Youth Mental Health Needs Assessment for the Saint Louis Mental Health Board's Community Children's Services Fund

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Executive Summary

The Missouri Institute of Mental Health, a division of the University of Missouri-St. Louis, conducted the Youth Mental Health Needs Assessment for the St. Louis Mental Health Board's (STLMHB) upcoming FY2016-2018 Community Children's Service Fund grant cycle. The team reviewed a total of 983 data points from 41 local, state, federal, municipal and nonprofit sources. These include information on demographics and economic conditions, child abuse and neglect, crime, disability, domestic violence, education, family and juvenile courts, health, mental health, social connectedness, and substance abuse use and consequences. The team selected a subset of data points for this report based on relevance, availability of city, county and statewide comparison data, and recency of data collected. Additionally, information from STLMHB's records and a grantee survey was used to identify needs and barriers.

Findings

Key findings included:

- St. Louis has almost 80,000 youth ages 0-19 of which over 17,000 are projected to have mental health challenges that qualify for a diagnosis. Over 3,500 of them are projected to have a mental illness with severe impact.
- 50% of individuals with a severe mental illness will have a substance use disorder in their lifetime.
- St. Louis youth experience trauma in the form of abuse, neglect and community violence. 79% of homeless adults in St. Louis reported having at least one traumatic experience before the age of 19.
- Individuals who experience trauma are at higher risk for psychiatric, substance use, suicide, risk behaviors and health disorders. Trauma's effects are cumulative. Multiple and/or ongoing trauma results in increasing risk.
- St. Louis neighborhoods are mostly segregated and vary widely in income, rates of poverty and safety.
- St. Louis City youth are more likely than those statewide or in St. Louis County to experience unstable housing and lack adequate nutrition.
- Rates of Chlamydia and Gonorrhea per 100,000 persons are significantly higher in St. Louis City and County compared to Missouri overall, and rates of Syphilis in St. Louis City (per 100,000) are significantly higher than those in St. Louis County and Missouri overall.
- In 2013, the rate per 100,000 persons of individuals living with HIV was 196.6 in St. Louis County versus 1,017 in St. Louis City.

- The 2011-2012 school dropout rate was 18.2% in St. Louis City compared to 2.6% in St. Louis County and 3.2% statewide. The rate of suspensions from school >= 10 days was double in St. Louis City schools (2.6%) compared to statewide in Missouri (1.3%).
- 14.2% of St. Louis youth age 16-24 are not employed or involved in school. This is higher for African Americans (24.9%).
- Individuals with a serious mental illness are three to five times more likely to be unemployed.
- A review of the literature indicates that many of the challenges faced by St. Louis exist in comparable cities across the United States. Solutions identified in those cities may therefore be applicable to St. Louis.

Conclusions and Recommendations

Conclusions and recommendations based on the need data include:

- Service providers rated trauma survivors and those at risk of trauma as the populations with the highest needs.
- Availability (waiting lists) and access to mental health care is a significant barrier for youth in our community.
- The majority of Community Children's Service Fund dollars are consistent with areas of high need.
- A majority of projects funded are directed towards treatment, with smaller amounts towards prevention and continuing care.
- Providers identified North St. Louis as the area of highest need.
- Providers feel clients do not seek services due to lack of information, transportation and mental health stigma.
- Agency barriers include lack of access to funding, difficulty with engaging and recruiting clients, retaining clients in services and staffing changes.
- Agencies rated expansion and diversification of outside funding sources as a high priority.
- The STLMHB has an opportunity to expand prevention, promotion, education and early intervention programs which support youth resilience and yield better recovery trajectories.
- The STLMHB has an opportunity to leverage their prior success and expertise in accessing outside funding to broaden their impact on the community.
- The STLMHB has funded effective treatment programs in identified high need areas.

- The STLMHB has an opportunity to collaborate with a newly-funded Children's System of Care initiative for capacity expansion, service integration and collaboration.
- The STLMHB has an opportunity to support integration of primary and behavioral healthcare to increase mental health literacy, provide early screening, intervention, and referral.
- The STLMHB has an opportunity to support the collection of meaningful validated data by grantees, in-house, and through the SLPS to track trends and outcomes and inform future need identification.
- The STLMHB has the opportunity to continue supporting and expanding the implementation of evidence based practices in our community.
- The STLMHB has the opportunity to increase access to healthcare by supporting Medicaid expansion.

Acknowledgements

The Missouri Institute of Mental Health Needs Assessment project team wishes to convey special thanks to those who assisted us in creating the Youth Mental Health Needs Assessment.

To the Saint Louis Mental Health Board for sharing information, conducting the provider survey, and supporting programs that impact the lives of children and adults with mental health challenges.

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To our colleagues at the Missouri Institute of Mental Health for sharing their wisdom, knowledge, and expertise.

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To the Saint Louis service providers whose knowledge of the needs of our community helps guide us in making positive changes in the lives of those served.

I. Introduction

The Missouri Institute of Mental Health, a division of the University of Missouri-St. Louis, was contracted to conduct a mental health needs assessment focusing on children, youth and emerging adults ages 0 through 19 for the St. Louis Mental Health Board (STLMHB). The overall goal of this needs assessment is to systematically determine gaps between current conditions in the City of St. Louis, Missouri and the desired vision of the STLMHB: Community Children's Services Fund which is: "All children living in St. Louis grow up safe and have opportunities to succeed." The assessment meets the Board's 3 year funding cycle requirement and clarifies funding priorities for FY 2016-2018 Community Children's Service Fund grants.

Based on its vision of a safe community with opportunities for children, the STLMHB has funded three rounds of grants aimed at the following impact areas:

I. Parents provide safe and nurturing environments for their families.

II. Children are supported in becoming successful learners.

III. Youth possess skills to make healthy life choices.

IV. At-risk and troubled youth are stabilized.

V. The service system meets family's and children's needs.

A framework for classifying children's needs. MIMH was charged with locating and analyzing current need and service data to assess the ongoing relevance of MHB's impact areas. Further, MIMH was asked to examine the impact areas and the data within the framework of *Ready by 21* outcomes identified by the National Collaboration on Youth (NCY). This framework defines positive developmental goals identified by partnering service providers within NCY as important for all children and youth, organized according to the following domains:

- **Thriving**, indicated by an active and healthy lifestyle, self-regulation and relationships to support social and emotional health, and avoidance of high-risk behavior to maintain safety and prevent injury;
- **Connecting,** indicated by development of a positive identity and positive relationships with others, strong social/emotional development including social skills, coping and prosocial behavior, and development of cultural competence;
- **Leading,** indicated by community connectedness, demonstration of social responsibility through volunteerism and civic participation, and leadership development;
- **Learning,** indicated by successful academic achievement, development of skills for learning and innovation, engagement in learning both in and out of school, and ability to attend and succeed in college; and
- **Working,** indicated by readiness to enter the workforce, awareness of career options and interests, and employment.

The positive developmental goals identified by NCY are highly relevant to STLMHB's impact areas. The table below presents a crosswalk of STLMHB impact areas and associated NCY developmental domains, based on matches identified by five MIMH staff members on the needs assessment team. Each staff member completed an independent crosswalk, and Table 1 summarizes all of the matches identified:

Table 1. Crosswalk of STLMHB Impact Areas by NCY Developmental Outcome Domains

St. Louis Mental Health Board Impact Area	National Collaboration on Youth Domains
Parents provide for their families	Thriving, Connecting, Working
Children are successful learners	Connecting, Learning, Working
Youth develop character and life skills	Thriving, Connecting, Leading, Learning, Working
At-risk and troubled children are stabilized	Thriving, Learning, Connecting
Service systems meet family and children's needs	Thriving, Connecting, Leading, Learning, Working

Although the crosswalk was a subjective exercise, all team members agreed that connecting STLMHB impact areas to these developmental outcomes was straightforward and that identification of plausible connections was easily accomplished. Table 1 provides an initial illustration of the potential impact that programs addressing MHB's existing priorities can have on important developmental outcomes for children and youth in St. Louis.

To determine areas of greatest current need for children and youth services in the city of St. Louis as of August 2014, the MIMH team utilized a data-driven process, with the NCY developmental domains serving as an organizing framework. Specifically, the MIMH team:

1. Identified secondary data sources including literature and available database searches, and requested targeted data from unpublished sources;

2. Mapped data from the identified sources to the NCY developmental domains. That is, data on problems and challenges experienced by youth in St. Louis City were classified based on developmental domains where those challenges would have direct negative impact (e.g., child abuse negatively impacts Thriving, specifically health, and Connecting, specifically children's ability to form positive relationships with adults). Note that many data sources mapped on to more than one developmental domain;

3. Identified services available to address needs within each domain and service gaps, based on secondary data and responses to a provider survey conducted by STLMHB; and

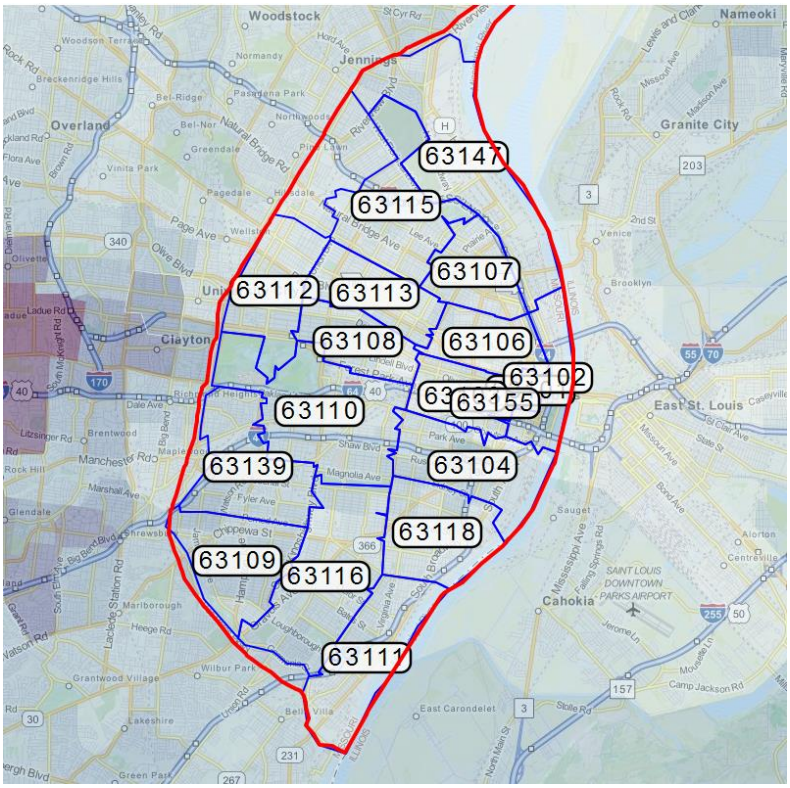
4. Developed recommendations for funding priorities in the next STLMHB Community Children's Services Fund grant cycle.

Organization of Needs Assessment Report. The next section of this report provides a brief overview of the key data sources identified and methods for gathering secondary data. This is followed by a community profile describing current demographic, geographic and economic characteristics of St. Louis City. Next, data on current needs in St. Louis City are presented for each NCY domain: Thriving, Connecting, Leading and Learning, and Working. The presentation of need data is followed by findings from a survey of grantee and other provider organizations, describing youth mental health needs and service priorities and barriers identified by providers in St. Louis. Next, the needs assessment findings are briefly recapitulated and summarized, and areas of opportunity for the STLMHB to consider in the FY 2016-2018 Community Children's Services Fund cycle are discussed. The final section of the report narrative presents a review of recent literature on mental and behavioral health needs, barriers to service access, and potential solutions currently underway in cities around the United States that are demographically similar to St. Louis.

II. Needs Assessment Methodology

The 2014 Youth Mental Health Needs Assessment focused on the St. Louis Mental Health Board's Service area which covers the City of St. Louis (Figure 1). The previous needs assessment focused on qualitative information gathered from stakeholders through focus groups and surveys. In light of this, team members, in consultation with STLMHB staff agreed that a focus on quantitative data for this assessment would enhance and illuminate areas of need. **A detailed methodology section is included in Appendix A.**

Figure 1. St. Louis Mental Health Board coverage area



Secondary Data Collection

Most of the data presented in this Needs Assessment report were gathered from secondary data sources. Data collection included:

1. Secondary comparative data coded and grouped by region and NCY domain from 983 data points including 41 local, state, federal, municipal and nonprofit sources.

2. Literature review of cities similar in core demographics to Saint Louis.

Primary Data Collection

1. Primary data from the Public Schools Missouri Student Survey (2012).
2. Primary data from the St. Louis Mental Health and Housing Transformation Grant (2014).
3. Primary data from a St. Louis provider survey (2014).
4. Primary data from the STLMHB provider demographic and outcome data (2014).

III. Community Profile

Population, Gender and Race

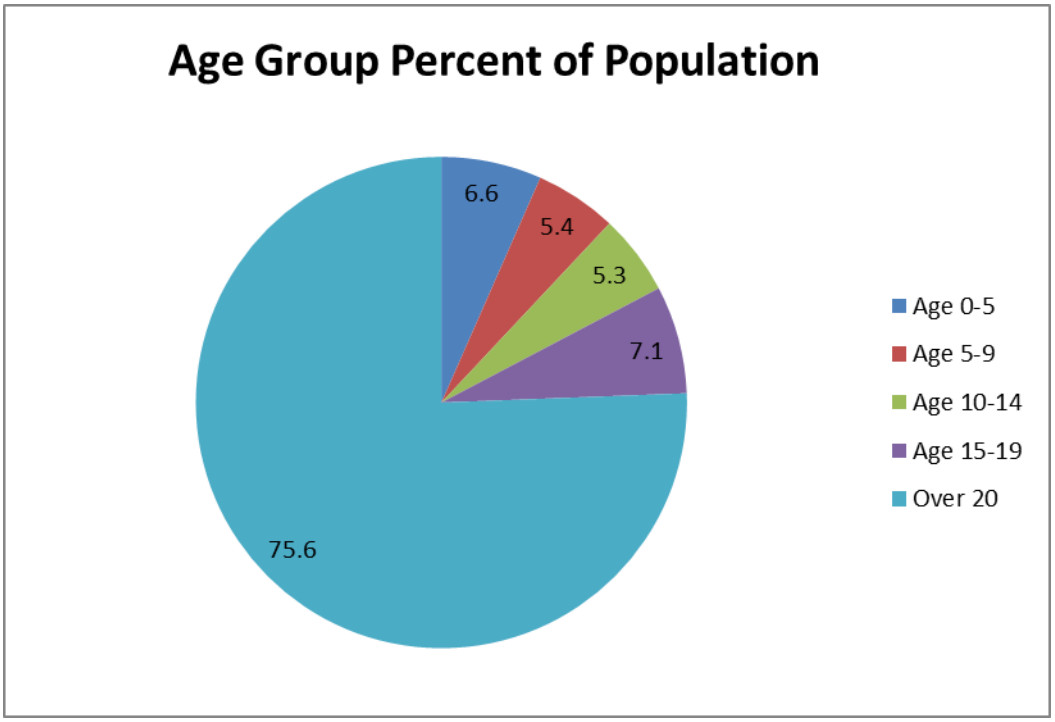
St. Louis City, founded in 1764 and celebrating its 250th birthday this year is a city that has experienced significant changes since its beginning. The population of St. Louis peaked during the 1950 census at 856,796 and then declined by over 10% per year up until the year 2000. Population decline slowed during the 2010 census to an annual rate 8.3% and projections suggest the decline will continue to slow.

Population: 319,294

Youth (ages 0-19): 77,908

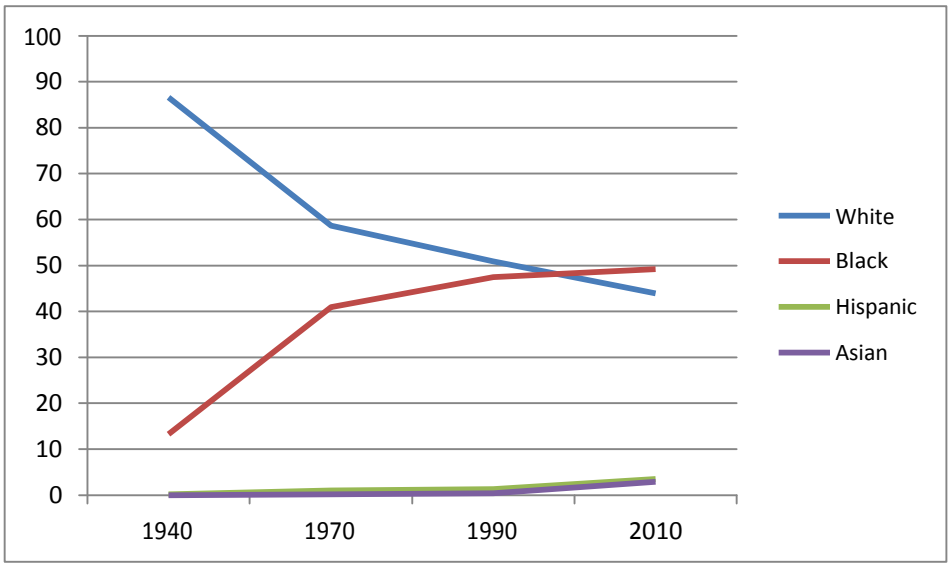
The most recent 2010 United States census reported the total population of the city at 319,294 people spread across 19 zip codes. Detailed zip code population information is available in Appendix B. Zip codes range widely in population from 2,316 (Zip Code 63102) in downtown to 43,540 (Zip Code 63116) in South City. Of this 24.4% of the population is 0-19 years of age or slightly less than 80,000 youth. As can be seen in Figure 2, age groups for those under 20 are fairly evenly distributed, ranging from 6.6% (Age 0-5), 5.4% (Age 5-9), 5.3% (Age 10-14) to 7.1% (Age 15-19). 48.3% are male and 51.7% are female. The median age for the entire city is 33.9 years of age; median age by zip code ranges from 26.4 (Zip Code 63106) to 38.1 (Zip Code 63113).

Figure 2. Percent of Age Groups as Part of the Total City Population



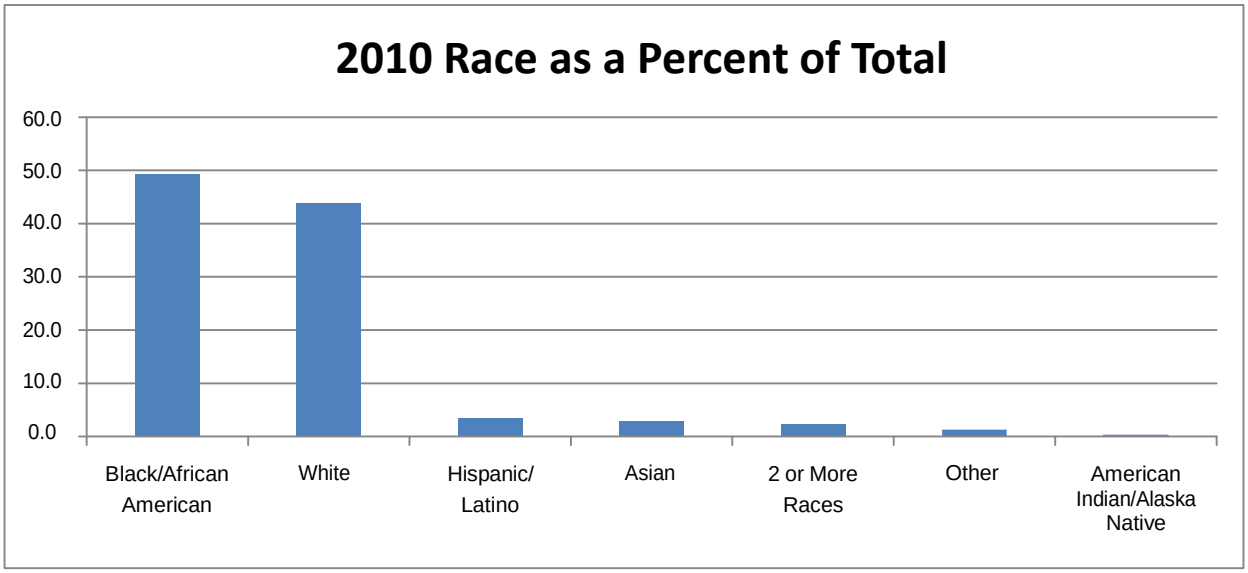
St. Louis has also experienced significant changes in its racial composition over the past 70 years. Figure3 demonstrates racial population changes from 1940 to 2010.

Figure 3. St. Louis Racial Percentage Change 1940-2010



The current racial distribution of St. Louis as a percentage is shown in Figure 4. As can be seen those that identify as Black or African American are the majority, followed by white, Hispanic or Latino and Asian.

Figure 4. Race as a Percent of Total Population



Census data also reveals that races are concentrated in specific zip codes. For example 6 zip codes contain from 90.7% to 99.0% Black or African American residents, while the highest concentrations of white residents range from 52.2% to 88.9% (Table 2). St. Louis has also seen some slight increases in other races which are distributed throughout all zip codes, but includes those who identify as Hispanic or Latino, most highly concentrated in zip code 63118 (7.1%), and those who identify as Asian, most highly concentrated in zip code 63108 (9.6%).

Table 2. Zip Codes with the Highest Concentration of a Single Race

Zip Code	Highest Percentage of Black or African American Residents	Zip Code	Highest Percentage of White Residents
63147	99.0%	63109	88.9%
63115	97.1%	63139	85.5%
63120	96.9%	63116	66.9%
63113	95.5%	63108	54.3%
63106	94.8%	63110	52.8%
63107	90.7%	63111	52.2%

In 2013, 24.8% of St. Louis households had children, compared with 31.3% in St. Louis County. 9.3% of city households were headed by women with children under 18, compared with 7.9% in St. Louis County (Missouri Census Data Center, 2014).

As would be expected for an urban area, St. Louis City— with 5,138 persons per square mile— is relatively higher in population density than St. Louis County or Missouri overall. St. Louis County has 1,967 persons per square mile and the state of Missouri has 87 persons per square mile (Health Resources and Services Administration, 2014).

Income

Annual median income for the city is $34,384, but does vary substantially by zip code from $15,313 (Zip Code 63106) to $53,705 (Zip Code 63101). The median income is lower than that for St. Louis County ($58,485), Missouri ($47,333) and the United States ($53,046). St. Louis' median income is also lower than Kansas City, MO ($45,150), Missouri's other large urban area. Figures 5 and 6 compare median income and racial composition by zip code.

Figure 5. Median Income by Zip Code

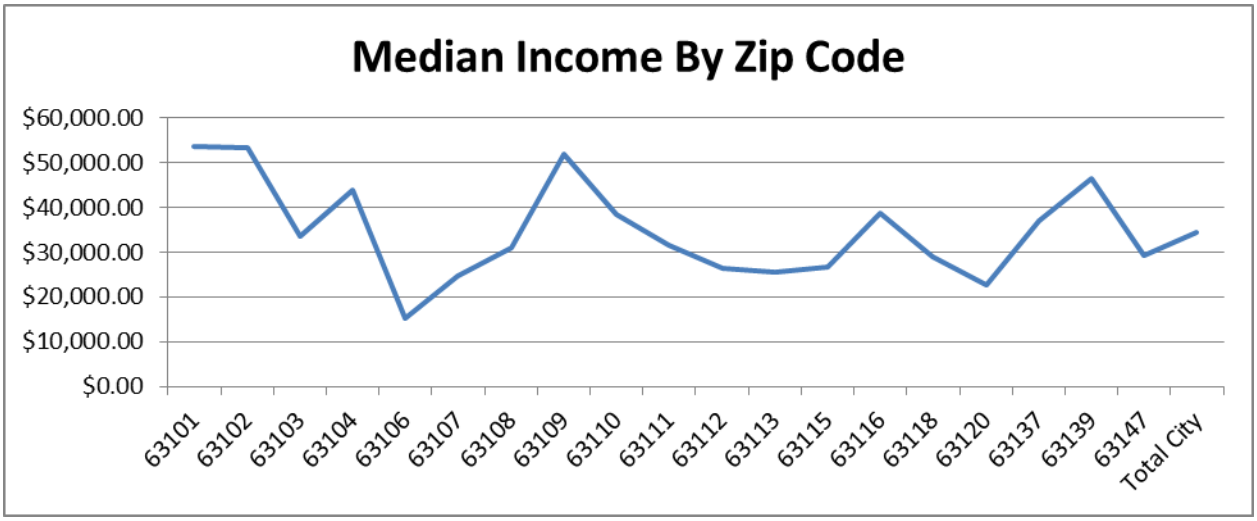
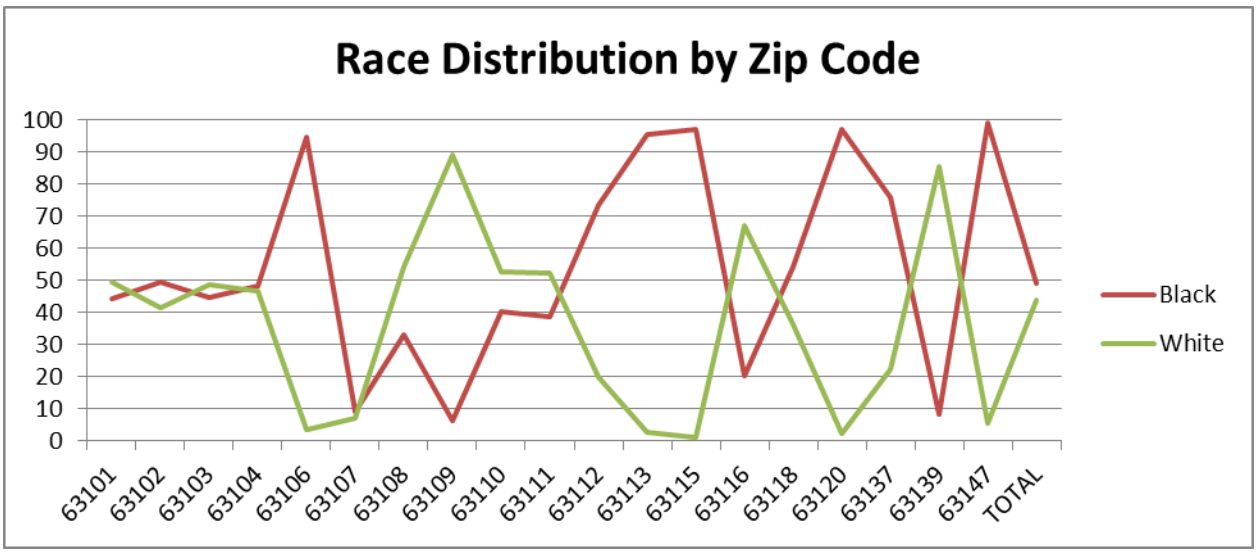


Figure 6. Race Distribution by Zip Code



As can be seen, aside from the lower population downtown zip codes which are more diverse, there is a correlation between racial percentage and median income in that predominately Black or African American areas have lower median incomes than predominantly white areas. This also holds true for other racial groups. Those zip codes with the highest concentration of Latino or Hispanic residents (63118) and Asian residents (63108) also fall below the median income.

