and small numbers of subjects, have not confirmed such claims. The authors describe the evidence regarding these claims, the research literature pertaining to program effectiveness, and a means for empirically evaluating the impact of residential group care and therapeutic foster care.