

## **Evidence Based Programs**

### **Ohio Alternative Education Challenge Grant Program**

The Center supports the work of 127 alternative education programs serving children and adolescents from more than 500 Ohio school districts. The Center identifies and disseminates information about evidence-based practices, provides technical assistance consistent with this evidence-based approach, and conducts an annual evaluation of the state-wide program. The Center also provides assistance to the elected officials and agency directors who provide leadership for the program. More than 142,000 students have been helped by the alternative education program.

<http://altedmh.osu.edu/aboutus/aboutus.html>

This center also has a searchable database for alternative education programs- all of which are evidence based

### **Adolescent Transitions Program**

[cfc.uoregon.edu/atp.htm](http://cfc.uoregon.edu/atp.htm)

Population served: Families with middle-school children

#### Program Effects:

- Increased social competence, more positive youth-caregiver interaction, lower number of behavior problems than control
- Studied alternative intervention strategies to reduce escalation in problem behaviors among 158 families with high-risk (male and female) young adolescents (aged 11-14 yrs).
- 119 families were randomly assigned to either a parent focus, teen focus, parent and teen focus, self-directed change (materials only) intervention condition.
- 39 families were recruited as a quasi-experimental control. Parent focus and teen focus interventions resulted in immediate beneficial effects in observed and reported family conflict.
- Parent intervention conditions showed immediate beneficial effects on behavior problems at school.
- Longitudinal trends suggest that the parent focus condition may reduce subsequent tobacco use, compared with all other approaches.
- Interventions that aggregated high-risk youths into groups, however, showed the highest escalations in tobacco use and problem behavior at school, beginning at termination and persisting to follow-up.

## **Fast Track Program**

Run by: Duke University, Center for Child and Family Policy

[www.fasttrackproject.org](http://www.fasttrackproject.org)

Fast Track was granted funding for the time, from September 1, 1998, to August 31, 2003. Additional funding has been renewed for September 1, 2003 to August 31, 2008

**Aim:** To prevent adolescent anti-social behavior. The program targets students when they enter first grade for intensive intervention

Program Effects:

Improvements in classroom behavior, reduced conduct problems both at school and home, increased attention and enthusiasm in the classroom, increased emotional competency.

- By the end of elementary school, 33 percent of the intervention group had a developmental trajectory of decreasing conduct problems, as compared with 27 percent of the control group.
- Furthermore, placement in special education by the end of elementary school was about one-fourth lower in the intervention group than in the control group.

## **Functional Family Therapy**

Program Effects:

- Reduce recidivism rates by 30% to 60%, reduced disruptive behavior and conduct disordered (violent) behavior.
- Estimated Program Cost per participant: \$2,140.00
- Estimated net benefit per program participant (NPV): \$26,216.00
- Estimated total benefit-to-cost ratio: \$13.25
- FFT was provided to a group of 27 rural, lower SES status delinquents (mean age 15.4 yrs) and their families, while a comparison group of 27 delinquents received only probation service.
- Recidivism during adulthood was measured by the number of offenses committed during a 3 yr period following the 2-3 yr follow-up period reported on by Gordon et al. Ss who had received FFT showed a recidivism rate of 9% for adult criminal offenses, while Ss who had received only probation services had a recidivism rate of 41%. Results were consistent with previously reported adolescent follow-up rates.

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## **Multisystemic Therapy**

\*This is a program that has been studied extensively with serious juvenile offenders. It might be worth looking at for helping at risk youth because of its track record dealing with more serious cases.

Program is based on the idea that antisocial behavior is determined by an interplay of factors in the youths family community and school. Residential placements do not change the environment that the youth will be going back into.

Treatment Population:

Youth ages 12-17, who already are involved with the law

Program Effects:

Reduced arrest rates by as much as 70%, decreased out of home placement by as much as 60%, decreased incidence of mental health problems in offending youth. Very highly replicated.

Estimated Program Cost per participant: \$5,681.00

Estimated net benefit per program participant (NPV): \$9,316.00

Estimated total benefit-to-cost ratio: \$2.64

This article describes multisystemic therapy (MST), a family- and community-based treatment that has produced favorable outcomes with violent substance-abusing or -dependent adolescents in both realms. Complete survey of research findings

<http://www.msts services.com/text/research.html>

\*several randomized trials and quasi-experimental studies aimed at extending the effectiveness of MST to other populations of youth presenting serious clinical problems and their families-these are apparently showing promise.

## **Quantum Opportunities Program**

Treatment Population:

9th grade students

Program Effects:

Decreased dropout rate, higher rate of post-secondary education, significant reduction in arrests.