Available Resources

Resources in St. Louis compare favorably in a few areas compared to the county and state. Federally Qualified Health Centers, Community Health Centers and mental health providers are somewhat more available in the city versus other areas. Other services such as dentists and primary care physicians are not as available. Additionally, availability of services should be viewed in the context of need. Table 3 lists available data.

Table 3. Health Resources in St. Louis City

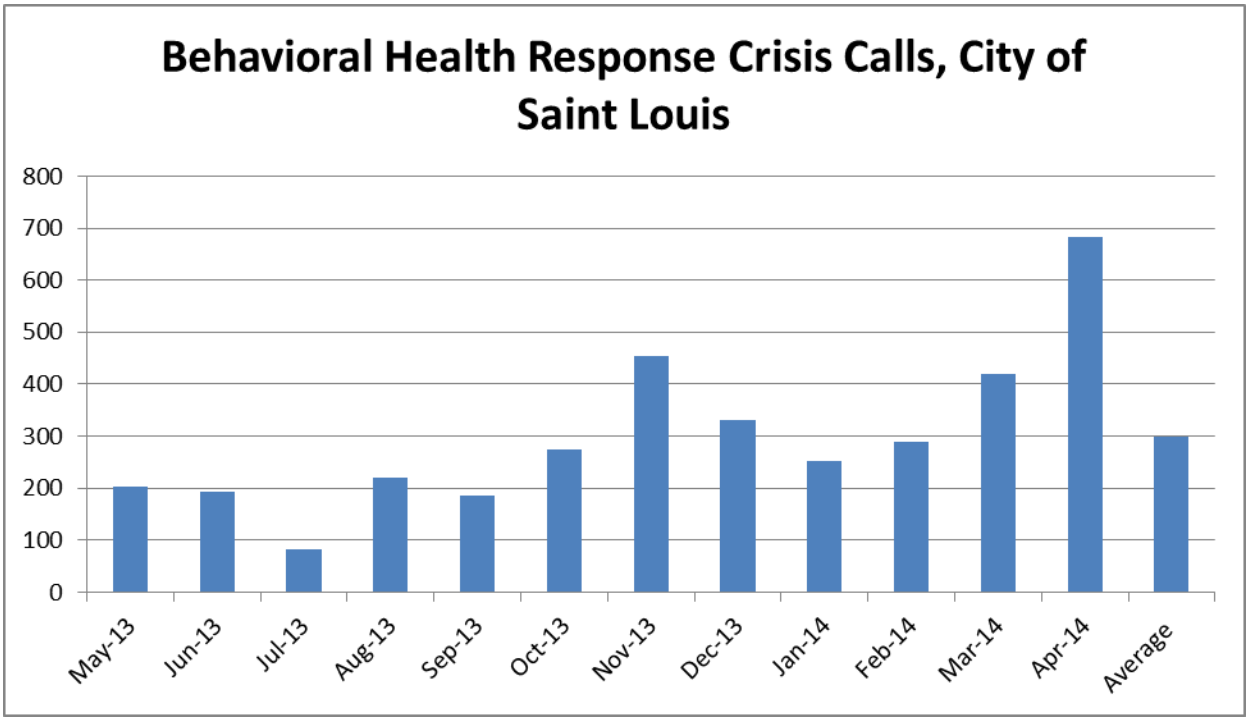
Resource	City of St. Louis	St. Louis County	Missouri
Community Health Centers	39	4	193
Dentists	2,464:1	1,308:1	2,042:1
Federally Qualified Health Centers	23**	2	121
Internal Medicine Physicians	31.8 per 100,000	64.3 per 100,000	25 per 100,000
Primary Care Physicians	70.7 per 100,000	117.7 per 100,000	69 per 100,000
Board Certified Child and Adolescent Psychiatrists			46*
Psychiatrists			637*
Child and Adolescent Psychologists			8.2 per 100,000
Mental Health Providers	502:1	618:1	975:1
Accredited Child Care Facilities	40	56	473
Total Health Care and Social Assistance Businesses	1375	4360	18,834

(County Health Rankings.org, 2013; Children's Trust Fund & University of Missouri Office of Social and Economic Data Analysis, 2014; Missouri Hospital Association, 2012). *Only state level data was available. ** Some Federally Qualified Health Centers have more than one clinic location.

Mental Health Crises and Hospitalization

Data from Behavioral Health Response, the contracted mental health crisis line agency for the city's mental health providers showed a total of 3,592 crisis calls relating to children ages 0-19 during a 12 month period, averaging close to 300 calls per month. The reason for calls varies from support to resource information to emergency needs. Some calls result in hospitalization; others result in connection to services the next day (emergent), within a few days (urgent) or within a few weeks (routine). Crisis calls for youth fall into two categories. One group consists of youth who have emerging or recurring mental health symptoms but who have been unconnected with supportive mental health services. The other consists of those who are connected with services, but those services have been unsuccessful in preventing a crisis.

Figure 7. Behavioral Health Response Crisis Calls, City of St. Louis



St. Louis City had the highest rate of mental health emergency room visits with 3.4 per 1,000 residents for children age 0-14 in 2009, compared with the statewide rate of 2.7 per 1,000. However, ***St. Louis had a lower rate of mental health inpatient hospitalizations*** compared to the rest of the state with 29.4 per 10,000 and 52.8 per 10,000 residents respectively (SSM Cardinal Glennon Children's Medical Center,

2012). This could be due to a number of factors. Missouri has seen an overall decrease in the number of available psychiatric hospital beds for both adults and youth despite an increasing population. The Missouri Department of Mental Health and private sector hospitals together had a total of 4,118 psychiatric hospital beds in 2000 which dropped to 2,966 by 2012. There are currently 994 psychiatric hospital beds for youth ages 0-18 for the entire state (Missouri Department of Mental Health, 2013, Missouri Hospital Association, 2012).

Onset and Prevalence of Mental Health Disorders in Youth

Mental health concerns frequently develop during adolescence and early adulthood. Half of all mental disorders begin by age 14 and three quarters by age 24. The diagnosis of a mental health disorder indicates that a person's symptoms have met the diagnostic criteria for a disorder. This excludes those persons that have some symptoms but have not yet met the threshold for a diagnosis, and who still may be in need of supportive services. Although specific data for St. Louis City is not available, national data can illuminate potential areas of need (Table 4).

Table 4. Median Age of Onset of Common Mental Health Disorders

Disorder	Median Age of Onset
Anxiety Disorders	Age 11
Eating Disorders	Age 15
Substance Use Disorders	Age 20
Schizophrenia	Age 23
Bipolar Disorder	Age 25
Depression	Age 32

Anxiety disorders, in addition to having the earliest age of onset, are the most common among youth and adults. Table 5 Shows the prevalence of common mental health disorders in youth ages 13-18, and the percentage of those who have symptoms with severe impact. Severe impact includes substantial impairment or disruption in a youth's ability to function in their family, at school, develop and maintain social relationships and reach maturational goals.

Table 5. Youth with a Mental Disorder During Adolescence (Age 13-18)

	Prevalence (%)	With Severe Impact (%)	Projected Number of St. Louis Youth
Anxiety Disorders	31.9	8.3	24,853
Behavior Disorders	19.1	9.6	14,880
Mood Disorders	14.3	11.2	11,141
Substance Use Disorders	11.4	n/a	8,882
Eating Disorders	3.0	n/a	2,337
Attention Deficit Disorder/ Attention Deficit Hyperactivity Disorder	4.0	n/a	3,116
Overall Prevalence (with severe impact)		**22.2**	**17,296**

Co-Occurring Disorders

Youth and adults with a mental health diagnosis frequently have one or more additional mental health or substance use disorders. Mueser et.al (2003) reported that overall 50% of individuals with a severe mental illness have a lifetime substance use disorder, while 25-30% had an active substance use disorder. Those with a mental illness are more sensitive to substances and can develop a substance use disorder with less use than someone without a mental illness. Additionally, risk factors including family history of substance use, traumatic experiences or some personality disorders increase the risk for development of a co-occurring substance use disorder. Those that develop co-occurring disorders have poorer outcomes than those with only one disorder.

Risk Factors

Although this will be discussed in greater detail in later sections, it should be noted that St. Louis City youth experience risk factors that have been correlated with higher rates of later life problems. Those who have experienced trauma such as physical, sexual or emotional abuse, had a parent with a psychiatric, substance abuse or criminal history, witnessed physical abuse, or experienced emotional or physical neglect are much more at risk for psychiatric disorders, substance abuse, suicide, risky sexual behaviors (leading to teen pregnancy and sexually transmitted diseases), or serious physical health problems. Additionally, those with more types and higher frequency of trauma experience more

negative effects later in life. In other words, trauma has a cumulative effect. For example, a person who has experienced a single traumatic event is at increased risk for suicide. A person who has experienced multiple traumas has a much higher risk for suicide (Felitti & Anda, 2010).

IV. Findings by Domain

Thriving

Importance to Child and Adolescent Development

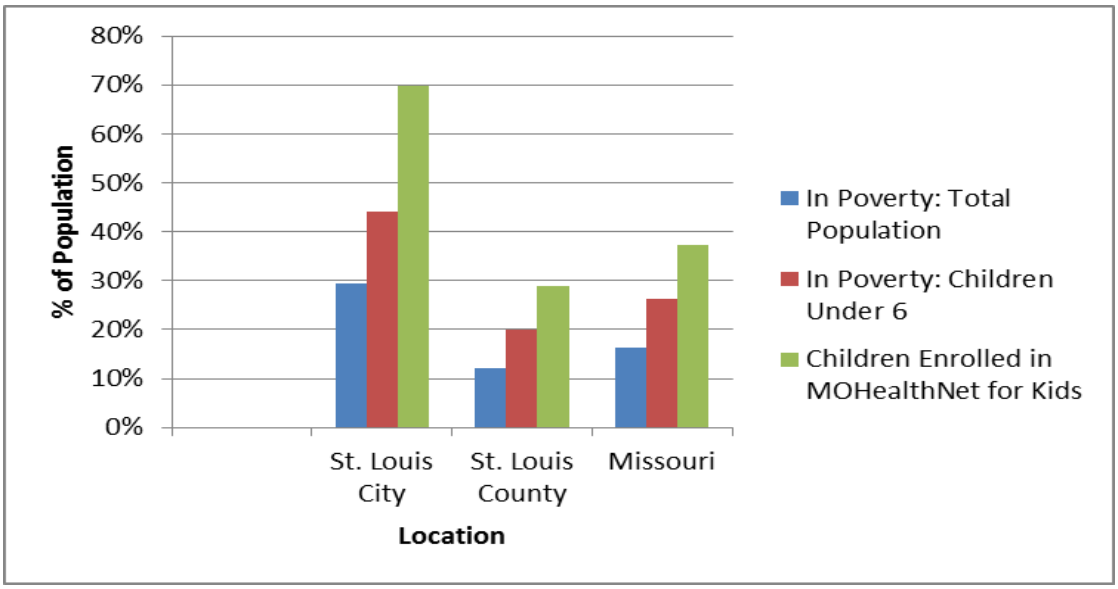
NCY indicators of the *Thriving* domain focus on child and adolescent health and safety. Relevant outcomes include maintenance of an active and healthy lifestyle, self-regulation, and risk avoidance, all within a context of positive and supportive social relationships. This domain may be thought of as a foundation for all others (connecting, leading and learning, and working). That is, health and safety are necessary conditions that must be met in order for youth to play a meaningful role in their community and succeed in school, and meeting basic needs reduces (but does not eliminate) the probability of psychiatric disorders during childhood (e.g., Offord et al., 1992; Kerker & Dore, 2006; Yoshikawa, Aber, & Beardslee, 2012). When coding secondary data into the NCY domain categories, our team categorized the majority of secondary data sources under *Thriving*. Fewer publically available data sources addressing other domains may be due in part to the relative difficulty of gathering large-sample data for some indicators (e.g., indicators of youth leadership skills). Therefore, we do not interpret these findings to mean that Connecting, Leading and Learning, and Working lack importance compared to Thriving. Nonetheless, the emphasis by agencies that track youth and family well-being on indicators of Thriving may support the foundational nature of this domain, and suggests a sense of public urgency about addressing deficits and disparities in basic health and safety.

Secondary Indicators

Poverty Rates

In order to thrive, children require an environmental context conducive to health and safety, where basic needs for food and shelter are met. In St. Louis City, high rates of poverty relative to rates observed in neighboring St. Louis County and statewide in Missouri provide a broad, initial indicator of barriers to health and safety that city youth may experience. The figure below displays poverty rates for the overall populations in St. Louis City, St. Louis County and Missouri, and for children under 6 in the same locations (STATS Indiana, 2014). The figure also displays the percentage of children enrolled in MO HealthNet (Missouri's Medicaid program); St. Louis City has the fourth-highest enrollment of children in MO HealthNet of all Missouri counties (Children's Trust Fund & University of Missouri, 2014).

Figure 8. Poverty Rates in St. Louis City, St. Louis County, and Missouri: Overall Rate, Rate for Children Under 6, and Children Enrolled in MO HealthNet*



***Note: Total population and MO HealthNet values are from 2012; poverty rate for children under 6 values are from 2011.**

Finally, a higher percentage of children in St. Louis City are enrolled in free/reduced lunch at school (86.9%) than in St. Louis County (42.3%) or Missouri statewide (42%) (Children's Trust Fund & University of Missouri, 2014).

Housing and Food

Relatively high rates of poverty are associated with a variety of barriers to basic health and safety. According to the Robert Wood Johnson Foundation's 2014 County Health Rankings report, 23% of St. Louis City residents experienced ***severe housing problems*** (based on affordability data tracked by HUD) over a 5-year period (2006-2010), compared to 14% in St. Louis County and 14% Missouri-wide (County Health Rankings.org, 2014).

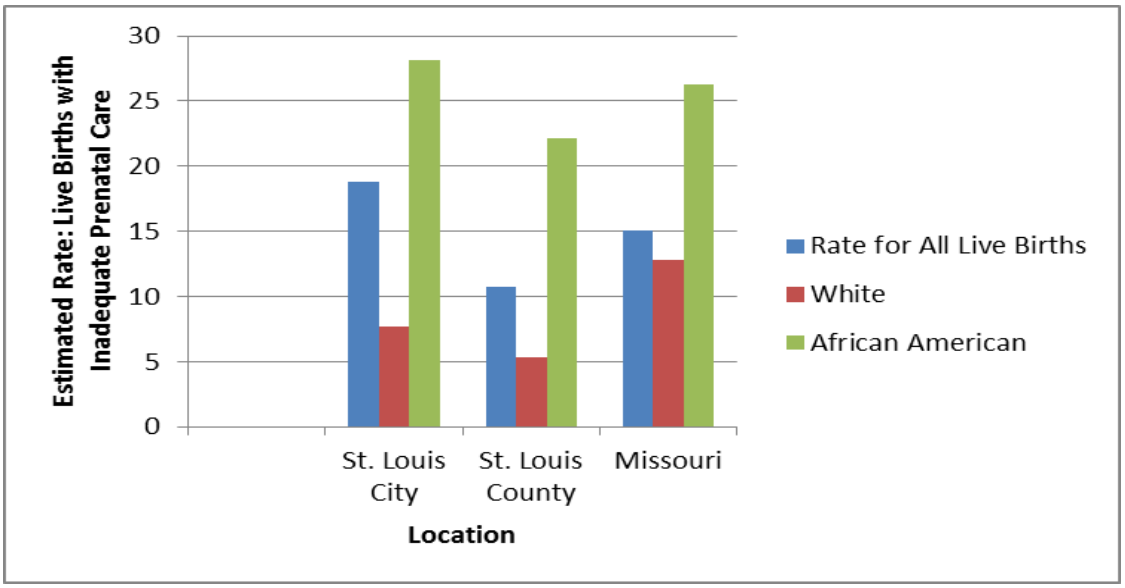
In addition to lack of affordable housing, a 2010 estimate indicates that St. Louis City residents experience high rates of ***food insecurity*** (20.1% of households estimated to have difficulty accessing sufficient food) compared to residents in St. Louis County (11.2% households food-insecure) or statewide in Missouri (13.9%) (University of Missouri Interdisciplinary Center for Food Security, 2014). Food insecurity is a direct barrier to children's ability to thrive; data posted by the state (Missouri Information for Community Assessment or MICA) shows higher rates of ***preventable hospitalizations due to nutritional deficiencies*** for children under age 15 in St. Louis City (1.7 per 10,000 children) compared to St. Louis County (0.6/10,000) or Missouri statewide (0.7/10,000; Missouri Department of Health and Senior Services, 2014). According to the U.S. Centers for Disease Control and Prevention (2012), 28.8% of adolescents and 29.8% of children in Missouri are classified either as overweight or

obese. These percentages are close to national averages, but are presented here as they present a significant health burden for nearly 1/3 of Missouri's youth.

Adequacy of Prenatal Care

Another indicator of poverty's impact on children is inadequate prenatal care. The figure below displays MICA estimates of the rate of live births in 2012 in which the mother had inadequate prenatal care, out of all resident live births, based on frequency of prenatal doctor visits. Rates for St. Louis City, County, and the State of Missouri are presented, with comparison between white and African American mothers (Missouri Department of Health and Senior Services, 2014).

Figure 9. 2012 Rate of Resident Live Births following Inadequate Prenatal Care: by White vs. African American Race and Location



As shown in the figure, the greatest disparity in prenatal care adequacy is between white vs. African American mothers, across all locations.

An additional relevant statistic is that the 2011 estimate of preterm births as a percentage of live births was somewhat higher in St. Louis City (15.4%) than St. Louis County (11.9%) (March of Dimes, 2014).

Finally, the rate (per 10,000) of children under 15 with "failure to thrive" (below-normative weight gain) as a reason for preventable hospitalization from 2008 through 2010 was 2.6 in St. Louis City, compared to 1.2/10,000 and 1.8/10,000 for St. Louis County and the State of Missouri respectively (Missouri Department of Health and Senior Services, 2014). These rates are low in general as they are indicators of relatively rare events, but taken together, the numbers reported here suggest that ***deficiencies in income and nutrition in the city impact children's health from the very beginning of life.***

Lead Exposure

An additional health risk disproportionately impacting very young children in the City of St. Louis is exposure to lead. In 2011, 2.2% of St. Louis City resident children under age 6 who were tested had elevated blood levels of lead, ***significantly higher than percentages of children tested in St. Louis County*** (0.4%) or ***statewide*** in Missouri (0.8%) (Missouri Department of Health and Senior Services, 2014). According the U.S. Centers for Disease Control and Prevention (CDC), even low levels of lead in the blood "…have been shown to affect IQ, ability to pay attention, and academic achievement" (U.S. Centers for Disease Control & Prevention, 2014). Lead exposure is a clear example of a basic health-related factor in the Thriving domain that can impact a child's ability to succeed in the Connecting, Learning, and Working domains.

Crime

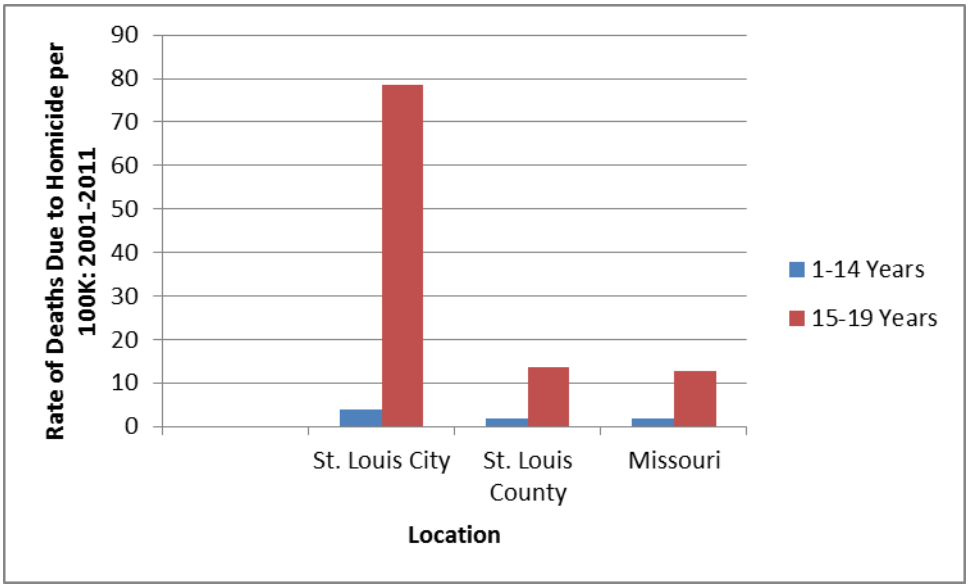
In addition to issues around basic health needs, children in St. Louis City are disproportionately impacted by threats to ***safety***, compared to children and youth in St. Louis County and statewide. Missouri State Highway Patrol data indicate higher incidence of a variety of crimes in St. Louis City compared to St. Louis County, as shown in Table 6 below. When reviewing these incidence counts, recall that the total St. Louis County population is approximately 3.1 times the St. Louis City population (Missouri State Highway Patrol, 2014).

Table 6. 2012 Crime Incidence, St. Louis City and St. Louis County

Crime	St. Louis City Incidence	St. Louis County Incidence
Aggravated Assault	3,574	2,101
Arson	196	123
Burglary	4,986	5,404
Larceny/Theft	13,559	19,342
Motor Vehicle Theft	3,490	1,954
Murder	113	44
Property Offenses	22,231	26,823
Rape	199	154
Robbery	1,778	728

High crime rates not only create a dangerous atmosphere in general for youth, but children and adolescents are more likely to be directly victimized in St. Louis City compared to the county or to statewide numbers, as shown in Figure 10 below.

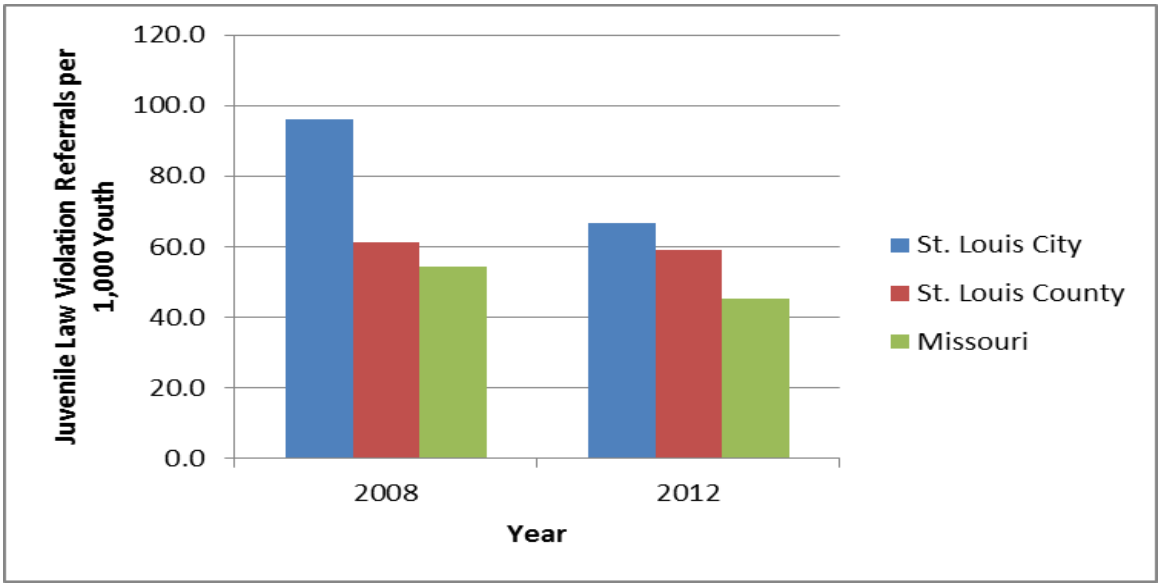
Figure 10. Rate of Deaths due to Homicide per 100,000: By Age Group and Location



Homicide death rates did not differ significantly between St. Louis County and Missouri statewide for either age group. ***Rates in St. Louis City were significantly higher than in St. Louis County for both age groups.*** According to a more specifically focused report, examining deaths due ***to homicide with firearms among 15-19 year olds*** (timeframe= 2008-2012), ***the rate per 100,000 in St. Louis City was 84.7, compared to 14.1 in St. Louis County and 12.6 statewide (Missouri Department of Health and Senior Services, 2014).***

In addition to exposure to crime in their environment, youth in St. Louis city are at relatively higher risk of becoming directly involved in juvenile law offenses. As shown in Figure 11, rates of juvenile law violation referrals were lower in 2012 compared to 2008 across all locations compared in this assessment with the sharpest decline in the city. Nonetheless, rates in the city remained higher than the county or statewide rates at both time-points (Children's Trust Fund & University of Missouri, 2014).

Figure 11. Rate of Juvenile Law Violation Referrals per 1,000: By Location and Year



According to Missouri Department of Mental Health (DMH) Status Reports, two of the most commonly-occurring juvenile law violations in St. Louis City were violent offenses (*N*=583 in 2011; down from 756 in 2009) and truancy status offenses (*N*=216; up from 191 in 2009). These are lower than the *frequencies* for St. Louis County but constitute a *higher proportion of the youth population in the city versus the county.* Specifically, for St. Louis City, violent juvenile law violations as a proportion of youth population in 2011 = 583/67,703 youth under 18 (proportion=.009, or slightly less than 1%); in St. Louis County, the proportion was 1,382/227,216 youth under 18 (proportion=.006, just over one half of 1%).

More striking are the comparative proportions of youth with truancy offenses in St. Louis City vs. County in 2011. In the city, 216/67,703=.003; this is small proportion of all city youth, but in St. Louis County there were 310 truancy violations, resulting in a much smaller proportion (310/227,216=.001). Note, too, that in spite of the considerable population size difference, the frequency of truancy violations in the city was less than 100 below that in the county. ***The bottom line, then, is that violent and truancy offenses disproportionately impact youth in St. Louis City.*** (Missouri Department of Mental Health, 2014a).

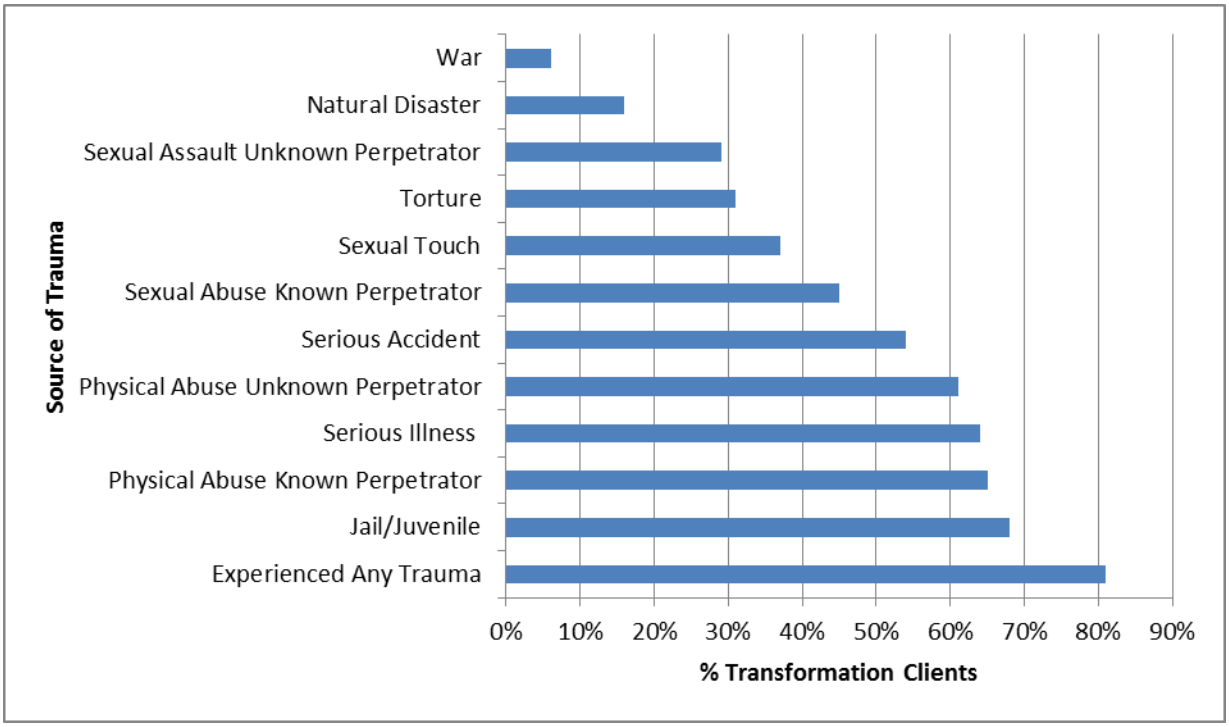
Domestic Violence

An additional contextual factor that can negatively impact children's safety inside the home is domestic violence. As with incidence of juvenile law violations, frequency of domestic violence incidents are low overall and represent < 1% of the city, county and state populations respectively. ***However, incidence of domestic violence is disproportionately higher in St. Louis City*** (in 2012, 2,628 incidents/318,416 total city population, proportion=.008) ***vs. St. Louis County*** (4,336/1,001,444 total population, proportion=.004) (Missouri State Highway Patrol, 2014).

Trauma

Looking more broadly at the impact of domestic violence, incarceration, and other negative life events on mental and physical health and on safety, the figure below presents rates of trauma among city and county residents receiving mental health services as part of a Mental Health Transformation Grant funded by the St. Louis Mental Health Board and the Substance Abuse and Mental Health Services Administration (SAMHSA). These data were available to the MIMH Needs Assessment team as a primary source. Although these percentages are for adult clients, they reflect the high rates of trauma experienced by area residents who need mental health services, and many of the traumatic events reported occurred during childhood. Among those clients who have children, their children may have experienced similar trauma; at minimum, the parent's trauma would be a factor in the child's home environment.

Figure 12. Adult Lifetime Mental Health Client Experience of Trauma in St. Louis City



Suicide

Trauma is associated with suicidality (Krysinksa & David, 2010). The rate of deaths due to suicide among youth ages 15-19 over a five-year period (2008-2012) was higher in St. Louis County (8.7/100,000) and statewide in Missouri (1.8/100,000) than in St. Louis City (0.9/100,000) (Missouri Department of Health and Senior Services, 2014). On the Missouri Department of Elementary and Secondary Education's (DESE) *Missouri Student Survey* (2012), ***11.8% of 6th-12th grade student respondents living in the state's Eastern Region (includes St. Louis City, St. Louis County, and Lincoln, Warren, St. Charles, Franklin and Jefferson Counties) reported thinking about suicide in the past year, and 8.6% reported making a***

suicide plan in the past year. Six percent reported having attempted suicide in the past 12 months and of those, 2% reported than at least one attempt had resulted in "injury, poisoning or overdose that had to be treated by a doctor or nurse" (Missouri Department of Mental Health, 2014b).

Sexually Transmitted Diseases

An additional threat to health and safety for youth is high-risk sexual behavior. The figures below present sexually transmitted disease (STD) rates for youth ages 15-19 in St. Louis City, St. Louis County, and Missouri statewide, over a five-year period; specifically, rates per 100,000 are shown for chlamydia, gonorrhea and syphilis. Note that for chlamydia, both St. Louis City and St. Louis County are in the highest quintile within Missouri, placing them in a group of 23 counties with the highest chlamydia rates in the state, and city and county rates are both significantly higher than the statewide rate. Similarly, gonorrhea rates in St. Louis City and St. Louis County are significantly higher than for Missouri overall. For syphilis, the county and state rates do not differ, but the St. Louis City rate is significantly higher than the county rate. (Missouri Department of Health and Senior Services, 2014).

Figure 13. Chlamydia and Gonorrhea Rates per 100K in St. Louis City, St. Louis County, and Missouri, 2005-2009: Ages 15-19

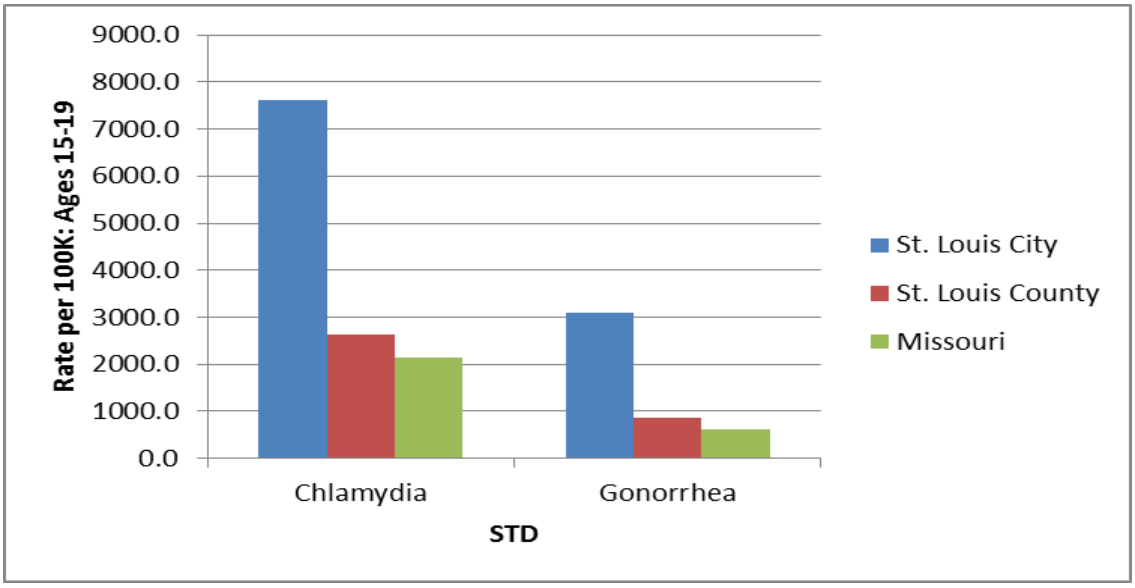
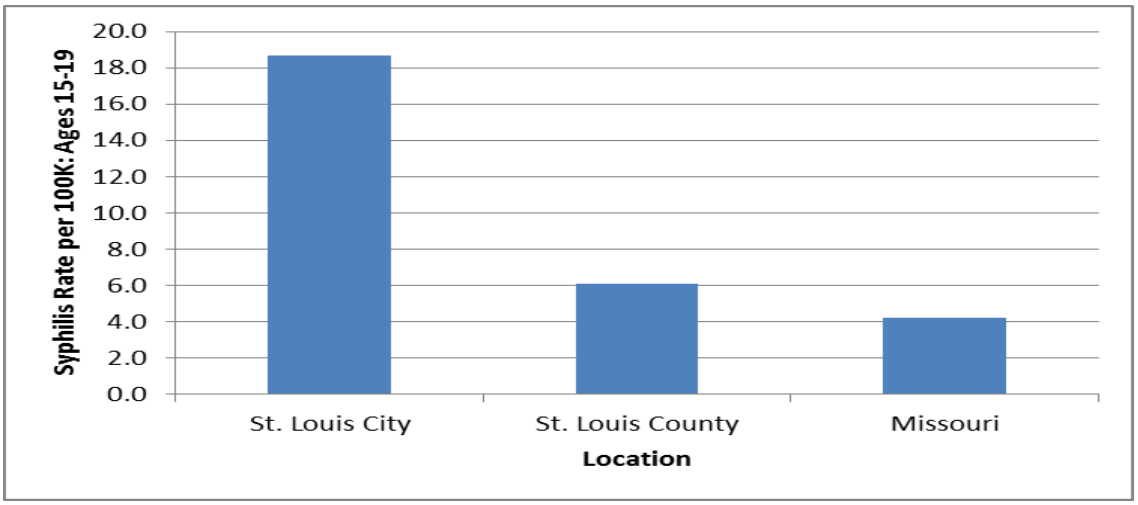


Figure 14. Syphilis Rates per 100K in St. Louis City, St. Louis County, and Missouri, 2005-2009: Ages 15-19



Similarly, statistics reported by the City of St. Louis Department of Health, Center for Health Information indicate that rates of HIV/AIDS are higher in the city of St. Louis compared to St. Louis County. ***In 2013, the rate per 100,000 persons of individuals living with HIV was 196.6 in St. Louis County, and 1,017.6 in St. Louis City*** (City of St. Louis Department of Health, 2014). The same report further indicates an ongoing race disparity across 7 Missouri counties (including St. Louis City and St. Louis County) and 5 Illinois counties in the St. Louis Transitional Grant Area (TGA) HIV Prevention Region; while African Americans represent 19% of the total population in this area, they also have the highest HIV Disease prevalence (704.7 cases per 100,000).

Of particular relevance to the current Needs Assessment are rates reported by age group. Looking at *prevalence*—the number and rates of persons living with HIV/AIDS (PLWH/A)—the disease disproportionately impacts adults, with 89% of the PLWH/A population falling into the 25-64 year old age group. Looking at HIV/AIDS *incidence* — the number of new cases reported in 2012 and 2013 — the report indicates ***an increase among younger populations*****,** particularly those under age 25 (see Table 7 below) (City of St. Louis Department of Health, 2014).

Table 7. New HIV Cases in St. Louis Transitional Grant/Prevention Area: % of New Cases by Age Group*

Age Group	% of New HIV Cases 2012 (out of total n=164 cases)	% of New HIV Cases 2013 (out of total n=180 cases)
Under 13	0.9%	0.6%
13-24	34.1%	37.2%
25-44	51.8%	43.8%
45-64	11.6%	17.7%
65 and older	0.4%	0.0%

***Table adapted from report prepared by the City of St. Louis Department of Health's Center for Health Information, Research and Planning, 2014.**

Note the slight increase in percentage of cases falling into the 13-24 age group between 2012 and 2013, and that over 80% of new cases in both years are among the 13-24 and 25-44 age groups.

Births to Teen Mothers

Risky sexual behavior is also associated with teen pregnancy. Table 8 presents frequencies of live births to teen mothers over a five-year period (2008-2012), by age subgroup for St. Louis City and St. Louis County (Missouri Department of Health and Senior Services, 2012). Given that the overall and youth populations in St. Louis City are much smaller than in the county, it is notable that frequency of births to teen mothers in the city matches or exceeds that in the county for most age groups.

Table 8. Frequency of Live Births to Teen Mothers by Age Group: St. Louis City and St. Louis County

Mothers' Age Group	St. Louis City	St. Louis County
10 to 14 years	55	47
15 to 17 years	1,098	1,224
18 to 19	2,170	3,037

Substance Use

A final behavioral risk factor affecting youth health and safety is substance abuse. Substance use surveillance data are usually obtained via confidential self-report survey, and we have not been able to obtain substance use survey data specific to the city of St. Louis. Statewide, however, the need for substance abuse prevention beginning at an early age is widely recognized; in Missouri, the mean age of first use for alcohol (in data collected from 2008 through 2012) is 13.3 years; for cigarette use, the mean onset age is 12.5 (U.S. Substance Abuse and Mental Health Services Administration, 2013). According to same data source, mean age of first marijuana is 13.8 in Missouri, and mean age of first nonmedical use of psychotherapeutics is 13.4. ***Substance use onset in Missouri, then, typically occurs before the age of 14.*** According to a Missouri Department of Mental Health Status Report, there were 2,950 drug incidents in Missouri schools during the 2010-2011 school year, 478 alcohol incidents, and 101 tobacco incidents (all increases from the 2009-2010 school year) (Missouri Department of Mental Health, 2014a).

Youth Receiving Treatment/Counseling for Mental Illness

Data from the Substance Abuse and Mental Health Services Administration's (SAMHSA) National Survey on Drug Use and Health (NSDUH) indicates that 21.1% of Missouri youth under age 18 surveyed in 2010-2011 reported receiving treatment or counseling in the past year from at least one out of a variety of sources including: Hospital, residential treatment facility, foster care, day treatment facility, mental health clinic, private therapist, in-home therapist, family doctor, through special education, or from a school counselor (National Survey on Drug Use and Health, 2014).

Missouri's Department of Health and Senior Services compiled rates of youth treated for emotional disturbance within hospital settings, based on discharge records. Data cover the years 2008-2012 and are summarized in Table 9. For some disorders, rates were disproportionately high in the City of St. Louis, and for others city and county rates did not differ. Hospitalization rates for these problems vary more by age group than by location, occurring most frequently among older adolescents/emerging adults (Missouri Department of Health and Senior Services, 2014).

Table 9. Inpatient Hospitalization Rates for Psychiatric Disorders, 2008-2012: by Age Group and Location*

	St. Louis City		St. Louis County		Missouri	
Disorder	**Age Under 15**	**Age 15 to 24**	**Age Under 15**	**Age 15 to 24**	**Age Under 15**	**Age 15 to 24**
Adjustment, undersocialized, and other preadult disorders	3.7	1.2	2.7	1.5	5.2	2.3
Anxiety, somatoform, dissociative, and personality disorders	2.4	6.4	2.3	6.8	4.1	9.3
Affective Disorders	25.5	74.0	27.8	113.8	38.1	103.0
Schizophrenia and related disorders	0.7	33.2	1.6	23.1	1.1	14.7
Substance-related mental disorders	0.1	11.4	0.1	11.3	0.1	10.6

*Numbers shown are rates per 10,000 persons

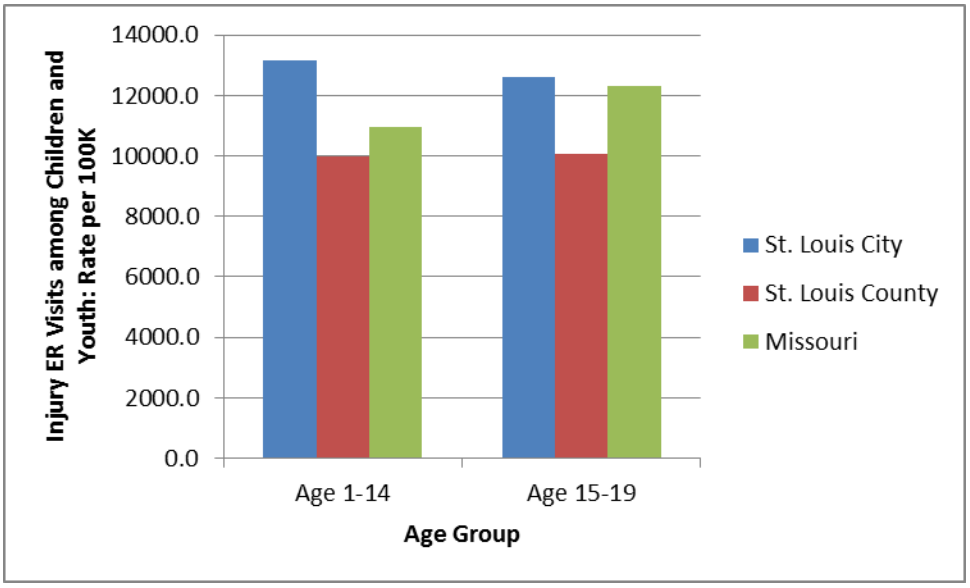
Finally, although our team did not locate region-specific numbers for Autism Spectrum Disorder, we will note here that this is a growing problem nationwide. According to prevalence numbers maintained by the U. S. Centers for Disease Control and Prevention (CDC) through their Autism and Developmental Disabilities Monitoring Network (ADDM), the prevalence rate increased sharply between 2000 and 2010. ***In 2000, the prevalence rate across partnering sites was 6.7 per 10,000 children, or approximately 1 in 150 children. In 2010, the rate was 14.7 per 10,000, or approximately 1 in 68 children***.

ER Visits and Hospitalization Due to Injury

Risky behavior, together with relatively high rates of crime and domestic violence incidence in St. Louis City, may put children and youth in the city at higher risk of injury-related Emergency Room (ER) visits and/or injury-related hospitalizations. The figure below displays rates of injury ER visits among children and youth by location (St. Louis City, St. Louis County, and Missouri) and age range (ages 1-14 years, and

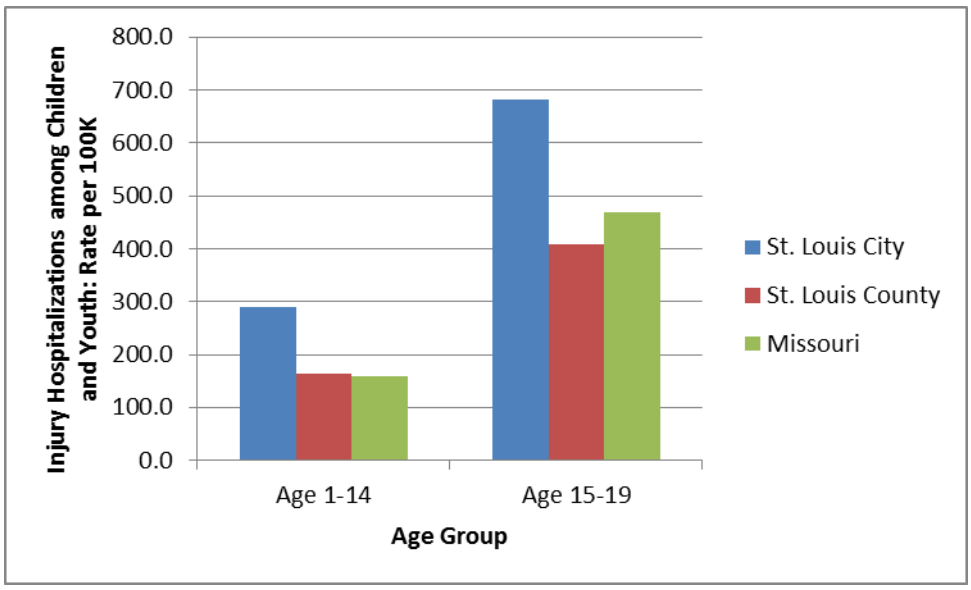
ages 15-19 years). Among 15 to 19 year-olds, the rate per 100,000 of injury ER visits does not differ in St. Louis City from county and statewide rates; however, among children ages 1-14, St. Louis City is in the second highest quintile in Missouri for injury ER visits.

Figure 15. Injury ER Visit Rates per 100K in St. Louis City, St. Louis County, and Missouri, 2011: By Age Group



Similarly, Figure 16 presents rates of injury hospitalizations among children and youth for the city, county and state, by age group. As with ER visits, rate of injury hospitalizations was highest in St. Louis City, and the difference between city and state rates was significant for the younger age group (Missouri Department of Health and Senior Services, 2014).

Figure 16. Injury Hospitalization Rates per 100K in St. Louis City, St. Louis County, and Missouri, 2011: By Age Group



Overall Health Ranking

Finally, the 2014 *Missouri KidsCount* report summarizing health and wellbeing statistics across several indicators (Children's Trust Fund & University of Missouri, 2014), and providing a county ranking for children's health and wellbeing (lower numbers indicating a higher, or better, rank), assigns St. Louis City a ***rank of 114, out of 115*** counties compared to a rank of 8 for St. Louis County. Clearly, an emphasis among child-serving agencies on health and safety indicators within NCY's *Thriving* domain is warranted, as discussed below.

Summary and Conclusions

According to NCY's list of indicators for *Thriving*, children are likely to be healthy and safe to the degree that they adopt healthy lifestyles, learn to appropriately express emotion and resolve interpersonal conflicts, and avoid risky behavior. Children, adolescents and their families in St. Louis City experience poverty and related threats to basic health and safety including hunger and inadequate housing, and exposure to/victimization by crime. Within this context, youth in St. Louis also have relatively high vulnerability to becoming involved in crime themselves and of engaging in other high-risk behavior including unsafe sex leading to teen pregnancy and/or STDs. Programs funded by the STLMHB cannot directly address overarching problems such as the poverty rate, which is linked to broad and longstanding socioeconomic factors including racial segregation (see Community Profile) and to short-term fluctuations in the national and regional economies. However, evidence-based programming is available that can address *consequences* of poverty and related environmental stressors on children's

lives, and this includes screening and targeted substance abuse treatment, as well as substance abuse prevention, HIV/STD prevention, and violence prevention (see Appendix C: Table of Evidence-Based Practices by Domain). Continued effort must be made in St. Louis City and County and across the entire region to reduce disparities and ameliorate the economic hardship that many of our citizens experience. In the shorter term, however, programs funded by the STLMHB can provide the support and information allowing children and adolescents to improve their health and stay safe, even as external barriers challenge their ability to thrive.

Connecting

Importance to Child and Adolescent Development

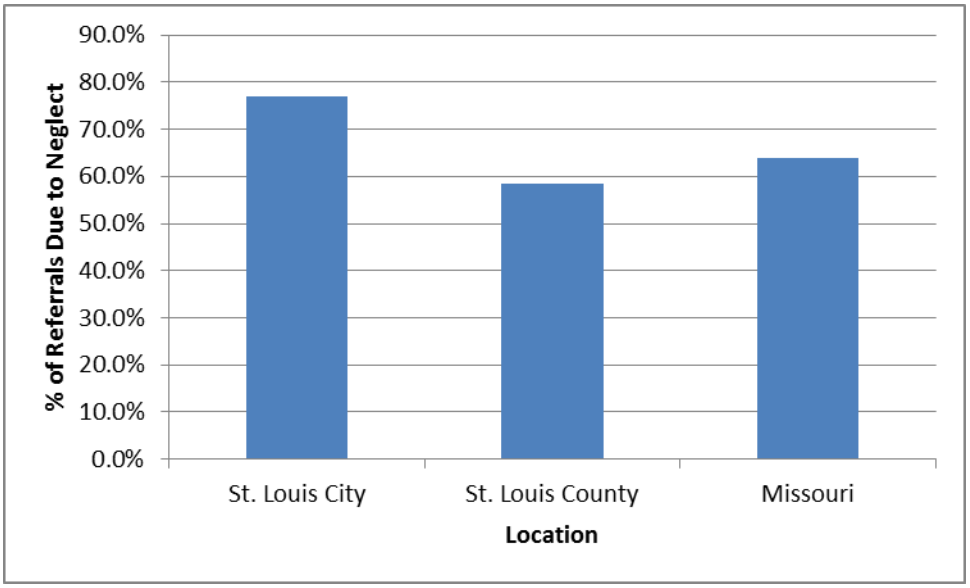
Creating strong, positive relationships with friends and with peers in general and bonding with parents and other caring adults are vital to the development of a positive identity over the course of childhood and adolescence (e.g., Koepke & Denissen, 2012). Relationships with caring adults and affiliation with peers who engage in positive/prosocial versus negative/risky behavior are also protective factors that decrease likelihood of substance use, delinquency, and teen pregnancy/STDs (Dunn, Kitts, Lewis, Goodrow, & Scherzer, 2011). NCY indicators of the *Connecting* domain focus on development of a strong sense of a sense of self and positive values in the context of good relationships with adults and peers. Secondary data addressing these positive social factors are not readily available. However, many of the social/environmental risk factors outlined under *Thriving* (e.g., high rates of crime, housing insecurity, domestic violence) create barriers making it difficult for youth to connect. Some additional barriers observed in our secondary data sources are described below.