Estimated Program Cost per participant: \$25,921.00

Estimated net benefit per program participant (NPV): -\$15,022.00

Estimated total benefit-to-cost ratio: \$0.42

#### Effects Cited in Studies:

Analysis indicates that QOP members, when compared to control groups, were more likely to graduate from high school, more likely to enroll in college, less likely to drop out, more likely to have received awards, and less likely to have children. Although QOP members were not immune from the many hazards of inner city life, the benefits of the program were made apparent by the evaluation.

### **Reconnecting Youth**

#### Treatment Population:

High-school youth at risk for dropping out

#### Program Effects:

Increased GPA, increased attendance, decreased drug and alcohol use, decreased depression and anxiety, decreased violence/ conduct problems. Very short follow-up period (less than a year), not replicated.

[www.son.washington.edu/departments/pch/ry](http://www.son.washington.edu/departments/pch/ry)

Results indicate that all groups showed decreased suicide risk behaviors, depression, hopelessness, stress, and anger; all groups also reported increased self esteem and network social support.

Increased personal control was observed only in the experimental groups and not in the assessment only control group.

### **Career Academies**

[http://www.dsgonline.com/mpg2.5//TitleV\\_MPG\\_Table\\_Ind\\_Rec.asp?id=96](http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=96)

The evaluation included a sample of 1,764 students who applied for one of the Career Academies. Of these, 959 students were randomly assigned to the treatment group and were accepted for admission to the academies. The remaining 805 students were randomly assigned to a control group and were not invited to participate in the academies, though they could choose other options in the high school or school district. The sample was 56.2 percent female, 56.2 percent Hispanic, 30.2 percent African-American, 6.4 percent white, and 7.2 percent Asian-American or Native American.

The program had the strongest effects with students who were at high risk of dropping out of high school. These students were less likely than the control group to drop out of school, had better attendance, and more credits earned in both academic and vocational subjects. The program also showed improved outcomes for the low-risk group. This group improved on several outcomes, including the percentage of students who earned

enough credits to graduate on time. Medium-risk students showed no differences between the treatment and control group.

### **Skills Opportunity and Recognition (SOAR)**

[http://www.dsgonline.com/mpg2.5//TitleV\\_MPG\\_Table\\_Ind\\_Rec.asp?id=421](http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=421)

Posits that positive social bonds can reduce antisocial behavior and delinquency

Teachers receive instruction that emphasizes proactive classroom management, interactive teaching, and cooperative learning

Parents receive optional training programs throughout their children's schooling. When children are in first and second grades, seven sessions of family management training help parents monitor children and provide appropriate and consistent discipline

When children are in fifth and sixth grades, five sessions help parents create family positions on drugs and encourage children's resistance skills.

When the students reached 18 (6 years post intervention) they showed positive effects for the full treatment intervention group, compared with the control group, on many of the school, delinquency, and sexual behavior outcomes

At the end of grade 6, high-risk youth, compared with control youth, were more attached and committed to school, and SOAR boys were less involved with antisocial peers.

At the end of grade 11, SOAR students, compared with control students, showed

- Reduced involvement in violent delinquency and sexual activity
- Reductions in being drunk and in drinking and driving

Researchers found that the benefits of SOAR lasted through age 21. The students, now young adults, were engaged in less risky sexual behavior and had less history of violence and less heavy use of alcohol.

### **San Diego Breaking Cycles**

[http://www.dsgonline.com/mpg2.5//TitleV\\_MPG\\_Table\\_Ind\\_Rec.asp?id=604](http://www.dsgonline.com/mpg2.5//TitleV_MPG_Table_Ind_Rec.asp?id=604)

The prevention component targets youths who are not yet involved in the juvenile justice system but who exhibit problem behavior such as disobeying their parents, violating curfew, repeated truancy, running away from home, or experimenting with drugs or alcohol

Community Assessment Teams (CATs)—consisting of a coordinator, case managers, probation officers, and other experts—assess the needs of the youth and his or her family and then provide direct services or referrals to resources in the community to reduce the high-risk behaviors.

The graduated sanctions component tries to prevent further involvement in delinquency by combining sanctions with treatment

Youths in the treatment group were significantly less likely to be wards of the court at 12 months and were still less likely at 18 months (47 percent versus 63 percent).

The treatment group was significantly more likely to be enrolled in school 1 year after commitment.

This program has short lived effects for drug and alcohol use and reoffending rates

The evaluation of the graduated sanctions component for youths committed 240 days of a year found that the treatment group was less likely than the control group to have a referral to probation or a true finding during each of the time periods, but the differences decreased over time