Secondary Indicators

Abuse and Neglect

One clear barrier to the ability of a child to form positive relationships with adults is experience of abuse or neglect at home. In 2011 just under 1% of children in St. Louis City (674 out of a total child/youth population of 67,703, proportion=.009) were referred to the family court for reasons related to abuse, neglect and/or custody disputes , and this is nearly equal to the proportions for St. Louis County and Missouri statewide. One notable difference between the city versus county and state is the percentage *of those referrals* that are attributed specifically to child *neglect* (see figure below) (Missouri Department of Mental Health, 2014a). This suggests that among city youth referred to the court due to negative parental behavior, parent unwillingness or inability to provide basic care and meet the child's health and educational needs may be a particularly salient factor in St. Louis City.

Figure 17. % Juvenile Court Abuse/Neglect/Custody Referrals Due to Neglect: By Location



Child Protection and Permanency Referrals

In 2013, there were 656 Child Protection and Permanency Referrals by the St. Louis City Family Court, of which 291 (44%) entered foster care (these numbers of based on reports posted by the City Family Court; county and statewide comparison figures were not located) (St. Louis City Circuit Court, 2014).

Inadequate Social Support

Abuse and neglect, and the need for Family Court intervention, is painful both for youth and adults within a family. Another, broader factor that can negatively impact youth and adults is social isolation. A 2014 *County Health Rankings* report sponsored by the Robert Wood Johnson foundation presents data on the estimated percentage of individuals *over 18* indicating inadequate social support on the Behavioral Risk Factor Surveillance System (BRFSS) telephone survey conducted by the U.S. Centers for Disease Control and Prevention (CDC). ***According to this report, 27% of St. Louis City respondents reported inadequate social support, compared to 18% in St. Louis County and 19% statewide in Missouri*** (County Health Rankings.org, 2014). Although this number includes only the highest age (19) in the range targeted by this Needs Assessment, it suggests that more city than county residents experience social isolation. This context may hinder the degree to which youth can form positive relationships with caring adults and with one another.

Summary and Conclusions

In general, publically available secondary data does not address many of the indicators of Connecting, such as development of a positive identity, development of social skills, and quality of relationships with

adults. Public health data tends to quantify problems in the relationships between youth and adults; the most relevant data that our team located and coded as part of this domain were rates of child abuse and neglect, as well as survey results focusing on inadequate social support. In addition, there are statistics elsewhere in the present report (e.g., juvenile law violations involving violence, under *Thriving*) that have relevance for *Connecting* because they describe breakdown in relationships between youth and their peers or youth and adults. While this paints a limited picture, disproportionate levels of abuse, neglect and violence, and a relatively high proportion of individuals reporting that they lack support, indicate barriers in St. Louis City to the kind of positive interpersonal connection targeted by NCY. Programs are needed that promote positive interpersonal connection while acknowledging and seeking to ameliorate these barriers.

Leading and Learning

Importance to Child and Adolescent Development

NCY defines *Leading* as active participation in sports teams, clubs and other organized activities in school or in the community, showing leadership at school more generally (e.g., participation in school decision-making), voting if age 18 or over, and volunteering within the community. Little publically available secondary data includes indicators of these leadership activities, but the primary setting and training ground in which young people can develop as leaders is in school. Therefore for purposes of this Needs Assessment, we are combining the *Leading* domain with *Learning*. Indicators of *Learning* identified by NCY include some variables—such as engagement in learning and other motivational/attitudinal factors—that are not currently available in secondary data sets. However, comparative data for other factors related to learning are publically available and are presented in this section.

Secondary Indicators

Highest Level of Education Completed and Drop-out Rates

Looking first at data on highest level of education completed, as of 2013, 12.3% of adults in St. Louis City completed some high school (9^{th}-12^{th} grade) but did not receive a diploma, compared to 5.7% in St. Louis County (LocationOne.com, 2014). ***In 2011-2012, the number of high-school drop-outs in St. Louis City (1,646) exceeded that in the County (1,223), in spite of the larger overall youth population in the County. The city's drop-out rate that school year was 18.2%, compared to 2.6% in the county and 3.2% statewide*** (Missouri Department of Mental Health, 2014a).

Suspensions from School for 10 Days or More

The rate of suspensions from school for 10 days or more as a disciplinary action is also disproportionately high in city schools (2.6% in 2013) compared to statewide in Missouri (1.3%) (Missouri Department of Elementary and Secondary Education, 2014).

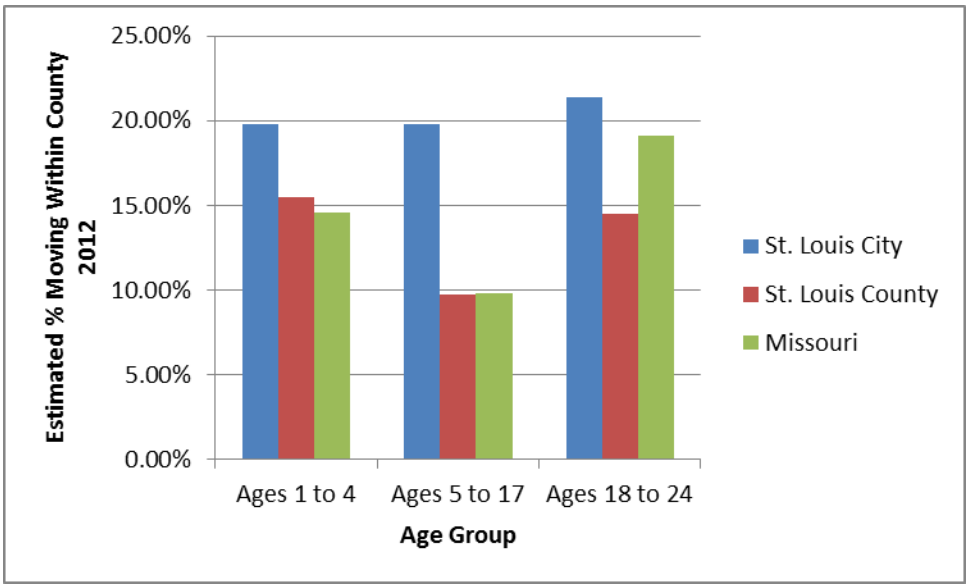
GED Completion

In spite of these disparities, data collected from 2010-2013 indicates that 25.3% of adults age 25 or older in St. Louis City have a high school diploma or have earned a GED, matching the county percentage (22.9%). However, the percentage of those with diploma or GED in both the county and the city is somewhat lower than the Missouri statewide figure (31.6%) (University of Missouri Office of Social Economic Data Analysis, 2014).

Geographic Mobility

Geographic mobility of children—the percentage of children who move in the course of one year—may be considered as an indirect indicator of ability to focus on school, given that moving often entails a change in school. Figure 18 displays percentages of children and young adults moving within the same county during 2012, for St. Louis City, St. Louis County and Missouri statewide. Not surprisingly, a greater proportion of younger adults move in the course of year compared to children and adolescents. Note, however, that more St. Louis City youth made local moves during the year than county youth or youth statewide, and this difference is greatest among preschool and school-age children (U. S. Census Bureau, 2014).

Figure 18. Percentage Moving Within County, 2012: By Age Group and Location



English Language Learners

Another indirect indicator of challenges that some students may experience in school is status as an English Language Learner. Both St. Louis City and St. Louis County schools have high numbers of students who must learn the English language as part of their education; in 2012, there were 2,243 English Language Learners in St. Louis City schools (third highest in the state of Missouri), and 4,035 in St. Louis County (second highest in the state) (Children's Trust Fund & University of Missouri, 2014).

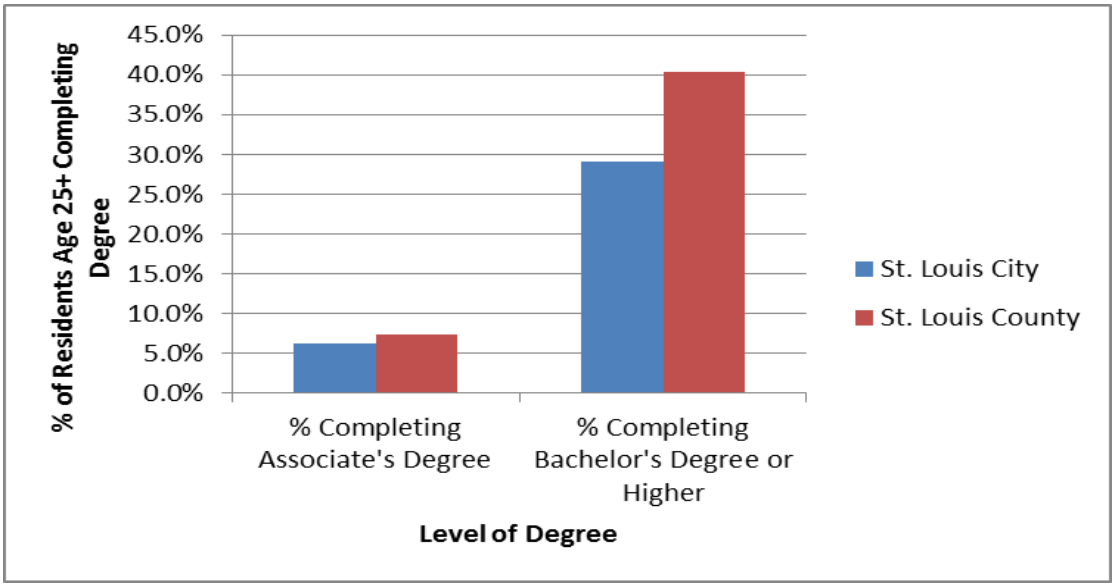
Disability

Data on percentage of children with a disability were also reviewed; here, the percentage in 2012 of youth ages 5 to 17 with a disability was similar in St. Louis City (5.3%) compared to St. Louis County (6.0%) and over one percentage point lower than the percentage for Missouri overall (6.5%) (U. S. Census Bureau, 2014).

College Completion

Looking at college completion among citizens aged 25 or older, a greater proportion of St. Louis County than St. Louis City residents report completion of college degrees at all levels (Figure 19). The city versus county difference is greatest at the higher degree level (LocationOne.com, 2014).

Figure 19. College Completion among City versus County Residents Aged 25 and Over: 2010-2013



Voter Turnout

Finally, one NCY indicator specific to Leadership is whether youth who are 18 years of age exercise their right to vote. We did not locate voter turnout rates specifically by age group and location for this report. However, overall 2010 voter turnout rates for St. Louis City and County reported by the Missouri Secretary of State's office indicates a higher rate in St. Louis County (50.2% of registered voters) compared to St. Louis City (37.9% of registered voters) (Missouri Secretary of State, 2014).

Summary and Conclusions

High poverty rates tend to be accompanied by educational disparities, with inadequate resources for public school systems resulting in high drop-out rates, lack of proficiency in core subjects and disciplinary problems in schools (Shaw & Shelleby, 2014). These issues, in turn, make it difficult for

students in affected districts to exercise leadership at school and in their communities. The cycle of unemployment /underemployment continues, extending poverty into subsequent generations. Programs that support success at school and that enhance both life skills (e.g., appropriate expression of emotion, conflict resolution) and study/academic skills can address barriers to *Leading* and *Learning* as well as improving outcomes in the Connecting and Working domains.

Working

Importance to Child and Adolescent Development

NCY defines working as attaining workforce readiness through the acquisition of communication, collaboration, critical thinking and positive work habits; career awareness through gaining knowledge of occupations; and gaining employment within five years of graduating high school and being paid wages that meet basic needs.

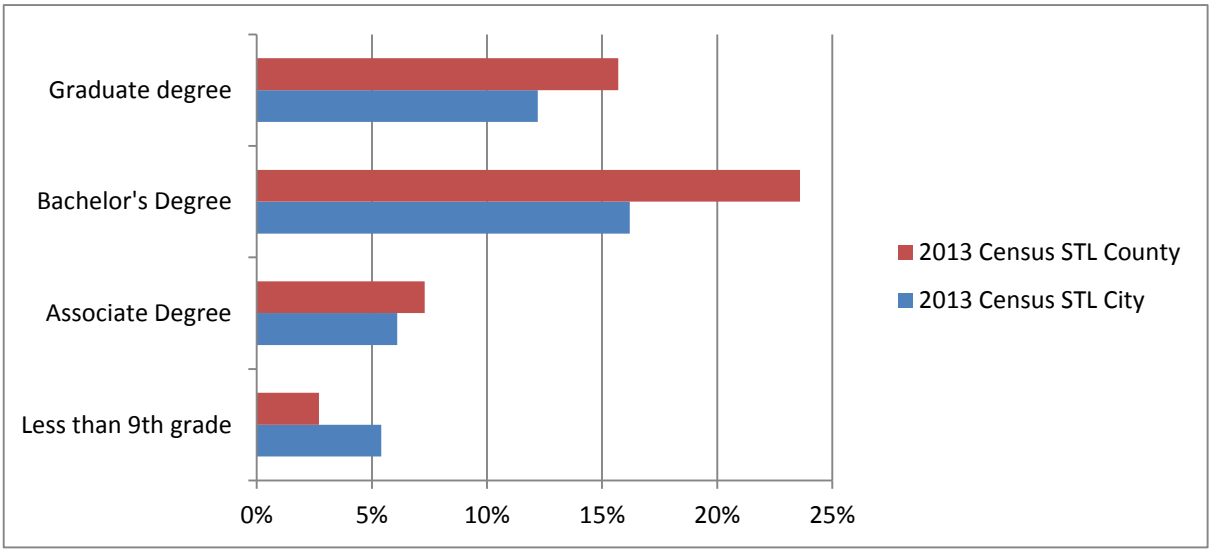
Steady and competitive employment affects every aspect of a young person's transition into adulthood and attainment of self-sufficiency. Employment reduces poverty, the use of disability benefits and use of public services. It positively contributes to stable and safe neighborhoods, reduction of family stress, health promotion, increased social networks and enhanced self-esteem and mental health recovery (Mentalhealth.gov). Historically, individuals diagnosed with a mental illness have faced poor employment outcomes. The National Alliance on Mental Illness notes that, "The unemployment rate for adults living with mental illness is three to five times higher than those living without a mental illness." (NAMI.org) Furthermore, individuals with mental illnesses are both capable and motivated to work. Locally, The St. Louis Mental Health and Housing Transformation grant project which interviewed 347 adults with mental illness between 2010-2014 yielded and overall unemployment rate of 89.1%. Of those that were employed, most were employed in part time positions (MHTG 2014). Educationally, 39.6% had not completed high school while 26.2% had completed high school or a GED. Of the remaining, 4.6% attended Vocational/ Technical training, 24.2% some college, and 3.2% had completed a bachelor's degree. Compared with the United States Census Bureau's 2012 announcement that 30% of adults 25 and older held a bachelor's degree or higher, the long term outcome differences for employment are substantial.

Secondary Indicators

Locally, census data for St. Louis city and St. Louis County suggest dual concerns in that individuals from the city are at higher risk of not completing school or attaining post high school degrees leading to more consistent and better paying employment.

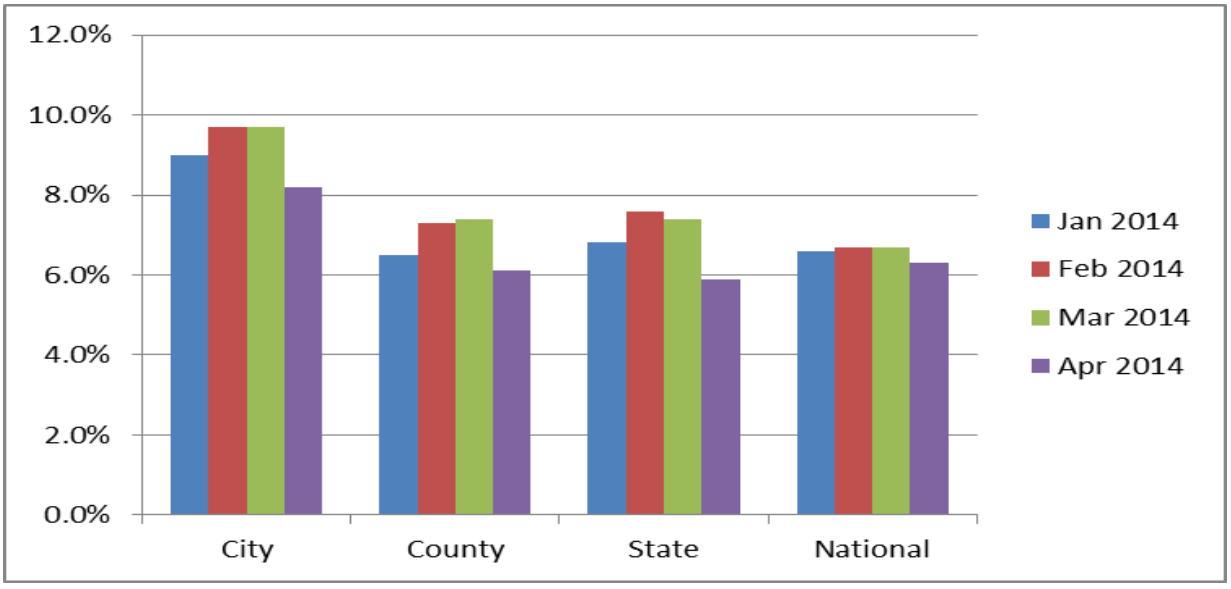
Advanced Degree Completion and Unemployment Rates

Figure 20. Percentage of Individuals Completing College and Advanced Degrees in 2013



Although unemployment rates have improved slightly over the past four months, the city of St. Louis consistently has higher unemployment than St. Louis County, the state of Missouri and the Nation.

Figure 21. Unemployment rates in St. Louis City, St. Louis County, and Missouri



Disconnectedness

In the Measure of America "Halve the Gap by 2030" report (October, 2013), employment and educational data were used to create a measure of disconnectedness for 25 metropolitan areas. The

measure calculates the percentage of individuals aged 16-24 who are not employed or in school. Those that are employed part time or in school part time are not included. The following table shows how St. Louis compares to other metro areas of the county, and also separates this information by race when data are available.

Table 10. 2013 Ranking of Disconnectedness for 16-24 year olds in Major Metropolitan Areas

#	Metro Area	Overall	African American	Asian American	Latino	White
	United States	14.6	22.5	7.6	17.9	11.7
1	Boston, MA	9.2	14.2	--	--	7.2
2	Minneapolis, MN	9.5	20.2	--	--	7.2
3	Washington DC	11.3	19.6	--	11.2	7.4
4	San Diego, CA	12.2	19.0	--	16.1	8.2
5	San Francisco, CA	12.3	19.4	8.5	14.3	11.0
6	Pittsburgh, PA	12.6	24.8	--	--	10.3
7	Denver, CO	13.8	--	--	18.2	10.0
8	Seattle, WA	13.2	21.2	9.3	18.3	12.1
9	Chicago, IL	14.1	24.9	--	15.6	9.5
10	Houston, TX	14.1	16.5	7.6	16.2	11.2
11	**St. Louis, MO**	**14.2**	**24.9**	**--**	**--**	**10.3**
12	Philadelphia, PA	14.3	25.2	--	24.0	8.9
13	Baltimore, MD	14.3	22.4	--	--	10.7
14	New York, NY	14.5	23.3	6.5	18.5	9.8
15	Los Angeles, CA	14.6	22.5	7.8	17.2	10.5
16	Dallas-Fort Worth, TX	14.9	19.3	--	17.6	12.4
17	San Antonio, TX	15.4	--	--	17.2	12.0
18	Tampa-St. Petersburg, FL	15.8	22.3	--	18.6	13.2
19	Miami, FL	16.8	21.0	--	16.6	10.8

#	Metro Area	Overall	African American	Asian American	Latino	White
20	Atlanta, GA	16.8	21.1	--	16.5	14.1
21	Portland, OR	17.0	--	--	20.2	16.0
22	Phoenix, AZ	17.2	22.5	--	22.3	12.2
23	Charlotte, NC	17.3	21.4	--	--	16.7
24	Detroit, MI	17.4	26.9	--	19.5	12.8
25	Riverside-San Bernardino, CA	18.8	24.5	--	19.4	17.5

As can be seen, St. Louis ranks towards the middle of the rankings with 14.2% of the population between ages 16 and 24 neither employed nor in school. A more alarming finding is that St. Louis has the ***third highest percentage of disconnected African American youth of all 25 areas*** (Table 11). This percentage is also higher than the national average for African Americans, while St. Louis white residents fare better than the national average.

Table 11. 2013 Percentage of Disconnected Youth by Race (African American/White)

Disconnection by race St. Louis compared to National	Percentage
St. Louis White	10.3%
United States White	11.7%
St. Louis African American	24.9%
United States African American	22.5%

St. Louis is one of the ten most segregated cities in the United States in terms of black-white residential segregation. St. Louis City- North is 94% African American and faces challenges on key social and economic indicators. Nearly half of all residents live in poverty and 1 in 4 adults did not complete high school. Unemployment for 16-24 year olds is 24% compared to the broader statewide rate of 8.1%.

Nationally, communities of color tend to be disproportionately lower in income. Schools in segregated neighborhoods tend to have fewer resources, fewer educational outcomes, higher dropout rates and lower quality education. There are fewer transportation options and employment opportunities. The table below identifies the North section of St. Louis City as having the highest rate of disconnectedness.

Table 12. Percentage of Disconnected Youth by Neighborhood

Most connected neighborhood clusters	Rate of youth disconnection (16-24 not working or in school)
St. Louis City Central	6.3%
St. Charles County	6.6%
West Central St. Louis County	7.2%
Least Connected Neighborhood Clusters	
Inner Ring North, St. Louis County	21.0%
St. Louis County Northeast	24.1%
St. Louis City North	26.3%

There are also gender differences. Women in St. Louis fare much better than men by a significant margin (4.7%). Women in St. Louis rank 6th in the nation for disconnectedness while men rank 17th.

Career Readiness

Limited information is available on career readiness. Preparing youth for work is traditionally seen as a role of the school system. The St. Louis Public School's Comprehensive Long Range Plan (2008), under the section of Student Performance lists the goal,

"The district will provide SLPS graduates with an education that prepares them for the workforce via continued education in college or career/technical school; or immediate employment."

However, activities to achieve this goal are focused on students mastering grade level skills. There is no mention of how students will be introduced to career options that may be available to them. (SLPS.org). Furthermore, the NCY Shared Vision for those who may be diagnosed or developing a mental, emotional or behavioral challenge specifies the importance for these youth of developing career-related skills and knowledge; the degree to which this specialized support is currently available in SLPS or elsewhere in St. Louis City is not clear.

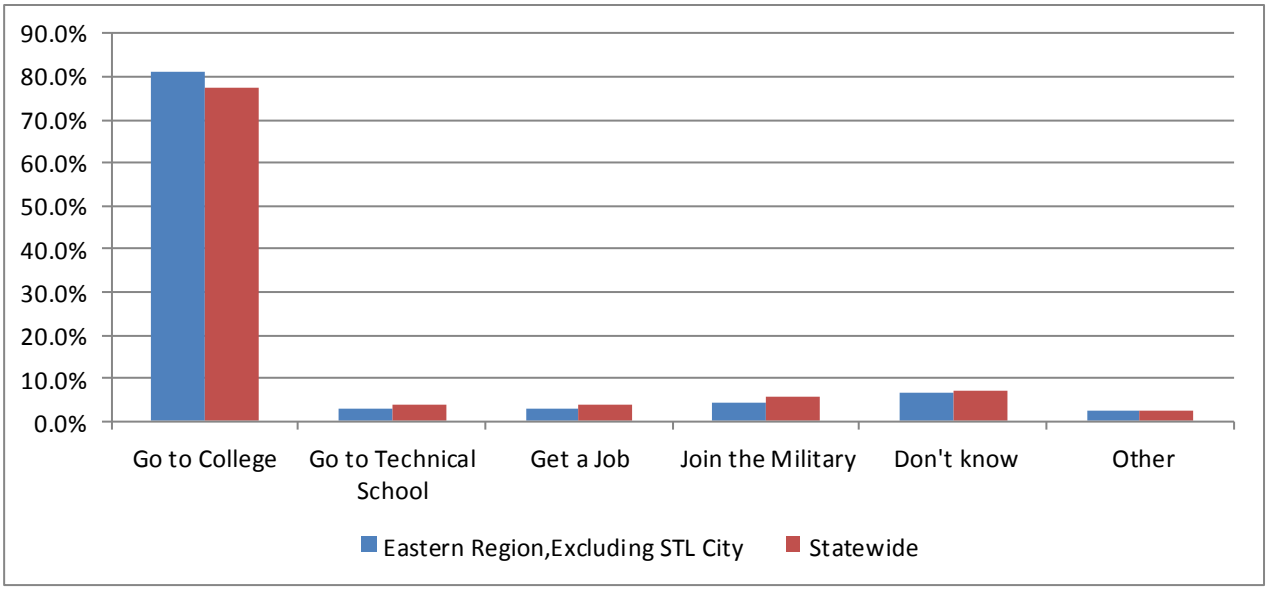
The City of St. Louis has a summer work program that employs teens in order to give them opportunities to develop work skills. Other programs take a more holistic approach in providing services that connect with teens, foster community connections, and support good decision making. There is, however, no evidence of a work preparation or readiness program targeted to those who have been diagnosed with a mental health, emotional or behavioral concern. This may suggest that families and support networks of youth are more focused on addressing emerging symptoms and behaviors rather than work

readiness, but also indicates a need for education about how work can be an integral part of a recovery plan.

The need for more targeted employment services is further emphasized by the St. Louis Regional Youth Violence Task Force's report which states: "Provide more job training programs, job readiness assistance, and employment options to re-entering youth."

The 2012 Missouri student survey asked over Missouri 100,000 students a question about their plans when high school is competed. **Data do not exist for the city of St. Louis as city schools do not participate in the survey**, but information does exist for the remaining parts of the eastern region, and the rest of the state (Figure 22). Regional and statewide data are consistent with one another in that over 75% of students responding to the survey reported plans to attend college following high school. Although, graduation rates presented earlier in this report indicates these plans are not always achieved.

Figure 22. Missouri Student Survey Plans after High School



(Missouri Student Survey 2012)

Evidence-based Practices

There are evidenced based practices that address work readiness for those 18-25 years of age (Appendix C). However, many of these EBP's have employment preparation as a secondary outcome, focusing on issues of communication, responsibility and values (NREPP.org). For those over 18, diagnosed with a mental illness, and demonstrating functional disabilities, the Missouri Division of Vocational Rehabilitation can provide funding for Supported Employment Services (SES) or Individualized

Placement Services (IPS) that have been shown to be effective (dese.mo.gov). Vocational Rehabilitation can also provide assistive technologies or help with completing educational/ vocational educational goals. SES and IPS focus on guiding individuals in strength identification, job search, and job placement in competitive employment. More importantly, employment services assist individuals in maintaining employment through supports tailored to their individual needs. This can include shaping sleep schedules, adjusting medication dosages and administration time, coaching on communicating with coworkers and authority figures. SES or IPS services can be funded through the Missouri Division of Vocational Rehabilitation or Clubhouse programs such as Independence Center, but again the individual must be an adult. Those with a diagnosed disability at age 18 are also eligible for sheltered workshop employment, which is employment at a workshop that subcontracts with businesses in the community. Most of these positions are paid at less than minimum wage and have traditionally been more effective assisting individuals with developmental challenges rather than mental illnesses.

Summary and Conclusions

Most mental illnesses develop in late adolescence or early adulthood as individuals are entering the work force. Moreover, work has been shown to be a substantial component of mental health recovery by supporting a sense of purpose, contribution, self-esteem and self-sufficiency.

Historically, the City of St. Louis has had higher unemployment than St. Louis County, the state of Missouri and nationally. Individuals with a mental illness are three to five times more likely to be unemployed, and local data are consistent in that unemployment is significantly higher for those with a serious mental illness. Additionally, the rates of those 16-24 who are not working or in school fall in the middle nationally, but significant racial, gender and neighborhood differences exist. Black or African American youth as well as male youth are much more likely to be unemployed and not in school. Comparable cities face similar racial and gender differences in unemployment and post high school participation.

School preparation for work is limited, and focuses primarily on academic goal achievement. Some summer work programs and some school to work programs are available, but none are specifically targeted to those with mental health challenges. Employment services become available for those with a diagnosed mental illness at age18, but cannot be accessed until after a clear diagnosis and disability are documented. This illuminates a system that is more reactive than proactive.

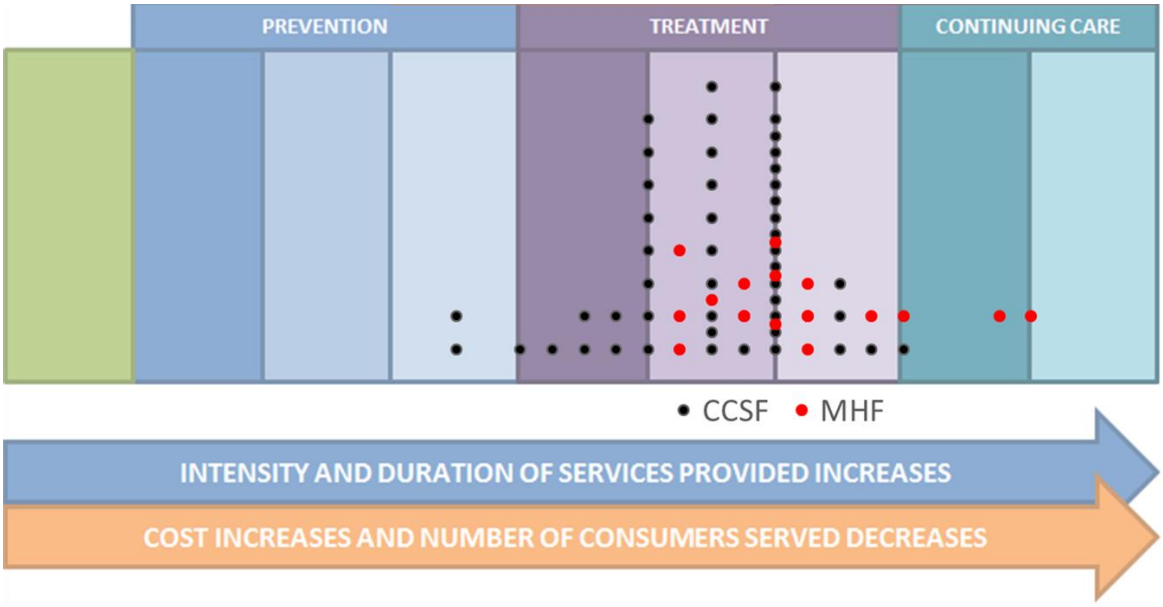
In conclusion, work readiness and career awareness are limited as are services for those with developing mental health concerns. An opportunity exists for the St. Louis Mental Health Board to support programs that assist youth with or at risk of mental health or substance use disorders in preparation to enter the workforce. This opportunity could reduce the use of long term resources and support recovery efforts.

V. Current Services and Gaps

Saint Louis Mental Health Board Data

The STLMHB in their March, 2014 mid-year report plotted current program funding on the continuum of care. As can be seen, most current projects for youth (CCSF) fall within the treatment stage, with a few in prevention and a few in continuing care (Figure 23).

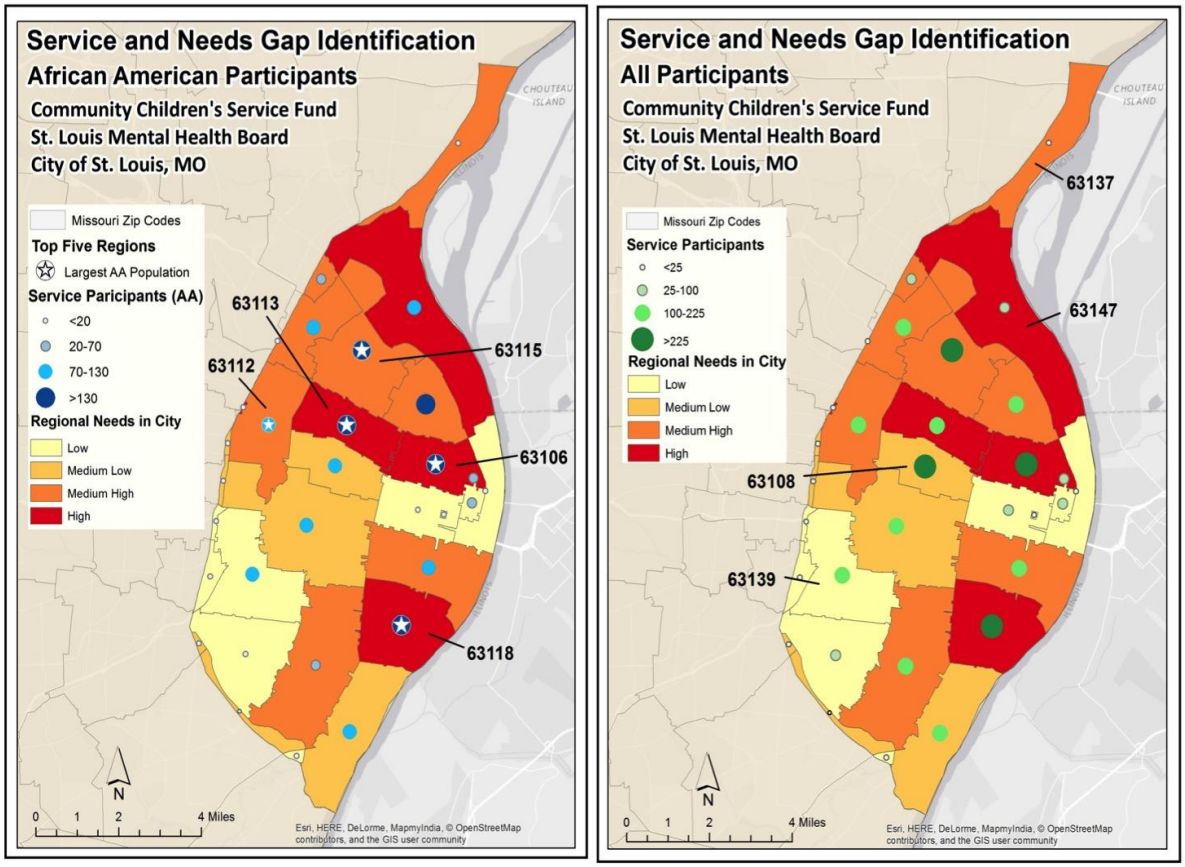
Figure 23. STL STLMHB Program Funding by Stage of Treatment



The Community Children's Services Fund, in 2013 funded more than 50 programs and served over 3000 individuals. Most of those being served were living in identified high risk neighborhoods and programs were consistent with identified funding priorities.

In addition to the above, STLMHB staff looked at service needs and gaps for Saint Louis overall and specific to African Americans (Figure 24). STLMHB noted, as we have in the present report (see subsection on *Thriving*), that the city of St. Louis ranks second to last in health related risk factors in Missouri (114 of 115). Over 80% of youth in the city live in high risk neighborhoods. In particular, zip codes 63137 and 63147 were identified as underserved which is generally supported in the provider survey information identifying North Saint Louis as the area of most need.

Figure 24. Service Needs and Gaps Overall and for African Americans



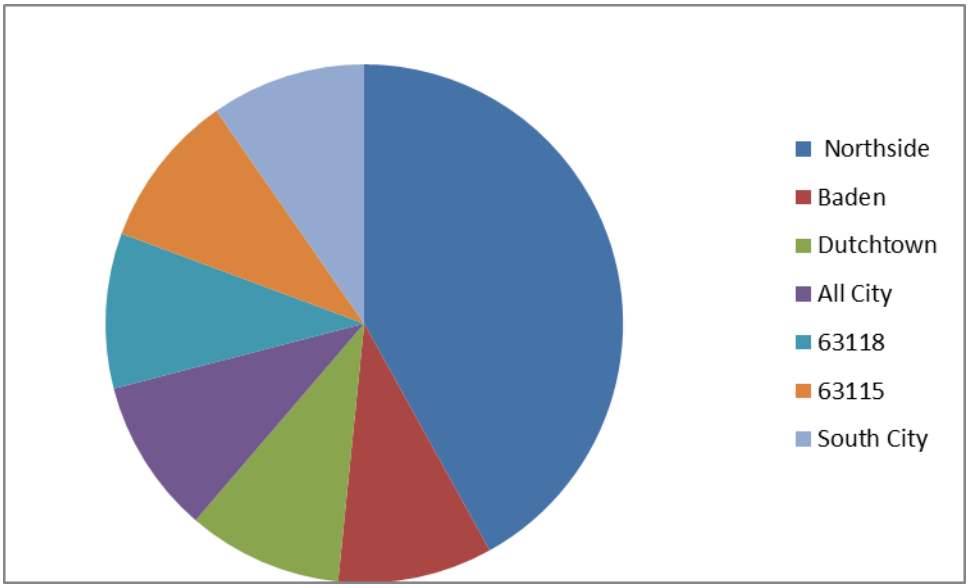
Source: Linzi Luo, MSW, MPH Candidate, STLMHB Intern and Guangyuan Qiu, MSW graduate, Washington University

Provider Identified Needs

The STLMHB conducted a web based survey of the community provider network. Details of the sample are included in the full methods section (Appendix A).The survey resulted in 86 responses from a sample of 205 yielding a 41.4% response rate. 30-40% for internal surveys is considered a positive response.

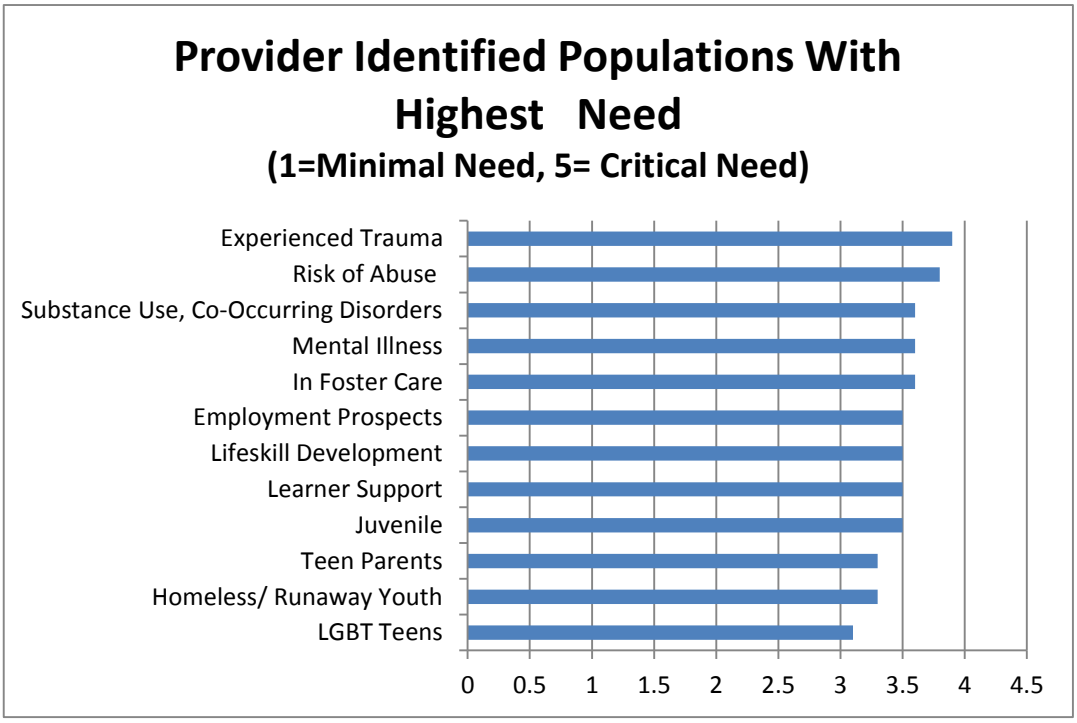
Providers were asked to identify which St. Louis neighborhoods they felt had the highest need. Some responded with specific neighborhoods, others with specific zip codes. Figure 25 below summarizes their responses. Their responses are largely consistent with the secondary data reviewed, and the funding concentrations of the STLMHB reviewed thus far.

Figure 25. Provider Identified Neighborhoods With the Highest Needs



Providers were also given a list of at risk populations and asked to rate which populations of youth they felt had the most critical needs. Figure 26 shows their responses.

Figure 26. Provider Identified Populations With the Highest Needs.



Providers rated all of the populations identified on the survey as “Moderate” need or higher. Those who had experienced trauma or had a risk of abuse were rated closest to having “High Need.” These populations frequently overlap as those at risk of abuse often experience abuse in its many forms.

Mental health, substance abuse and co-occurring disorders were the second cluster of moderate to high need populations. This is also consistent with the responses from the open ended questions and further supports the need for early mental health and substance use prevention and treatment.

Providers were asked an open-ended question regarding other populations they felt were in need but not listed. There was some repetition of the responses for the categories listed in the previous question, but this did yield additional information about specific subgroups. Some responses described service needs rather than *populations* in need of service. In these instances, populations were inferred from the need and similar responses were grouped together. Results are shown in Table 13.

Table 13. Provider Suggested Populations with High Needs

Population	Number of Responses
Youth and the very young in need of mental health care	14
Educational support for dropouts and those not doing well, tutors, mentors	14
Housing, homelessness and those transitioning from youth to adult	8
Those that experience community violence	4
Children of immigrants, non-English speaking parents, foreign born youth	4
Those in need of employment readiness, job skills, job placement	4
Trauma survivors, those at risk of trauma	4
Specific age groups (under 12, 15-19, 19-25, Teens)	4
Relationship, dating violence and sex education	4
Children of parents with mental health and/or substance use disorders	4
Sex trafficking (females and males)	4
Those who are bullied	3
Low connection with the community and community resources	3
Autism, early childhood development	2

Population	Number of Responses
Lesbian, Gay, Bisexual and Transgendered (LGBT) youth	2
Healthcare access, (Asthma)	2
Poor (Poverty)	2
Children of incarcerated parents	2
Those in need of developing life skills, independent living skills	2
After school programs for children with behavioral challenges	2
Teen parents	2

Provider Identified Risk Factors, Protective Factors and Barriers

A follow up question asked providers to rate **risk factors** for the populations they serve. They identified exposure to traumatic events as the number one risk. They rated the presence/involvement of a caring supportive adult as the most important **protective factor**.

Providers also identified barriers. For youth and families they rated awareness or knowledge of services, transportation, and mental health stigma as the top three challenges. Behavioral healthcare was identified as the service which took the longest to access and had the longest waiting lists. Top agency barriers were funding, engagement and recruitment of their target population, retention of clients and changes in staffing.

Similarly, the United Way reported in their March 2014 Assessment of Needs that both community providers and community members listed lack of transportation, inadequate program funding, lack of awareness of available mental health services, lack of crisis intervention and suicide intervention services, the cost of mental health services and insurance not covering many services as substantial barriers.

VI. Summary of findings and suggested funding priorities

What Are the Needs? A Summary of Data Findings

Data reviewed and presented by our team indicates that children, adolescents and young adults in St. Louis City are affected by socioeconomic and racial disparities in the most basic areas of health and well-being. These disparities—in comparison to neighboring St. Louis County and to the state of Missouri overall—include (but are not limited to) lack of access to healthy food, inadequate prenatal care, exposure to crime, violence and abuse, and difficulty completing school and finding employment. Lack of resources and social structure for meeting basic needs impacts children's functioning in all of the domains identified by NCY:

- In the *Thriving* domain, data reveal a relative lack of income, stable housing and food security, all of which threaten the health of children and their families. In addition, rates of juvenile justice involvement due to truancy and violent offenses are disproportionately high among city youth, as well as STD rates and frequency of births to teen mothers. Young children in St. Louis City are more likely than those in the county or statewide to visit an ER due to injury. St. Louis City youth also share risks with their peers around Missouri including experience of trauma and suicidality, and onset of substance use before age 14;

- In the *Connecting* domain, a higher percentage of juvenile court referrals in the general abuse/neglect/custody are due specifically to neglect for youth in St. Louis City (compared to St. Louis County and Missouri statewide), and a higher percentage of youth and adults in the city report inadequate social support;

- Relatively high rates of school dropout, severe disciplinary consequences, and low rates of college completion reduce opportunities for *Leading and Learning* among St. Louis City children;

- In the *Working* domain, unemployment rates are disproportionately high in St. Louis City, and an analysis of general disconnectedness indicates that a high percentage of African American adolescents and males (ages 16-24) in St. Louis City are disconnected from both work and school. Career awareness is limited. Employment support services for youth with a mental health concern are not available until they reach age 18 and have a documented mental illness and disability.

Based on our team's review of literature addressing health and related disparities in cities similar to St. Louis (see Section VII), it is clear that these problems are not unique to St. Louis; youth in comparable urban areas face comparable barriers. ***Nonetheless, the St. Louis Mental Health Board is uniquely positioned to address the impact of these inequalities on the lives of young people in our community.*** While external risk factors, particularly longstanding social and economic inequalities, are difficult to

address directly via the mental healthcare system, it is possible to provide services that enhance resilience among youth (Luthar, 2006). Children and caregivers can be empowered with knowledge (e.g., about good health habits, avoiding risky behavior, communication within the family, improving study habits, et cetera) and given support in building self-efficacy so that protective factors are strengthened. In this way, the positive developmental outcomes envisioned by NCY in each of their five domains can be realized by young people in spite of the challenges we have documented.

Opportunities and Recommendations

In considering opportunities to impact the identified needs, the first consideration must be to identify, and continue with, approaches that are currently working well. First and foremost, data on problems and service needs, together with our conceptual crosswalk of the Mental Health Board's Impact Areas and the positive developmental domains proposed by NCY, ***support the continued use of the Board's Impact Areas*** (parents provide safe and nurturing environments; children are supported in successful learning; youth possess skills to make healthy choices; at-risk/troubled youth are stabilized; and the service system meets family/youth needs) as an overall guiding framework. These impact areas reflect a developmental perspective, fit with NCY's domains, and are applicable across the continuum of care from youth with moderate risk factors to those who need more intensive services.

In addition, although we will conclude this report by recommending funding for an expanded range of services, the Board's investment in treatment services for high-risk use (see Figure 23, page 50) is appropriate; our suggestions are intended as potential additions to services along the continuum, and not replacements of service that have been prioritized in previous funding cycles.

Turning to opportunities for additional service approaches, based on our findings we would suggest ***further expansion of prevention programs*** to address early mental health screening, trauma screening, high-risk sexual behavior, fighting/violence, and substance use. Evidence-based prevention programs with well-defined outcomes and implementation manuals exist (Nation et al., 2003; see Appendix C) and can be administered in a variety of settings including schools.

Opportunities are separated into two groups. ***Programmatic opportunities*** focus on service level innovations that can be implemented through social service providers and community groups while ***Infrastructure opportunities*** focus on possibilities for larger system change that could positively impact the community's long term needs.

Programmatic opportunities

- ***Prevention:*** A large number of the 296 evidenced practices listed in Appendix C address promotion and prevention practices for mental health, substance abuse, parenting, education, social skills, violence, suicide, communication, school success and family life. Research demonstrating their effectiveness and validated tools exist to measure success. To this end, the research team has **coded each of the EBP's with the corresponding NCY domain** to allow quick reference of measurement tools for proposed projects.

- ***Promotion and Education:*** Providers and community members from several sources felt a lack of knowledge of available mental health resources, mental health stigma and low mental health literacy were barriers to youth and families accessing early and effective treatment. Data shows that individuals often do not seek help for years, early symptoms are not recognized and opportunities for early intervention are lost. Investment in mental health literacy and education programs could benefit the St. Louis community and prevent long term disability and positive recovery.

- ***Continue supporting treatment programs that demonstrate effective outcomes:*** Programmatic funding has been reduced at the state and federal level in many areas. The data reveals continued substantial and immediate need in socioeconomically challenged communities of St. Louis.

- ***Special Populations (Trauma, Co-Occurring and Youth in Transition):*** Several high need populations were identified by the providers, other community assessments and the literature. Youth who experience trauma are at higher risk of mental health, substance use and physical health problems. Those with co-occurring disorders have complex needs which require integrated treatment and youth in transition from adolescence to adulthood need assistance with work, education, independent living skills and housing access.

- ***A specific opportunity for collaboration:*** The Saint Louis Mental Health Board has recently been awarded a federal System of Care Planning Grant (SOCPG) set to begin October 1, 2014. The grant covers one year with the expectation of application for a larger System of Care grant. Coinciding with the Community Children's Services Fund grant cycle offers a unique opportunity for collaboration with the Saint Louis Regional System of Care Planning Team as they move forward. Several of the goals of the SOCPG overlap with funding priorities identified by STLMHB and NCY domains including:

  1. Bolstering infrastructure/ capacity to support SOC expansion.

  2. Developing a strategic plan for building capacity to provide behavioral health services.

  3. Expanding the population of children and youth with SED (Serious Emotional Disturbance) being served with SHCN (Special Health Care Needs).

  4. Maximizing public and private funding at the local, state and federal levels to expand and sustain SOC.

  5. Developing a trained workforce with specialty knowledge of SED and SHCN.

  6. Ensuring that stakeholders have accessible, reliable and valid data to make informed decisions at the individual, family, and systems levels to improve child and family outcomes.

  7. Enhancing supports across all level of the SOC.

Infrastructure Opportunities

- ***Integration of behavioral healthcare with primary care:*** As evidenced by the information reviewed above, urban families are not connected with primary health care. Furthermore, individuals experiencing mental health symptoms often delay treatment for years. Those with mental health symptoms often access primary healthcare before seeking assistance from specialized mental health providers. These trends, viewed in light of the identified need for early mental health care and the access barrier indicated by long waiting lists, suggest that the STLMHB has an opportunity to improve outcomes by supporting integration of behavioral health services in primary care settings. It is recommended that this include education and awareness about services, screening for mental health symptoms, substance use, trauma, behavioral disorders, brief intervention, and referral to appropriate services.

- ***NCY presents a list of existing, validated outcome measures*** along with their five targeted developmental domains. A notable feature of many of these measures is their positive emphasis, in contrast to the emphasis in secondary public health indicator data (such as that compiled for our Findings). That is, NCY's suggested measures assess such constructs as developmental assets, social skills, leadership practices and afterschool outcomes (see Appendix D). These strength-based assessments are in line with the concept of resilience, and should be considered as the Mental Health Board moves forward in its data system redesign. These assessments can also be adopted when funded programs select their own outcome measures.

- ***Continuous Quality Enhancement:*** The ongoing STLMHB redesign of their data collection process provides an opportunity to consider how collection of grantee demographic and outcome information together with other evaluation data (e.g., data from process evaluation) can inform the efforts of project decision makers as they work to continuously assess quality and refine services.

- ***For future Youth Mental Health Needs Assessments***, we recommend that the St. Louis Public School system be strongly encouraged to participate in the Missouri Student Survey. This allows collection of a large amount of primary data regarding student's mental health, substance use, social, school and family environments. Additionally, this would allow the STLMHB to fund programs within the school system that target specific identified needs.

- ***Accessing federal funds and expanding the scope of mental healthcare:*** The Mental Health Board has a solid history of accessing outside funding through federal grants, such as the STL Mental Health and Housing Transformation Grant and the System of Care Grant (see below). Given that accessing a broad spectrum of funding was indicated as a priority by providers, and given the needs of the St. Louis community which may fall outside the support of a traditional mental health focus such as housing, health care, and interventions which combat poverty, the STLMHB has an opportunity to leverage and expand outside grants which focus on integration of services, capacity expansion, prevention and early intervention.

- ***Medicaid Expansion:*** Providers and community members indicated that cost and access to healthcare were major barriers. Parental access to healthcare influences family health and financial stability. Access to healthcare can prevent minor health and mental health problems from becoming major problems, generate referrals to specialty services and lead to a better quality of life. As Missouri is one of the states that has not participated in Medicaid expansion, an estimated 260,000 workers with low wages fall between insurance offered by the Affordable Care Act and Medicaid eligibility (Missouri Medicaid Coalition, 2014). The STLMHB has an opportunity to support efforts to access these additional resources and maximize the number of Missouri citizens who are served.

VII. Comparable Cities Literature review

The literature review was guided by parameters set by the research team. First, the team identified the need for data comparable to the St. Louis area focusing on similarities in population, race, gender, income and crime statistics (see Appendix D). Six comparable urban areas were identified including: Baton Rouge, Louisiana; Cincinnati, Ohio; Memphis, Tennessee; Milwaukee, Wisconsin; New Orleans, Louisiana; and Pittsburgh, Pennsylvania.

Literature searches were performed in both academic databases and public search engines to identify recent needs assessments for comparable cities which were then reviewed and catalogued to determine the most prevalent areas of concern and top priorities for youth and adolescent needs, including:

1. Childhood Obesity and Nutrition
2. Navigating Resources, Access to Care and Transportation
3. Cultural and Linguistic Barriers
4. Mental Health Services and Substance Abuse
5. Greater Coordination between Agencies and Increasing School Partnerships
6. Violence Reduction, Trauma Services and Criminal Justice Concerns
7. Infant/Maternal Health, Teen Pregnancy and Sexual Health

1. Childhood Obesity and Nutrition

In 2012, over 30% of children and adolescents in the United States were classified as overweight or obese (Health Care Access, 2012). As such, it is not surprising that addressing obesity, which has numerous associated health risks such as increased cardiovascular and metabolic risks, obstructive sleep apnea syndrome, nonalcoholic fatty liver disease, musculoskeletal problems, and psychosocial problems (Kelly, et al., 2013) in children and adolescents was the most common need listed throughout all cities reviewed. In fact, Methodist Le Bonheur Healthcare ranked chronic disease and precursors such as obesity as the number one prioritized community health need in Memphis (Methodist Healthcare, 2013), obesity was also listed as a significant health need in Pittsburg (Children's Hospital of Pittsburgh, 2013), was ranked as the highest health need of the pediatric community by Children's Hospital of Wisconsin in Milwaukee (Children's Hospital of Wisconsin, 2013), and was ranked as a pediatric health priority in Cincinnati (Cincinnati Children's Hospital Medical Center, 2013), where over 40% of children are categorized as overweight or obese (University of Cincinnati Medical Center, 2013). As Health Care Access Now (2012) states, "Obesity is epidemic in our community [Cincinnati] and the nation. We recommend that resources be directed towards improving access to healthy food choices in our neighborhoods, promoting exercise programs and increasing access to exercise options" (p. 113).

A lack of access to exercise options was echoed in both New Orleans, where a lack of safe spaces in the community where children/youth can play and exercise was found (Tripp Umbach, 2013a), as well as in Milwaukee, where the Center for Urban Population Health (2012) found that "key informants … wanted the community to be involved in creating safer parks and community gardens, and expanding access to healthier fresh food" (p. 7) and the Children's Hospital of Wisconsin (2013) found "that consumption of

fruits and vegetables is on the decline and access to fresh produce has not increased" (p. 9). A lack of access to healthy food was also reported in Baton Rouge (Tripp Umbach, 2013b, p. 17). Compounding issues of access to exercise options and nutritional food throughout cities reviewed is a lack of education. For example, the Ochsner Medical Center in Baton Rouge reports a lack of access to education regarding preventive care and healthy living (Tripp Umbach, 2013b, p. 17).

Though it is difficult to interpret data due to confounding factors, poverty appears to play a role in childhood obesity (Kelly, et al., 2013), as do race and ethnicity with a "higher prevalence among Hispanic or Mexican American children and non-Hispanic black or African-American youth" (Kelly, et al., 2013, p. 1693). These findings concerning poverty are supported In Cincinnati, where a high percentage of the population is overweight or obese (University of Cincinnati Medical Center, 2013), receives aid through the Supplemental Nutrition Assistance Program (SNAP), there are high rates of students receiving free or reduced-price lunches, and many neighborhoods exist where convenience stores with limited selections of fruits and vegetables are the most common type of food store (Health Care Access Now, 2012, p. 44).

Many assessments include recommendations to improve issues with obesity, but increasing access to healthier food options and increasing education (Tripp Umbach, 2013b), especially nutritional and dietary education outreach programs targeted towards school-aged children (Shelby County Health Care Corporation, 2013) were consistently ranked as a top priority. One method to improve youth and adolescent food choices is to create healthier food environments in schools by improving school lunches, eliminating vending machines, and increasing education (Center for Urban Population Health, 2012). A Cochrane review of the literature (Waters, et al., 2014) includes similar recommendations, as well as adding healthy eating, physical activity and body image curriculum, and increasing physical activity and development of fundamental movement skills.

A common theme found is that improved nutrition and education in the schools alone will be insufficient to address challenges of obesity; it will be necessary to engage the community as a whole. To help accomplish this, the Mayor's Healthy City initiative in Baton Rouge suggestions include encouraging, and even creating incentives for, restaurants and convenience stores to offer healthier options (Healthy BR, 2013). This suggestion was echoed in Memphis, where the Regional Medical Center stated that one opportunity is to develop strategies to increase access to healthier food choices, especially in economically challenged neighborhoods (Shelby County Health Care Corporation, 2013); and a report from Children's Hospital New Orleans found a need for the promotion of healthy lifestyles and behaviors, with an emphasis on chronic disease, as well as access to community/support services to sustain a healthy and safe environment (Tripp Umbach, 2013a).

2. Navigating Resources, Access to Care and Transportation

Though cities may have excellent health resources, one of the major areas of concern among cities reviewed is consumers' ability to navigate, and therefore take advantage of, those available resources. An assessment in New Orleans, for example, found that one of the underlying factors contributing to a lack of receiving adequate healthcare is patients' abilities to navigate the healthcare system (Tripp Umbach, 2013a), and complex health systems were also listed as a barrier in Milwaukee (Center for

Urban Population Health, 2012), where Children's Hospital of Wisconsin (2013) found that navigation challenges exist.

To help address issues of navigating resources, Children's Hospital New Orleans suggests "helping people understand what coverage services are available to them and their family members and how to access resources" (Tripp Umbach, 2013a, p. 16), and the Baton Rouge Mayor's Healthy City Initiative (Healthy BR, 2013) recommends that "children receive comprehensive integrated medical care" (p. 36), as well as community education for the appropriate point of entry.

Another option for improving navigational issues is to implement digital information services such as websites and social media. In doing so, however, it is important to note that parents of patients oftentimes use these services to complement, rather than supplant, traditional sources of information (Turner, Kabashi, Guthriet, Burket, & Turner, 2011). In discussing practice and policy implications, Turner et al. (2011) provide several key messages that should be kept in mind: materials in clinics, as well as on websites, should be provided; clinics should consider developing a significant Web 2.0 presence; and efforts to increase high-quality, affordable access to the Internet should be increased (p. 101).

Even when patients are able to navigate available health resources and information, major obstacles accessing them may still exist. In fact, access issues were consistently ranked as one of the top priorities among cities reviewed: in Cincinnati, these issues were ranked as a pediatric health priority (Cincinnati Children's Hospital Medical Center, 2013); an assessment in Milwaukee found that responses from community members, public health officials, staff members, and clinical providers all listed health care access and health insurance coverage as a concern, issue or need (Children's Hospital of Wisconsin, 2013); the United Way reports that in Pittsburgh, low access to available services such as state-funded health care is a "critical need" (Division of Applied Research and Evaluation, 2007), while the Children's Hospital of Pittsburgh (2013) found that social and logistical challenges faced among populations lacking social support systems left many established health care programs underutilized; the Regional Medical Center in Memphis found that access to primary care and health insurance, as well as the appropriate utilization of health services, were identified as needs (Shelby County Health Care Corporation, 2013); and access to healthcare and medical services, including community and support services to maintain heathy lifestyles, is a need in New Orleans (Tripp Umbach, 2013a).

As with other priorities, socioeconomic status plays a major role in access to care, with one of the largest barriers being a lack of health insurance; and prohibitively high costs of insurance when it is available: in New Orleans, a lack of health insurance was consistently ranked as one of the leading contributors to issues of access, as was the cost of both insurance and medication (Tripp Umbach, 2013a); Health Care Access Now reports that in Ohio, "adults who are poor, less educated, African American or young (ages 18-29) are least likely to be insured" (Health Care Access Now, 2012, p. 57); and Methodist Le Bonheur Healthcare in Memphis found a general inability to pay for healthcare among interview participants, and that the top two reasons for a lack of insurance were cost and unemployment (Methodist Healthcare, 2013).

Additional barriers to access include a lack of providers who will accept Medicaid (Health Care Access Now, 2012); and the Baton Rouge General Medical Center (2013) identified factors such as low health literacy, transportation, compliance, access to physicians and public policy as a top ten health priority. Other barriers include stigma (Center for Urban Population Health, 2012), as well as a lack of awareness, including insensitivity and improper training, concerning children/youth with disabilities (Tripp Umbach, 2013a) and, for low-income populations, the inflexibility of work environments (Yang, Zarr, Kass-Hout, Kourosh, & Kelly, 2006). Urban sprawl can also add to difficulties in coordinating transportation for those who cannot afford other transportation options (New Orleans Health Department, 2012). As Children's Hospital of Wisconsin (2013) notes, even when patients do have health insurance, that does not necessarily result in access to quality health care or better health outcomes.

Access issues are not simply a matter of having insurance and/or the ability to pay for treatment; oftentimes, a lack of transportation presents a barrier just as high as those listed above. As Burkhardt (2006) says, "In recent years, there's been a growing recognition that transportation services are a vital component of any comprehensive medical care program. The opposite side of the coin is that the best medical services in the world aren't worth very much if the intended recipients cannot get to these services" (p. 32). An inability to access services due to transportation issues was a common concern among cities reviewed, including: an assessment in Cincinnati which found that 1 in 4 respondents stated that a lack of transportation was a barrier (Health Care Access Now, 2012); a report for the Regional Medical Center in Memphis found that transporation to health services for the uninsured was a frequently mentioned unmet need (Shelby County Health Care Corporation, 2013); and a lack of transportation was named as a barrier in Milwaukee (Center for Urban Population Health, 2012).

As with many other concerns in this report, transportation issues disproportionately affect some populations. As Burkhardt (2006) notes in "Medical Transportation: Challenges of the Future," "such persons are often older, disabled, poor, rural residents, or members of minority groups. Since such persons often experience other barriers to accessing healthcare services, such as inadequate health insurance coverage, the additional burden of inadequate transportation compounds an already difficult situation" (p. 32). In their study, "Transportation Barriers for Urban Children," Yang et al. (2006) found that the use of a car increases the probability of low-income patient populations keeping their appointments, while the use of other transportation resulted in 3.23 times odds of not keeping the appointment (p. 938). As they say, "lack of reliable transportation may explain why some insured, low-income pediatric populations have problems accessing health care" (Yang, Zarr, Kass-Hout, Kourosh, & Kelly, 2006, p. 929). Similar results were found in New Orleans, where Children's Hospital found that a lack of transportation presented an access barrier in areas where poverty is heavily concentrated, which is oftentimes attributed to a lack of bus routes, available times for riders, and unreliable service (Tripp Umbach, 2013a).

All of these navigation, access and transportation issues can result in a delay in seeking treatment, a lack in preventive care, or both; oftentimes leading to a need for more expensive, advanced-stage medical services (Tripp Umbach, 2013a; Tripp Umbach, 2013b), as well as increased and inappropriate demand

on emergency services (Shelby County Health Care Corporation, 2013), and higher costs (Burkhardt, 2006).

To address navigation issues and help increase access to services, the New Orleans Health Department (2012) recommends "establishing a 'no-wrong door' approach to better coordinate available resources" (p. 15), including developing universal standardized protocols (p. 15) and increasing linkages to supportive services (p. 18). Children's Hospital New Orleans stakeholders reported several suggestions for improving access, such as an increased emphasis on training mid-level healthcare professionals such as nurse practitioners, and creating a program to help make prescriptions more affordable and available (Tripp Umbach, 2013a). In making recommendations for Cincinnati, Health Care Access Now (2012) suggests creating a collaborative inventory of access points for affordable health care "to understand capacity, followed by an effort to build out what already exists and ensure that access exists throughout the region" (p. 112). In addition, they also recommend increased community outreach efforts to ensure that eligible children and families take advantage of Medicaid benefits (Health Care Access Now, 2012).

3. Cultural and Linguistic Barriers

Even when patients are able to navigate and access care, cultural and linguistic barriers may still exist. In many cities, these barriers prevent patients from clearly explaining their/their children's medical needs, which both prevent access to healthcare and add to patient frustration (Tripp Umbach, 2013a). Oftentimes, a lack of qualified interpreters is the primary issue (Tripp Umbach, 2013a); but an additional concern mentioned in a Milwaukee assessment was a mistrust of health professionals and fear of disclosing undocumented immigrant status (Center for Urban Population Health, 2012). Sometimes, it is simply differences in expectations. One example of this is a study comparing differences between Euro-American families and Latino families, where Gannotti et al. (2004) found "…that the two groups of families had different expectations of providers. Latino cultural values play a role in these differences, creating barriers for effectively communicating with providers and for meeting children's needs" (p. 156).

These barriers are not limited to general medical care, as a Milwaukee County assessment found that language barriers, especially concerning a lack of Spanish-speaking and Latino providers, was an issue in accessing mental health services (Center for Urban Population Health, 2012). In discussing the impact cultural and linguistic barriers create, especially concerning mental health and substance abuse issues, Mental Health America (2011) argues that it is essential that agencies strive for cultural and linguistic competency, which includes understanding communities' cultural and communication needs, having adequate language skills to serve their community, and understanding the full range of sexual orientations.

To help address cultural competency, the New Orleans Health Department (2012) recommends systematically addressing disparities in: availability (the existence of a needed service); accessibility (ease and convenience to obtain and use services); affordability (costs to the consumer and the financial viability of a service provider); appropriateness (correctness of the service offered or provided for

prevention and treatment); and acceptability (the degree to which the recipient of services believes that the services are congruent with cultural beliefs, values, and worldview) (p. 14).

4. Mental Health Services and Substance Abuse

A lack of mental health services was consistently ranked as a concern throughout cities reviewed. In Memphis, a lack of mental health services, including both hospital and community-based, was a frequently mentioned unmet need (Shelby County Health Care Corporation, 2013). Mental health also ranked as a pediatric health priority in Cincinnati (Cincinnati Children's Hospital Medical Center, 2013), and access to mental health care was ranked as one of the highest health needs of the pediatric community in Milwaukee (Children's Hospital of Wisconsin, 2013); several other assessments found a general lack of mental health providers (Health Care Access Now, 2012; Tripp Umbach, 2013a).

In addition to a lack of services, several reports mentioned increases in children needing services. Children's Hospital New Orleans, for example, found that stakeholders reported a "spike" in children's mental health issues and that these issues are increasing (Tripp Umbach, 2013a), and Cincinnati Children's Hospital Medical Center (2013) found that that "7.5 percent of parents reviewed indicated that their child has received some kind of mental or behavioral health services in the past 12 months" (p. 6). In addition, they also found that these rates were higher for Black, non-Hispanic children, and that rates for children below 100 percent of Federal Poverty Guidelines (FPG) were about double that of households above 300 percent of FPG.

In addition to a need for greater mental health services, several assessments identified substance abuse issues as priorities. These include the Baton Rouge General Medical Center (2013), which identified substance abuse as a top ten health priority; the United Way reports that addressing substance abuse among older teens is a "critical need" in Pittsburgh (Division of Applied Research and Evaluation, 2007); and stakeholders in New Orleans report that a lack of access to drug rehabilitation services is a major problem (Tripp Umbach, 2013a).

In addition to reducing barriers to care in attempting to address these issues, the Baton Rouge Mayor's Healthy City Initiative suggests improving the availability of evidenced-based services (Healthy BR, 2013). Additional strategies were presented by interviewees in a Milwaukee County assessment including, "healthcare coverage, age- and culturally-appropriate programs (especially for Latinos) to increase mental health awareness, screening, and education starting in schools and continuing through the lifecourse, the integration of mental health into primary care settings, and reimbursing supporting care agencies" (Center for Urban Population Health, 2012, p. 4). Many of these were echoed in other assessments such as one by Ochsner Medical Center in Baton Rouge, which recommends increasing mental health screenings and education related to mental health topics with both youth and adult populations (Tripp Umbach, 2013b). As schools are oftentimes the most convenient location for families in need of services, the New Orleans Health Department (2012) recommends increasing access to school-based mental health services. In doing so, the Health Department also provides several recommendations to help increase capacity, including addressing school climate through universal

programs, exploring Medicaid billing, connecting with existing partnerships, and exploring new partnerships.

5. Greater Coordination Between Agencies and Increasing School Partnerships

As with issues concerning mental health services and substance abuse discussed above, many assessments reviewed suggest increasing coordination between existing agencies, in addition to creating new, or expanding existing, partnerships with schools. A Regional Medical Center in Memphis report, for example, states that "the most frequently mentioned opportunity to improve the community's health status is increased collaboration between health care providers, academia, businesses and the faith community" (Shelby County Health Care Corporation, 2013, p. 59); and Children's Hospital New Orleans found that multiple stakeholders believed that the healthcare system is somewhat fractured (Tripp Umbach, 2013a), and informants in a Milwaukee County assessment described "a siloed system where each organization is 'on their own,'" (Center for Urban Population Health, 2012, p. 4).

The New Orleans Health Department (2012) found that one of the major underlying issues with coordination between agencies is the lack of universal standardized protocols; developing these and "promoting standards of care that are used widely across the community to streamline information collected and promote best practices" (p. 15) was listed as a recommendation, as was "providing holistic and comprehensive services to the community by ensuring that consumers have access to case management and can be linked to the appropriate supportive services" (p. 18). A holistic approach to mental health was also mentioned in a Milwaukee County Health Needs Assessment (Center for Urban Population Health, 2012). A United Way assessment in Pittsburg had similar recommendations, including that all key partners, including schools, government, foundations, agencies, criminal justice system, and health care providers/insurers jointly assess available resources and develop coordinated strategies (Division of Applied Research and Evaluation, 2007). To improve continuity of care, a Regional Medical Center in Memphis report suggests increasing communication between providers (Shelby County Health Care Corporation, 2013)

One example of how programs can be implanted in schools is the Step-Up program, which found that "models that are partnership-based and comprised of blended teams of clinicians and nonclinicians, including target populations, can increase engagement in mental health services for youth; the first critical step to youth uptake of mental health services" (Alicea, Pardo, Conover, Gopalan, & McKay, 2012, p. 184). In addition, Alicea et al. (2012) suggest that "seeking out contact with youth and families in their home, community, or school, not just in the program office, provides additional engagement opportunities" (p. 184); as Methodist Healthcare (2013) states, "as a leading determinant of health, the educational system plays a critical role in the long-term health of the community" (p. 44).

6. Violence Reduction, Trauma Services and Criminal Justice Concerns

Most cities reviewed reported high instances of crime and violence, including: stakeholders in New Orleans reporting that gun violence is a major issue (Tripp Umbach, 2013a); the United Way reporting that in Pittsburgh addressing school violence incidences is a "critical need" (Division of Applied Research and Evaluation, 2007); the Baton Rouge General Medical Center (2013) identifying adolescent health,

including risky behaviors, abuse and a culture of violence as a top ten health priority; and the Regional Medical Center in Memphis findings that violent crime, homicide and firearm-related deaths were identified as needs (Shelby County Health Care Corporation, 2013).

Other instances of violence concerns mentioned by Children's Hospital of Wisconsin (2013) include child maltreatment and bullying, and a Children's Hospital New Orleans needs assessment found that stakeholders believed that instances of domestic violence are increasing, creating "an environment prone to mental health issues for the entire family" (Tripp Umbach, 2013a, p. 18).

Barriers and challenges to violence mentioned by informants in a Milwaukee assessment are a lack of candid discussion, the length of time needed to break cycles of violence, and a lack of family support systems (Center for Urban Population Health, 2012). Challenges specific to gun violence included a lack of enforcement and an increasing number of guns (Center for Urban Population Health, 2012). In addition, a lack of safe spaces in the community was reported in New Orleans (Tripp Umbach, 2013a).

It is possible that other factors are impacting reported increases in violence. For instance, Pittsburgh found that between 2000 and 2007 there was a sharp rise in the number of reported incidents, offenders, cases involving law enforcement, and cases resulting in actual arrests. One reason for these rising trends is more strictly enforced zero-tolerance policies, so the increase may not necessarily be attributable to actual increases in violence (Division of Applied Research and Evaluation, 2007). The New Orleans Health Department (2012) recommends that due to high rates of violence in both communities and schools, trauma-informed care should be made available to children, youth and families.

7. Infant/Maternal Health, Teen Pregnancy and Sexual Health

In addition to access to care issues previously mentioned, many cities reviewed reported issues specifically concerning infant/maternal health, teen pregnancy and sexual health. These include a report from the Baton Rouge General Medical Center (2013) which identified HIV/STDs and child health (including injury prevention, immunizations, abuse, vision, asthma and prenatal care) as a top ten priority; in Memphis, the Regional Medical Center found that teen pregnancy, infant mortality, and HIV/AIDS were identified as needs (Shelby County Health Care Corporation, 2013) and Methodist Le Bonheur Healthcare ranked infant mortality and teen pregnancy as one of the prioritized community health needs (Methodist Healthcare, 2013). Infant mortality and sexual health were ranked as two of the highest health needs of the pediatric community in Milwaukee by Children's Hospital of Wisconsin (2013), where low birth weight, prematurity and receiving late or no prenatal care were seen at high rates in Milwaukee's lowest income zip codes (Children's Hospital of Wisconsin, 2013, p. 9).

In Pittsburgh, A 2007 report found that although teen pregnancy rates were falling, many infant/maternal health indicators were worsening, including a rise in mothers who smoke during pregnancy, do not receive prenatal care during the first trimester or entire pregnancy, and infants born with low birth weight. There is also a rise in births to single mothers, especially in the 20-24 age band (Division of Applied Research and Evaluation, 2007).These findings were echoed by the United Way, who

reported that in Pittsburgh “infant/maternal health related to families of young (often unwed) mothers” is a “critical need” (Division of Applied Research and Evaluation, 2007, p. 29).

A 2013 report for Children's Hospital New Orleans found that stakeholders perceived a lack of access to primary care services for maternal/child health (Tripp Umbach, 2013a); and that sex and sexuality are considered taboo topics was listed as a challenge in Milwaukee, as was moralization of these issues (Center for Urban Population Health, 2012).

Other Underlying Factors

It is important to note that throughout the needs assessments reviewed, there is an emphasis on health promotion and prevention, as well as the roles that race, education levels, and socioeconomic status play in creating health disparities. These include stakeholders involved in a Regional Medical Center in Memphis assessment who found that poverty and economic status were the greatest contributors to the community health status being rated as poor (Shelby County Health Care Corporation, 2013); and a Community Health Needs Assessment in Milwaukee “confirmed the persistence of racial, ethnic and socioeconomic disparities and recognized these issues continue to impact the community’s health” (Children's Hospital of Wisconsin, 2013, p. 10). As the Baton Rouge General Medical Center (2013) indicates, many health priorities “require a continuum of services including awareness, education, and prevention methods” (p. 13); and, as Methodist Healthcare (2013) states, “to a large extent, circumstantial and environmental factors, like income- and education-levels, combine to influence health in a very significant way” (p. 44). All of these pre-determinants of health impact access to care (Methodist Healthcare, 2013), and must be taken into consideration.

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Appendices

Appendix A: Complete Research Methods

Appendix B: 2010 US Census Data, City of St. Louis, MO

Appendix C: Table of Evidence-Based Practices for Youth (0-19), coded with NCY Domains

Appendix D: *A Shared Vision for Youth: Common Outcomes and Indicators*, National Collaboration for Youth

Appendix E: Table of Comparison Cities

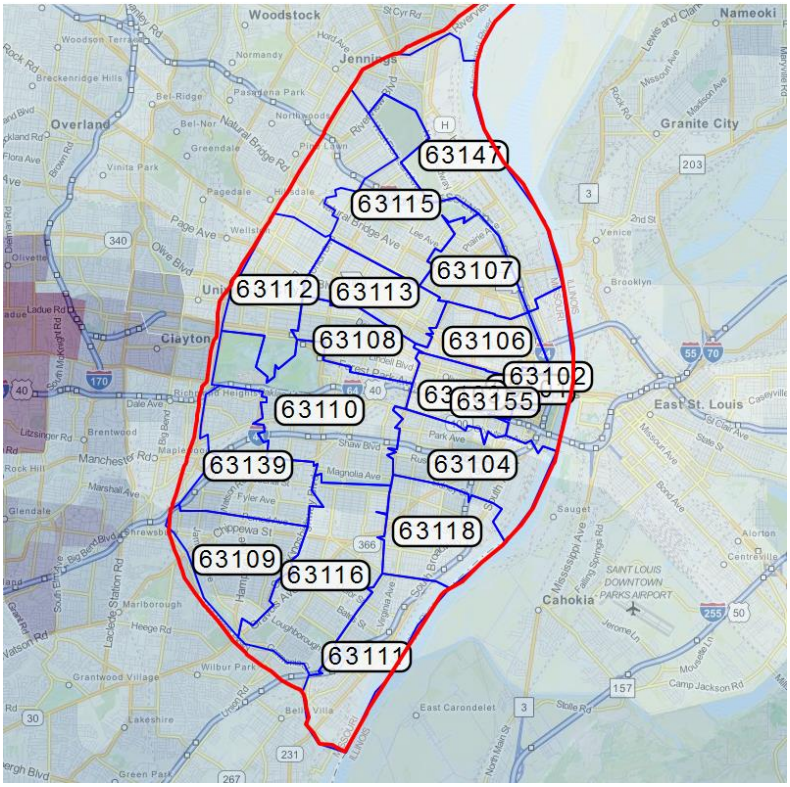
Appendix A

Detailed Research Methods

Needs Assessment Methodology

The 2014 Youth Mental Health Needs Assessment focused on St. Louis Mental Health Board's Service area which covers the City of St. Louis (Figure 1). The previous needs assessment focused on qualitative information gathered from stakeholders through focus groups and surveys. In light of this, team members, in consultation with STLMHB staff agreed that a focus on quantitative data for this assessment would enhance and illuminate areas of need.

Figure 1. St. Louis Mental Health Board coverage area



Secondary Data Collection

Most of the data presented in this Needs Assessment report were gathered from secondary data sources. Data collection began with a review of literature of predictors of children's mental health needs in cities similar to St. Louis. Next, we gathered publically available data through secondary sources. These sources included reports and data queries through multiple federal, state, city and private entities addressing public health and socioeconomic trends relevant to this assessment.

Literature review

The literature review was guided by parameters set by the research team. The team identified the need for data comparable to the St. Louis area focusing on similarities in population, race, gender, income and crime statistics (see Appendix D). Six comparable urban areas were identified including: Baton Rouge, Louisiana; Cincinnati, Ohio; Memphis, Tennessee; Milwaukee, Wisconsin; New Orleans, Louisiana; and Pittsburgh, Pennsylvania. Literature searches were performed in both academic databases and public search engines to identify recent needs assessments for these comparable cities. They were then reviewed and catalogued to determine the most prevalent areas of concern and top priorities for youth and adolescent needs.

Existing data sources

The team collected comparative data grouped by region where possible, so that statistics for St. Louis City could be compared and contrasted with those for St. Louis County and the state of Missouri. This approach allowed us to place statistics for St. Louis City into a meaningful context and to highlight areas where city youth experience disproportionate barriers to physical and mental health. For some data sources, however, numbers were available only for city youth; for others, numbers were available only statewide or nationwide, but indicated general trends that should be considered when assessing the needs of youth in St. Louis City.

The team reviewed a total of 983 data points from 41 local, state, federal, municipal and nonprofit sources. These include information on Child Abuse and Neglect, Crash Data, Crime, Demographics, Disability, Domestic Violence, Economic, Education, Family and Juvenile Courts, Health, Mental Health, Social, and Substance abuse use and consequences. Data points were coded by team members into the five NCY domains (Thriving, Connecting, Leading, Learning and Working); coding was done independently by team members and consensus was reached through discussion. Finally, the team selected a subset of data points for this report based on relevance, availability of city, county and statewide comparison data, and recency of data. A list of data sources cited in the report is included in the References section, and a table of all data points is available upon request. Following identification of the data sources team members, through consensus, mapped each of the sources to the domains identified by the National Collaboration for Youth.

Primary Data Collection

Primary data collection included data that was collected as a specific activity of the needs assessment. The assessment plan included primary data from several sources including the City of St. Louis Health Department telephone survey, The Public Schools Missouri Student Survey, The St. Louis Mental Health and Housing Transformation Grant and a St. Louis Mental Health Board Grantee web survey. Not all planned primary data collection occurred.

City of St. Louis Health Department Survey

The City of St. Louis Health Department planned a telephone survey of approximately 600 households within the city utilizing the University of Missouri Columbia telephone research center. In collaboration with the MHB and the MIMH, a set of questions were developed addressing mental health frequencies, challenges and experiences with supportive services. The goal was to administer the survey to any household with children age 19 and under. Unfortunately the health department and the university were unable to complete contract negotiations within the timeframe needed for the needs assessment.

St. Louis Public Schools Missouri Student Survey

The Missouri Student Survey, completed every two years, tracks risk behaviors of students in grades 6-12 attending public schools in Missouri. The survey includes questions on alcohol, tobacco, and drug use and other behaviors that endanger health and safety. Upon further examination it was discovered that St. Louis Public Schools had not submitted any data for this statewide survey for the past 6 years.

St. Louis Mental Health and Housing Transformation Grant

The STLMHB was awarded a Substance Abuse and Mental Health Service Administration Transformation grant in 2010 to partner with community mental health and substance abuse providers to implement innovative housing opportunities and new evidenced based practices for adults in the St. Louis area who were homeless or at risk of homelessness. As part of the primary data collected for this MHT project, research staff administered a questionnaire to gather information about traumatic experiences. The questionnaire also collects the age at which the events occurred and the number of times they have occurred. Data was sorted by age of first traumatic experience. These data were incorporated into the report section on the *Thriving* domain.

St. Louis Mental Health Board Provider Survey and Agency Records

The STLMHB completed a web based provider survey using 205 community providers identified through a list generated by the ST. Charles City County Library Nonprofit Center (Guidestar). This included STLMHB grantees, United Way member agencies and other nonprofit agencies with budgets over $100,000 that provided mental health, substance abuse and youth developmental services. Questions were developed in consultation between the STLMHB and MIMH. The survey was distributed to the list and 86 providers responded. Data collected was share with the MIMH project team.

Additionally, STLMHB staff made available grantee outcome and demographic data available to the project team for analysis and inclusion into the report.

Appendix B

2010 Saint Louis City Census Data

Zip	Population		Male	Female	Age 0-5	Age 5-9	Age 10-14	Ages 15-19	Median Age
63101	2620		1454	1166	106	69	54	72	32.3
63102	2316		1779	537	26	12	11	100	32.3
63103	6900		3746	3154	182	88	76	414	32
63104	18656		9160	9496	1334	1049	944	964	32.5
63106	11883		4916	6967	1357	1273	1080	1135	26.4
63107	11912		5495	6417	826	801	902	1101	35.8
63108	21568		10497	11071	605	480	444	1922	29.4
63109	26946		12672	14274	1706	1181	1044	1153	37.9
63110	17107		8171	8936	1072	793	809	1640	31.9
63111	20313		9857	10456	1665	1248	1240	1309	34.8
63112	20368		9471	10897	1376	1221	1141	1393	32.2
63113	13167		6296	6871	797	812	980	1275	38.1
63115	20775		9343	11432	1407	1309	1424	1880	37.8
63116	43540		21509	22031	3090	2400	2180	2397	35.3
63118	26704		13170	13534	2242	1967	1821	2032	30.9
63120	10296		4767	5529	815	808	754	1177	31.8
63137	20654		9442	11212	1485	1664	1674	1733	34.9
63139	22789		11406	11383	1287	836	759	802	35.9
63147	11373		5455	5539	683	621	756	1219	34.7
Total City	319294		154171	165123	21089	17379	16911	22551	33.9

Zip Code Race	White	Percent	Black	Percent	AI/AL	Percent	Asian	Percent
63101	1293	49.4	1155	44.1	9	0.3	53	2.0
63102	958	41.4	1143	49.4	14	0.6	155	6.7
63103	3357	48.7	3080	44.6	17	0.2	268	3.9
63104	8711	46.7	9032	48.4	43	0.2	283	1.5
63106	388	3.3	11271	94.8	25	0.2	15	0.1
63107	844	7.1	10800	90.7	41	0.3	24	0.2
63108	11718	54.3	7137	33.1	45	0.2	2070	9.6
63109	23967	88.9	1722	6.4	66	0.2	461	1.7
63110	9039	52.8	6886	40.3	38	0.2	540	3.2
63111	10605	52.2	7873	38.8	105	0.5	358	1.8
63112	4034	19.8	14954	73.4	52	0.3	642	3.2
63113	356	2.7	12579	95.5	18	0.1	19	0.1
63115	190	0.9	20182	97.1	44	0.2	11	0.1
63116	29130	66.9	8896	20.4	130	0.3	2700	6.2
63118	9627	36.1	14471	54.2	71	0.3	776	2.9
63120	239	2.3	9975	96.9	16	0.2	5	0.0
63137	4560	22.1	15647	75.8	26	0.1	43	0.2
63139	19487	85.5	1837	8.1	57	0.3	684	3.0
63147	641	5.6	11256	99.0	12	0.1	7	0.1
Total City	140267	43.9	157160	49.2	838	0.3	9291	2.9

Zip Code Race	NHPI	Percent	Other	Percent	2 or More	Percent	Hispanic/Latino	Percent
63101	1	0.0	26	1.0	83	3.2	67	2.6
63102	1	0.0	15	0.6	30	1.3	51	2.2
63103	1	0.0	48	0.7	129	1.9	165	2.4
63104	3	0.0	114	0.6	470	2.5	404	2.2
63106	2	0.0	24	0.2	158	1.3	97	0.8
63107	0	0.0	19	0.2	184	1.5	109	0.9
63108	4	0.0	134	0.6	460	2.1	574	2.7
63109	5	0.0	212	0.8	513	1.9	861	3.2
63110	9	0.1	128	0.7	467	2.7	379	2.2
63111	7	0.0	606	3.0	759	3.7	1400	6.9
63112	7	0.0	236	1.2	443	2.2	475	2.3
63113	0	0.0	19	0.1	176	1.3	121	0.9
63115	8	0.0	32	0.2	308	1.5	153	0.7
63116	10	0.0	1191	2.7	1483	3.4	3066	7.0
63118	4	0.0	787	2.9	968	3.6	1885	7.1
63120	2	0.0	33	0.3	137	1.3	86	0.8
63137	1	0.0	50	0.2	327	1.6	132	0.6
63139	7	0.0	231	1.0	486	2.1	750	3.3
63147	1	0.0	157	1.4	117	1.0	177	1.6
Total City	74	0.0	4102	1.3	7562	2.4	11130	3.5

Appendix C

Table of Evidence-Based Practices for Youth (0-25) Coded by NCY Domain

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving Connecting	Acceptance and Commitment Therapy (ACT)	Mental health promotion, Mental health treatment	Acceptance and Commitment Therapy (ACT) is a contextually focused form of cognitive behavioral psychotherapy that uses mindfulness and behavioral activation to increase clients' psychological flexibility--their ability to engage in values-based, positive behaviors while experiencing difficult thoughts, emotions, or sensations.	OCD, Depression, Rehospitalization, General Mental Health	18-25	M/F	American Indian Asian African American White Unspecified Non- US	Inpatient Outpatient Workplace	Urban Sub- urban	Yes
Thriving Connecting	Acceptance-Based Therapy for Generalized Anxiety Disorder	Mental health treatment	Acceptance-Based Behavioral Therapy (ABBT) for Generalized Anxiety Disorder (GAD) is a form of psychotherapy for adults who have a principal diagnosis of GAD. The treatment is designed to decrease symptoms of worry and stress, so clients no longer meet DSM-IV criteria for GAD or they experience a reduction in GAD symptoms and comorbid depression or mood-related symptoms.	Mental Health	18-25	M/F	Asian, Black of African American Hispanic or Latino, White	Outpatient	Urban Sub-urban	No
Thriving Connecting	Across Ages	Substance abuse prevention	Across Ages is a school- and community-based substance abuse prevention program for youth ages 9 to 13. The unique feature of Across Ages is the pairing of older adult mentors (55 years and older) with young adolescents, specifically those making the transition to middle school.	Alcohol, Education, Family Relationships Tobacco	6-12 13-17	M/F	Asian, Black of African American Hispanic or Latino, White, Race Unspecified	School Community	Urban Sub- urban	Yes
Thriving Connecting	Active Parenting (4th Edition)	Mental health promotion	Active Parenting (4th Edition) is a video-based education program targeted to parents of 2- to 12-year-olds who want to improve their parenting skills. It is based on the application of Adlerian parenting theory, which is defined by mutual respect among family members within an authoritatively run family.	Parental Perceptions of child behavior Parental attitudes and beliefs Parent-child relationships problems Positive and negative child behaviors	0-5 6-12	M/F	Asian Black or Black of African American Hispanic or Latino White Race/ethnicity unspecified	Home School Community	Urban Suburban Rural and/or frontier	Yes
Thriving Connecting	Active Parenting of Teens: Families in Action	Mental health promotion Substance abuse prevention	Active Parenting of Teens: Families in Action is a school- and community-based intervention for middle school-aged youth designed to increase protective factors that prevent and reduce alcohol, tobacco, and other drug use; irresponsible sexual behavior; and violence.	Alcohol Family Relationships Mental health	6-12 13-17	M/F	Not reported	Home School Community	Rural and/or frontier	Yes
Thriving Connecting	Adolescent Community Reinforcement Approach (A-CRA)	Substance abuse treatment Co- occurring disorders	The Adolescent Community Reinforcement Approach (A-CRA) to alcohol and substance use treatment is a behavioral intervention that seeks to replace environmental contingencies that have supported alcohol or drug use with prosocial activities and behaviors that support recovery.	Abstinence from substance use Recovery from substance use Cost effectiveness Linkage to and participation in continuing care services Substance use Social stability Depression Symptoms Internalized behavior problems	13-17 18-25	M/F	American Indian Asian Black of African American Hispanic or Latino White Race unspecified	Outpatient Home Community	Not reported	Yes
Thriving Connecting	Adolescent Coping With Depression (CWD-A)	Mental health treatment	The Adolescent Coping With Depression (CWD-A) course is a cognitive behavioral group intervention that targets specific problems typically experienced by depressed adolescents. These problems include discomfort and anxiety, irrational/negative thoughts, poor social skills, and limited experiences of pleasant activities	Recovery from depression, Self-reported symptoms of depression, Interviewer-rated symptoms of depression, Psychosocial level of functioning	13-17	M/F	White Race Unspecified	Outpatient	Not reported	No
Thriving Connecting	Aggressors, Victims, and Bystanders: Thinking and Acting To Prevent Violence	Mental health promotion	Aggressors, Victims, and Bystanders: Thinking and Acting To Prevent Violence (AVB) is a curriculum designed to prevent violence and inappropriate aggression among middle school youth, particularly those living in environments with high rates of exposure to violence	Social problem-solving skills, Beliefs about the use of violence, Behavioral intentions as aggressor, Behavioral intentions as bystander	6-12 13-17	M/F	Asian Black of African American Hispanic White Race Unspecified	School	Urban	No
Thriving Connecting	Al's Pals: Kids Making Healthy Choices	Mental health promotion Substance abuse prevention	Al's Pals: Kids Making Healthy Choices is a school- based prevention program that seeks to develop social-emotional skills such as self-control, problem-solving, and healthy decision-making in children ages 3-8 in preschool, kindergarten, and first grade.	Mental health, Social functioning, Violence	0-5 6-12	M/F	Black of African American Hispanic White Race Unspecified	School Community	Urban Suburban Rural and/or frontier	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving Connecting	Alcohol Literacy Challenge	Substance abuse prevention	Alcohol Literacy Challenge (ALC) is a brief classroom-based program designed to alter alcohol expectancies and reduce the quantity and frequency of alcohol use among high school and college students	Alcohol expectancies Alcohol consumption	13-17 18-25	M/F	American Indian Alaska Native, Black of African American, Hispanic, Native Hawaiian, Pacific Islander, White, Race Unspecified	School	Suburban	No
Thriving Connecting	Alcohol: True Stories Hosted by Matt Damon	Substance abuse prevention	Alcohol: True Stories Hosted by Matt Damon is a multimedia intervention designed to prevent or reduce alcohol use among young people in grades 5-12 by positively changing the attitudes of youth and their parents and other caregivers in regard to youth drinking	Alcohol	6-12 13-17 18-25	M/F	Not reported	School Community	Suburban	No
Thriving Connecting	AlohолEdu for High School	Substance abuse prevention	AlcoholEdu for High School is an online, interactive, alcohol education and prevention course designed to increase alcohol-related knowledge, discourage acceptance of underage drinking, and prevent or decrease alcohol use and its related negative consequences.	Current alcohol use and intention to change drinking status, Acceptance of underage drinking/drunkenness, Knowledge about alcohol, Riding in car with a driver who has been drinking, Perceived ability to limit drinking	13-17	M/F	American Indian, Alaska Native, Black of African American, Hispanic, White, Race Unspecified	School	Urban Suburban Rural and/or frontier	No
Thriving Connecting	All Stars	Mental health promotion, Substance abuse prevention	All Stars is a school-based program for middle school students (11-14 years old) designed to prevent and delay the onset of high-risk behaviors such as drug use, violence, and premature sexual activity	Personal commitment not to use drugs, Lifestyle incongruence, School bonding, Normative beliefs, Cigarette use, Alcohol use, Inhalant use	6-12 13-17	M/F	Asian, Black of African American, Hispanic or Latino, White	School	Urban, Suburban, Rural and/or frontier	Yes
Thriving	American Indian Life Skills Development/Zuni Life Skills Development	Mental health promotion	Suicide is the second leading cause of death among American Indians 15 to 24 years old, according to Centers for Disease Control and Prevention data. The estimated rate of completed suicides among American Indians in this age group is about three times higher than among comparably aged U.S. youth overall (37.4 vs. 11.4 per 100,000, respectively)	Hopelessness, Suicide prevention skills	13-17	M/F	American Indian, Alaska Native	School, Community	Urban, Rural and/or frontier, Tribal	Yes
Thriving Connecting	AMIkids Personal Growth Model	Mental health promotion, Substance abuse prevention	The AMIkids Personal Growth Model (PGM) is a comprehensive approach to treatment for 10- to 17-year-old youth who have been adjudicated and, in lieu of incarceration, assigned to a day treatment program, residential treatment setting, or alternative school or who have been assigned to an alternative school after failing in a conventional school setting.	Recidivism, Academic Achievement	6-12 13-17	M/F	African American, Hispanic or Latino, Race Unspecified	Residential, Home, School, Community	Urban, Suburban, Rural and/or frontier	No
Thriving Connecting	An Apple A Day	Mental health promotion, Substance abuse prevention	An Apple A Day (AAAD) is a universal literacy- based program that helps to build and reinforce resiliency skills for substance abuse prevention and mental health promotion in children in kindergarten through 4th grade.	Identification and use of a safe person and place, Reading habits and attitudes	6-12	M/F	American Indian, Alaska Native, Black of African American, Hispanic or Latino, White, Race Unspecified	School	Urban, Suburban	No
Thriving Connecting	Anti-Defamation League (ADL) Peer Training Program	Mental health promotion	The Anti-Defamation League (ADL) Peer Training Program is an antibias and diversity training program intended for use in middle and high schools. The program prepares select students to be peer trainers.	Awareness of prejudice and harassment, Attitudes toward prejudice and harassment, Antiprejudice behavior	13-17	M/F	Black of African American, Hispanic or Latino, White, Race Unspecified	School	Urban, Suburban	No
Thriving Connecting	ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives)	Mental health promotion, Substance abuse prevention	The ATHENA (Athletes Targeting Healthy Exercise & Nutrition Alternatives) program uses a school-based, team-centered format that aims to reduce disordered eating habits and deter use of body-shaping substances among middle and high school female athletes.	Intentions to use steroids/creatine, Intention to engage in unhealthy weight loss, Diet pill use, Use of body-shaping substances, Behaviors and beliefs related to nutrition, Risk and protective factors, Alcohol and other drug use, Tobacco use, Knowledge of curriculum content	13-17	F	White Race Unspecified	School	Urban, Suburban, Rural and/or frontier	Yes
Thriving	ATLAS (Athletes Training and Learning to Avoid Steroids)	Substance use prevention	Athletes Training and Learning To Avoid Steroids (ATLAS) is a school-based drug prevention program. ATLAS was designed for male high school athletes to deter drug use and promote healthy nutrition and exercise as alternatives to drugs.	Intent to use anabolic steroids, Anabolic steroid use, Alcohol and other illicit drug use.	13-17	M	American Indian, Alaska Native, Asian, Black of African American, Hispanic or Latino, White, Race Unspecified	School	Urban, Suburban, Rural and/or frontier	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving Connecting	Attachment-Based Family Therapy (ABFT)	Mental health treatment	Attachment-Based Family Therapy (ABFT) is a treatment for adolescents ages 12-18 that is designed to treat clinically diagnosed major depressive disorder, eliminate suicidal ideation, and reduce dispositional anxiety	Major depressive disorder, Depression symptoms, Suicidal ideation, Anxiety symptoms, Treatment session attendance	13-17	M/F	Black of African American, White, Race Unspecified	Outpatient	Urban, Suburban	Yes
Thriving Connecting	Behavior Management through Adventure	Mental health treatment, Substance use treatment	Behavior Management through Adventure (BMtA) is a form of outdoor therapy for youth with behavioral, psychological, and learning disabilities; students excluded from school for disciplinary reasons; and juvenile offenders.	Rearrest rates, Time period from release until rearrest, Depression symptoms, Family self-concept, Social introversion	6-12 13-17	M/F	Black of African American, White	Correctional	Not reported	No
Thriving Connecting	Behavioral Couples Therapy for Alcoholism and Drug Abuse	Mental health promotion, Substance abuse treatment	Behavioral Couples Therapy for Alcoholism and Drug Abuse (BCT) is a substance abuse treatment approach based on the assumptions that (1) intimate partners can reward abstinence and (2) reducing relationship distress lessens risk for relapse.	Substance abuse, Quality of relationship with intimate partner, Treatment Compliance, Intimate Partner violence, Children's psychosocial functioning	18-25	M/F	American Indian, Alaska Native, Black of African American, Hispanic or Latino, White, Race Unspecified	Outpatient	Not reported	No
Thriving Connecting	Big Brothers Big Sisters Mentoring Program	Mental health promotion, Substance abuse prevention	The Big Brothers Big Sisters Mentoring Program is designed to help participating youth ages 6-18 ("Littles") reach their potential through supported matches with adult volunteer mentors ages 18 and older ("Bigs").	Initiation of drug use, Aggressive behavior, School competence and achievement, Family relationships	6-12 13-17	M/F	American Indian, Alaska Native, Hispanic or Latino, White, Race Unspecified	Community	Urban	Yes
Thriving Connecting	Border Binge-Drinking Reduction Program	Substance abuse prevention	The Border Binge-Drinking Reduction Program provides a process for changing the social and community norms associated with underage and binge drinking that has proven effective at reducing alcohol-related trauma caused by young American's binge drinking across the U.S.- Mexican border.	American arrested in Tijuana, Mexico for alcohol- related violations, Number of Tijuana bars with a majority of American patrons, Number of nighttime alcohol-related crashes, Number of youth crossing into Tijuana to drink, Number of your returning from Tijuana with high BAC	18-25	No Data	Not reported	Community	Urban	No
Thriving Connecting	BrainTrain4Kids	Substance abuse prevention	BrainTrain4Kids is an interactive Web site (http://www.BrainTrain4Kids.com) that teaches children aged 7-9 years about the brain and the effects of drugs on the brain and body, building a foundation for later substance abuse prevention efforts.	Alcohol, Drugs, Tobacco	6-12	M/F	American Indian, Alaska Native, Asian, Black of African American, White, Race Unspecified	Homes	Urban, Suburban, Rural and/or frontier	No
Thriving	Brief Alcohol Screening and Intervention for College Students (BASICS)	Substance abuse prevention	Brief Alcohol Screening and Intervention for College Students (BASICS) is a prevention program for college students who drink alcohol heavily and have experienced or are at risk for alcohol-related problems.	Alcohol, Social functioning	18-25	M/F	American Indian, Alaska Native, Asian, Hispanic or Latino, White, Race Unspecified	School	Urban, Suburban	Yes
thriving	Brief Marijuana Dependence Counseling	Substance abuse treatment	Brief Marijuana Dependence Counseling (BMDC) is a 12-week intervention designed to treat adults with a diagnosis of cannabis dependence. Using a client-centered approach, BMDC targets a reduction in the frequency of marijuana use, thereby reducing marijuana-related problems and symptoms.	Drugs, Social functioning	18-25	M/F	Black of African American, Hispanic or Latino, White, Race Unspecified	Outpatient, School	Urban	Yes
Thriving	Brief Self-Directed Gambling Treatment	Mental health treatment, Substance use treatment	Brief Self-Directed Gambling Treatment (BSGT) aims to help adults stop or cut back on problematic gambling, which is often chronic and long term. It is designed for individuals who choose not to enter or are unable to access face- to-face treatment.	Number of days spent gambling in past month, Dollars lost to gambling last month, Dollars spend per gambling day	18-25	M/F	Non US population	Home, Community	Urban, Rural and/or frontier, Tribal	Yes
Thriving Connecting Learning	Brief Strategic Family Therapy	Mental health promotion, Mental health treatment, Substance abuse prevention, Substance abuse treatment	Brief Strategic Family Therapy (BSFT) is designed to (1) prevent, reduce, and/or treat adolescent behavior problems such as drug use, conduct problems, delinquency, sexually risky behavior, aggressive/violent behavior, and association with antisocial peers; (2) improve prosocial behaviors such as school attendance and performance; and (3) improve family functioning, including effective parental leadership and management, positive parenting, and parental involvement with the child and his or her peers and school.	Engagement in therapy, Conduct problems, Socialized aggression, Substance use, Family functioning	6-12 13-17	M/F	Black of African American, Hispanic or Latino	Outpatient, Home	Urban	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving	Brief Strengths-Based Case Management for Substance Abuse	Substance abuse treatment	Brief Strengths-Based Case Management (SBCM) for Substance Abuse is a one-on-one social service intervention for adults with substance use disorders that is designed to reduce the barriers and time to treatment entry and improve overall client functioning.	Alcohol, Drugs, Treatment/recovery	18-25	M/F	Black of African American, White, Race Unspecified	Inpatient, Residential, Outpatient, Community	Urban, Suburban	Yes
Thriving Connecting Learning	Building Assets-Reducing Risks (BARR)	Mental health promotion, Substance Abuse prevention	Building Assets--Reducing Risks (BARR) is a multifaceted school-based prevention program designed to decrease the incidence of substance abuse (tobacco, alcohol, and other drugs), academic failure, truancy, and disciplinary incidents among 9th-grade youth.	Class failure, Bullying at school, School connectedness	13-17	M/F	American Indian, Alaska Native, Asian, Black of African American, Hispanic or Latino, White	School, Community	Urban, Suburban	No
Thriving Learning	Building Skills	Mental health promotion, Substance abuse prevention	Building Skills is a 12-lesson curriculum designed to help 5th graders avoid or reduce high-risk behaviors, including substance abuse, by improving their inter- and intrapersonal skills. Curriculum topics include self-esteem, goal setting, decision making, problem solving, communication skills, choosing friends, stress/anger management, conflict resolution, assertiveness, and substance refusal skills.	Goal setting, Stress management, Anger management, Cooperation, Decision making, Assertiveness	6-12	M/F	Black of African American, Hispanic or Latino, White, Race Unspecified	School	Urban, Suburban	No
Learning	CAPSLE: Creating a Peaceful School Learning Environment	Mental health promotion	CAPSLE: Creating a Peaceful School Learning Environment, a school wide climate change intervention for students in kindergarten through 12th grade, is designed to reduce student aggression, victimization, aggressive bystander behavior, and disruptive or off-task classroom behaviors.	Perceived aggression, Perceived victimization, Perceived bystander behavior, Classroom behaviors, Empathic mentalizing	6-12	M/F	American Indian, Alaska Native, Asian, Black of African American, Hispanic or Latino, White	School, Community	Urban, Suburban	Yes
Connecting Learning	Capturing Kids Hearts Teen Leadership Program	Mental health promotion	The Capturing Kids' Hearts Teen Leadership Program, a curriculum-based intervention for middle and high school youth, is designed to improve students' emotional well-being and social functioning, including improving communication with parents, reducing feelings of loneliness and isolation, improving self-efficacy, and minimizing problem behaviors.	Problem behaviors, Parent-adolescent communication, Self-efficacy, Loneliness, School connectedness	13-17	M/F	Black of African American, Hispanic or Latino, White, Race Unspecified	School, Community	Urban, Suburban	No
Learning Connecting	Caring School Community	Mental health promotion, Substance abuse prevention	Caring School Community (CSC), formerly called the Child Development Project, is a universal elementary school (K-6) improvement program aimed at promoting positive youth development. The program is designed to create a caring school environment characterized by kind and supportive relationships and collaboration among students, staff, and parents.	Alcohol use, Marijuana use, Concern for others, Academic achievement, Student Discipline referrals	6-12	M/F	Asian, Black of African American, Hispanic or Latino, White, Race Unspecified	School	Urban, Suburban, Rural and/or frontier	No
Connecting	CAST (Coping an Support Training)	Mental health promotion, Substance abuse prevention	CAST (Coping And Support Training) is a high school-based suicide prevention program targeting youth 14 to 19 years old. CAST delivers life-skills training and social support in a small- group format (6-8 students per group).	Suicide risk factors, Severity of Depressive Symptoms, Feelings of hopelessness, Anxiety, Anger, Drug involvement, Sense of personal control, Problem-solving/coping skills	13-17 18-25	M/F	American Indian, Alaska Native, Black of African American, Hispanic or Latino, White	School	Urban, Suburban	Yes
Thriving	Celebrating Families!	Mental health promotion, Mental health treatment, Substance abuse prevention	Celebrating Families! (CF!) is a parenting skills training program designed for families in which one or both parents are in early stages of recovery from substance addiction and in which there is a high risk for domestic violence and/or child abuse.	Parenting skills, Parent tobacco and substance use, Parent depressive symptoms, Family environment, child behaviors, Family reunification.	6-12 13-17 18-25	M/F	American Indian, Alaska Native, Black of African American, Hispanic or Latino, White, Race Unspecified	Residential, Outpatient, Community	Urban, Suburban	Yes
Thriving	Challenging College Alcohol Abuse	Substance abuse prevention	Challenging College Alcohol Abuse (CCAA) is a social norms and environmental management program aimed at reducing high-risk drinking and related negative consequences among college students (18 to 24 years old).	Heavy drinking, Frequent drinking, Attitudes/beliefs related to alcohol, Consequences of alcohol and drug use	18-25	M/F	Not reported	School, Community	Urban	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Learning	Challenging Horizons Program (CHP)	Mental health treatment	The Challenging Horizons Program (CHP) is a school-based set of interventions for middle/junior high school students with attention-deficit/hyperactivity disorder (ADHD). Building on behavioral and cognitive theories about the nature of the disorder, CHP aims to provide a safe learning environment enhanced by supportive counseling relationships between students and staff.	ADHD symptoms, Social functioning, Academic performance, School functioning	6-12 13-17	M/F	Black of African American, Hispanic or Latino, White, Race Unspecified	School	Urban, Suburban, Rural and/or frontier	No
Thriving	Chestnut Health Systems-Bloomington Adolescent Outpatient (OP) and Intensive Outpatient (IOP) Treatment Model	Mental health treatment, substance use treatment, Co- occurring disorders	The Chestnut Health Systems-Bloomington Adolescent Outpatient (OP) and Intensive Outpatient (IOP) Treatment Model is designed for youth between the ages of 12 and 18 who meet the American Society of Addiction Medicine's criteria for Level I or Level II treatment placement.	Abstinence from alcohol and other drugs, Substance use, Substance-related problems, Recovery environment	13-17 18-25	M/F	Black of African American, White, Race Unspecified	Outpatient, Correctional, Home, School, Community	Urban, Suburban, Rural and/or frontier	No
Connecting	Chicago Parent Program	Mental health promotion	The Chicago Parent Program (CPP) is a parenting skills training program that aims to reduce behavior problems in children ages 2 to 5 by improving parenting self-efficacy and promoting positive parenting behavior and child discipline strategies.	Child behavior problems, parenting self-efficacy, Corporal punishment, follow-through on discipline	0-5 18-25	M/F	Black of African American, Hispanic or Latino, White, Race Unspecified	Community	Urban	Yes
Learning Connecting	Child Advancement Project (CAP)	Mental health promotion	The Child Advancement Project (CAP) is a school- based mentoring program that matches community volunteers with students in kindergarten through 12th grade. Each volunteer mentor works one-on-one with his or her student mentee for 1 hour each week throughout the school year to increase the student's academic and social competency and to provide opportunities for academic challenge; these efforts are intended to complement the efforts of the student's teachers and family.	Unexcused school absences, Discipline referrals, Social connectedness	6-12 13-17	M/F	Not reported	School	Rural and/or frontier	No
Thriving Connecting	Child and Family Traumatic Stress Intervention	Mental health promotion, Mental health treatment	The Child and Family Traumatic Stress Intervention (CFTSI) is a brief, early acute intervention for families with children (ages 7- 18) who have either recently experienced a potentially traumatic event or have recently disclosed the trauma of physical or sexual abuse.	Posttraumatic stress symptoms, Anxiety symptoms, Posttraumatic stress disorder diagnostic symptoms	6-12 13-17	M/F	Black of African American, Hispanic or Latino, White, Race Unspecified	Outpatient	Urban, Suburban	Yes
Thriving Connecting	Child-Parent Psychotherapy (CPP)	Mental health promotion, Mental health treatment	Child-Parent Psychotherapy (CPP) is an intervention for children from birth through age 5 who have experienced at least one traumatic event (e.g., maltreatment, the sudden or traumatic death of someone close, a serious accident, sexual abuse, exposure to domestic violence) and, as a result, are experiencing behavior, attachment, and/or mental health problems, including posttraumatic stress disorder (PTSD).	Child PTSD symptoms, Child behavior problems, Children's representational models, Attachment security, Maternal PTSD symptoms, Maternal mental health symptoms, PTSD symptoms.	0-5 18-25	M/F	Asian, Black of African American, Hispanic or Latino, White, Race Unspecified	Home, Community	Urban, Suburban, Rural and/or frontier	Yes
Connecting	Children in Between	Mental health promotion	Children in Between (CIB), formerly known as Children in the Middle, is an educational intervention for divorcing families that aims to reduce the parental conflict, loyalty pressures, and communication problems that can place significant stress on children.	Parent conflict, Awareness of effects of divorce on the children, Rate of relitigation, Communication skills, Child-reported stress	0-5 06-12 13-17	M/F	Black of African American, Hispanic or Latino, White, Race Unspecified	Community	Urban, Suburban, Rural and/or frontier	Yes
Connecting Learning	Children of Divorce Intervention Program (CODIP)	Mental health promotion	The Children of Divorce Intervention Program (CODIP) is a school-based preventive intervention delivered to groups of children ages 5-14 who are dealing with the challenges of parental separation and divorce.	School-related behaviors and competencies, Behavioral and emotional adjustment to divorce, Anxiety, Attitudes and feelings about family	6-12	M/F	American Indian, Alaska Native, Black of African American, Hispanic or Latino, White, Race Unspecified	School	Urban, Suburban, Rural and/or frontier	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Connecting Learning	Children's Summer Treatment Program (STP)	Mental health treatment	The Children's Summer Treatment Program (STP) is a comprehensive intervention for children with attention-deficit/hyperactivity disorder (ADHD) and related disruptive behaviors. The program focuses on the child's peer relations, the child's academic/classroom functioning, and the parents' parenting skills-- three domains that drive outcomes in children with these conditions.	Rule-following and interpersonal behavior in recreational activities, Academic productivity and rule-following in the classroom, Child behaviors, Perceived effectiveness/stress among counselors and teachers, Individualized target behavior	6-12	M/F	American Indian, Alaska Native, White, Race Unspecified	Home, School, Community	Urban Suburban, Rural and/or frontier	Yes
Thriving	CHOICES: A Program for Women About Choosing Healthy Behaviors	Substance abuse treatment	CHOICES: A Program for Women About Choosing Healthy Behaviors is a brief intervention designed to help women lower their risk of alcohol-exposed pregnancy (AEP) by reducing risky drinking, using effective contraception, or both.	Risk drinking, Contraception use, Risk for alcohol- exposed pregnancy	18-25	M/F	American Indian, Alaska Native, Black of African American, Hispanic or Latino, White, Race Unspecified	Residential, Outpatient, Corrections, Other community settings	Urban, Suburban	Yes
Thriving	Choosing Life: Empowerment! Action! Results! (CLEAR) Program for Young People Living With HIV	Substance abuse treatment	The Choosing Life: Empowerment! Action! Results! (CLEAR) Program for Young People Living With HIV targets HIV-positive adolescents and young adults (aged 16-29 years) and is designed to prevent the transmission of HIV by reducing substance use and unprotected sex.	Substance use frequency, HIV sexual risk behavior (condom use)	18-25	M/F	Black of African American, Hispanic or Latino, White, Race Unspecified	Outpatient, Home, Other community settings	Urban	Yes
Thriving	Class Action	Substance use prevention	Class Action is the second phase of the Project Northland alcohol-use prevention curriculum series. Class Action (for grades 11-12) and Project Northland (for grades 6-8) are designed to delay the onset of alcohol use, reduce use among youths who have already tried alcohol, and limit the number of alcohol-related problems experienced by young drinkers.	Tendency to use alcohol, Binge drinking	13-17	M/F	American Indian, Alaska Native, White, Race Unspecified	School	Rural and/or frontier, Tribal	Yes
Thriving	Climate Schools: Alcohol and Cannabis Course	Substance use prevention	The Climate Schools: Alcohol and Cannabis Course is a school-based program for 13- and 14- year-olds that aims to prevent and reduce alcohol and cannabis use as well as related harms. Designed to be implemented within the school health curriculum, Climate Schools is based on a social influence approach to prevention and uses cartoon storylines to engage and maintain student interest and involvement.	Alcohol-related knowledge, Cannabis-related knowledge, Alcohol use, Binge drinking frequency, Cannabis use frequency	13-17	M/F	Non US population	School	Urban	No
Connecting	Clinician-Based Cognitive Psychoeducational Intervention for Families (Family Talk)	Mental health promotion	The Clinician-Based Cognitive Psychoeducational Intervention for Families (Family Talk) is intended for families with parents with significant mood disorder. Based on public health models, the intervention is designed to provide information about mood disorders to parents, equip parents with skills they need to communicate this information to their children, and open dialogue in families about the effects of parental depression.	Child related behaviors and attitudes toward parental illness as reported by parents, Children's understanding of parental illness, Internalizing symptomology, Family functioning	6-12 13-17	M/F	White Race Unspecified	Outpatient, Home, Other community settings	Urban	Yes
Thriving	Cocaine-Specific Coping Skills Training	Substance abuse treatment	Cocaine-Specific Coping Skills Training (CST), an adaptation of a treatment approach used for alcoholism, teaches cocaine users how to identify high-risk situations associated with past episodes of cocaine use and modify their behavior to avoid or counteract those influences in the future.	Number of cocaine use dates, Maximum number of cocaine use days in a row, Relapse to cocaine use, Alcohol use.	18-25	M/F	American Indian, Alaska Native, Asian, Black of African American, Hispanic or Latino, White	Residential, Outpatient	Urban, Suburban, Rural and/or frontier	No

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving Connecting	Cognitive Behavioral Intervention for Trauma in Schools (CBITS)	Mental health promotion	The Cognitive Behavioral Intervention for Trauma in Schools (CBITS) program is a school- based group and individual intervention designed to reduce symptoms of posttraumatic stress disorder (PTSD), depression, and behavioral problems; improve peer and parent support; and enhance coping skills among students exposed to traumatic life events, such as community and school violence, physical abuse, domestic violence, accidents, and natural disasters.	PTSD symptoms, Depression symptoms, Psychosocial dysfunction	6-12	M/F	Black of African American, Hispanic or Latino, White, Race Unspecified	School	Urban	Yes
Thriving Connecting	Cognitive Behavioral Therapy for Adolescent Depression	Mental health treatment	Cognitive Behavioral Therapy (CBT) for Adolescent Depression is a developmental adaptation of the classic cognitive therapy model developed by Aaron Beck and colleagues. CBT emphasizes collaborative empiricism, the importance of socializing patients to the cognitive therapy model, and the monitoring and modification of automatic thoughts, assumptions, and beliefs.	Diagnosis of major depressive disorder, Symptom of depression, Achievement of clinical response, Achievement of remission	13-17	M/F	White Race Unspecified	Outpatient	Not reported	No
Thriving	Cognitive Enhancement Therapy	Mental health treatment	Cognitive Enhancement Therapy (CET) is a cognitive rehabilitation training program for adults with chronic or early-course schizophrenia or schizoaffective disorder (per DSM-III-R or DSM-IV criteria) who are stabilized and maintained on antipsychotic medication and not abusing substances.	Neurocognition, Cognitive style, Social cognition, Social adjustment	18-25	M/F	Asian, Black of African American, White, Race unspecified	Outpatient	Urban, Suburban	No
Thriving	Collaborative HIV Prevention and Adolescent Mental Health Project (CHAMP) Family Program	Mental health promotion	The Collaborative HIV Prevention and Adolescent Mental Health Project (CHAMP) Family Program is a 12-week, family-focused, developmentally timed intervention for 4th- and 5th-grade students in urban, low-income communities.	Family communication, Knowledge about HIV transmission, Perceived stigma of HIV/AIDS, Externalizing behavior	6-12	M/F	Black of African American, Race Unspecified, Non-US population	Home, Community	Urban	Yes
Thriving Learning	College Drinker's Check- up (CDCU)	Substance abuse treatment	College Drinker's Check-up (CDCU) is a computer-based, brief motivational interviewing intervention designed to help reduce the use of alcohol by college students (ages 18-24) who are heavy, episodic drinkers (defined as having four or more drinks per occasion for women and five or more drinks per occasion for men at least once in the past 2 weeks with an estimated peak blood alcohol concentration of 0.08 gram- percent or above).	Alcohol use, Marijuana use, Concern for others, Academic achievement, Student Discipline referrals	18-25	M/F	American Indian, Alaska Native, Black of African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, Race unspecified	School	Urban, Suburban	No
Connecting	Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT): Empowering Families Who Are at Risk for Physical Abuse	Mental health treatment	Combined Parent-Child Cognitive Behavioral Therapy (CPC-CBT): Empowering Families Who Are at Risk for Physical Abuse is a structured treatment program for children ages 3-17 and their parents (or caregivers) in families where parents engage in a continuum of coercive parenting strategies.	Children's PTSD symptoms, Parenting skills	6-12 13-17 18-25	M/F	Black of African American, Hispanic or Latino, White, Race Unspecified	Outpatient	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Communities Mobilizing for Change on Alcohol (CMCA)	Substance abuse prevention	Communities Mobilizing for Change on Alcohol (CMCA) is a community-organizing program designed to reduce teens' (13 to 20 years of age) access to alcohol by changing community policies and practices. CMCA seeks both to limit youths' access to alcohol and to communicate a clear message to the community that underage drinking is inappropriate and unacceptable.	Youth access to alcohol through commercial outlets, Youth access to alcohol through noncommercial outlets, Driving under the influence (DUI) arrests	18-25	No Data	Not reported	Community	Urban, Suburban	No

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving Connecting	Community Advocacy Project (CAP)	Mental health promotion	The Community Advocacy Project (CAP) provides advocacy and individually tailored assistance to women who have been physically and/or emotionally abused by intimate partners as well as to their children, who may have been bystanders in abusive situations.	Effectiveness of obtaining resources, Abuse by intimate partners, Quality of life, Social Support	18-25	F	American Indian, Alaska Native, Asian, Black of African American, Hispanic or Latino, White, Race Unspecified	Home, Community	Urban, Suburban	No
Thriving	Community Trials Intervention To Reduce High-Risk Drinking	Substance abuse prevention	Community Trials Intervention To Reduce High- Risk Drinking is a multicomponent, community- based program developed to alter the alcohol use patterns and related problems of people of all ages. The program incorporates a set of environmental interventions that assist communities in (1) using zoning and municipal regulations to restrict alcohol access through alcohol outlet density control; (2) enhancing responsible beverage service by training, testing, and assisting beverage servers and retailers in the development of policies and procedures to reduce intoxication and driving after drinking; (3) increasing law enforcement and sobriety checkpoints to raise actual and perceived risk of arrest for driving after drinking; (4) reducing youth access to alcohol by training alcohol retailers to avoid selling to minors and those who provide alcohol to minors; and (5) forming the coalitions needed to implement and support the interventions that address each of these prevention components.	Alcohol consumption patterns and related problems, Alcohol-related traffic crashes, Alcohol- related assaults	13-17 18-25	No Data	Black of African American, Hispanic or Latino, Race unspecified	Community	Urban, Suburban, Rural and/or frontier	Yes
Thriving Connecting	Compeer Model	Mental health treatment	The Compeer Model is designed for use with adults (including veterans and their families), youth (including children with an incarcerated parent), and older adults who have been referred by a mental health professional and diagnosed with a serious mental illness (e.g., bipolar disorder, delusional disorder, depressive disorder).	Social support, Subjective well-being, Psychiatric symptoms	18-25	M/F	Asian, Black of African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, Race unspecified	Home, Community	Urban, Suburban, Rural and/or frontier	No
Thriving	Computer-Assisted System for Patient Assessment and Referral (CASPAR)	Substance abuse treatment, Co- occurring disorders	The Computer-Assisted System for Patient Assessment and Referral (CASPAR) is a comprehensive assessment and services planning process used by substance abuse clinicians to conduct an initial assessment, generate a treatment plan, and link clients admitted to a substance abuse treatment program to appropriate health and social services available either on site within the program or off site in the community.	Matching counselor treatment plan to client admission problems, Matching of specialized services received to client admission problems, Number of services received, Treatment retention and completion	18-25	M/F	American Indian, Alaska Native, Black of African American, Hispanic or Latino, White	Outpatient, Community	Urban	Yes
Thriving	Computer-Based Cognitive Behavioral Therapy, Beating the Blues	Mental health treatment	Computer-Based Cognitive Behavioral Therapy, Beating the Blues (BtB), is a computer-delivered series of cognitive behavioral therapy sessions for adults with mild to moderate depression and/or anxiety, as determined by an outpatient screening using a standardized instrument.	Depression, Anxiety	18-25	M/F	Non US population	Outpatient	Urban, Suburban	No

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving Connecting	Cool Kids Child and Adolescent Anxiety Management Program	Mental health treatment	The Cool Kids Child and Adolescent Anxiety Management Program (Cool Kids) treats anxiety disorders in children and adolescents ages 6-18 years. With a focus on teaching anxiety management skills, the manualized program includes sessions on identifying anxious thoughts, feelings, and behaviors (psychoeducation); challenging anxious thoughts (cognitive restructuring); approaching avoided situations/events (exposure); and using additional coping skills such as systematic problem solving, social skills, assertiveness skills, and effective strategies for dealing with teasing and bullying (coping skills).	Anxiety disorder diagnosis, Anxiety disorder severity, Anxiety symptoms, Internalizing symptoms	6-12 13-17	M/F	Non US population	Outpatient, School	Urban, Suburban	Yes
Thriving	Coordinated Anxiety Learning and Management (CALM) Tools for Living Program	Mental health treatment	The Coordinated Anxiety Learning and Management (CALM) Tools for Living Program aims to reduce anxiety and/or depression symptoms and improve the functional status of patients ages 18-75. The program, designed for use in primary care and other outpatient settings, is based on a collaborative care model and cognitive behavioral therapy (CBT); however, the program was developed for use by clinicians with and without CBT expertise.	General symptoms of anxiety, Disorder-specific symptoms of anxiety, Symptoms of depression, Functional status	18-25	M/F	Black of African American, Hispanic or Latino, White, Race Unspecified	Outpatient	urban, Suburban	Yes
Thriving	COPE: Collaborative Opioid Prescribing Education	Substance abuse prevention, Substance abuse treatment	COPE: Collaborative Opioid Prescribing Education is a free online training course that is designed to increase physicians' knowledge, competence, and satisfaction regarding the use of opioid medications in managing chronic noncancer pain experienced by outpatients.	Knowledge of the role of opioids in chronic noncancer pain management, Competence of managing outpatient's chronic noncancer pain, Satisfaction with recent encounters with patients experiencing chronic pain	18-25	M/F	Not reported	Outpatient	Urban, Suburban	No
Thriving	Coping Cat	Mental health treatment	Coping Cat is a cognitive behavioral treatment that assists school-age children in (1) recognizing anxious feelings and physical reactions to anxiety; (2) clarifying cognition in anxiety- provoking situations (i.e., unrealistic expectations); (3) developing a plan to help cope with the situation (i.e., determining what coping actions might be effective); and (4) evaluating performance and administering self- reinforcement as appropriate.	Anxiety diagnosis/disorders, Anxiety symptoms- child report, Anxiety symptoms-parent report, Anxiety symptoms-teacher report, Anxiety symptoms-behavioral observation	6-12 13-17	M/F	Asian, Black of African American, Hispanic or Latino, White, Race Unspecified	Outpatient, School	Urban	Yes
Working	Coping With Work and Family Stress	Mental health promotion, Substance abuse prevention, Co- occurring disorders	Coping With Work and Family Stress is a workplace preventive intervention designed to teach employees 18 years and older how to deal with stressors at work and at home. The model is derived from Pearlin and Schooler's hierarchy of coping mechanisms as well as Bandura's social learning theory.	Perceived stressors, Coping strategies, perceived social support, Alcohol and other drug use/problem drinking, Psychological symptoms of stress	18-25	M/F	White Race Unspecified	Workplace	Urban, Suburban	No
Connecting	Creating Lasting Family Connections (CLFC)/Creating Lasting Connections (CLC)	Substance abuse prevention	Creating Lasting Family Connections (CLFC), the currently available version of Creating Lasting Connections (CLC), is a family-focused program that aims to build the resiliency of youth aged 9 to 17 years and reduce the frequency of their alcohol and other drug (AOD) use.	Use of community services, Parent knowledge and beliefs about AOD, Onset of you AOD use, Frequency of youth AID use	6-12 13-17	M/F	Not reported	School, Community	Urban, Suburban, Rural and/or frontier	Yes
Connecting	Creating Lasting Family Connections Fatherhood Program: Family Reintegration (CLFCFP)	Mental health promotion	The Creating Lasting Family Connections Fatherhood Program: Family Reintegration (CLFCFP) is designed for fathers, men in fatherlike roles (e.g., mentors), and men who are planning to be fathers. The program was developed to help individuals who are experiencing or are at risk for family dissonance resulting from the individual's physical and/or emotional separation (e.g., incarceration, substance abuse, military service).	Family relationships	18-25	M/F	Black of African American, Hispanic or Latino, White	Outpatient, Correctional, Community	Urban, Suburban, Rural and/or frontier	No

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Connecting	Creating Lasting Family Connections Marriage Enhancement Program (CLFCMEP)	Mental health promotion	The Creating Lasting Family Connections Marriage Enhancement Program (CLFCMEP) is a community-based effort designed for couples in which one or both partners have been physically and/or emotionally distanced because of separation due to incarceration, military service, substance abuse, or other circumstances.	Relationship skills	18-25	M/F	Black of African American, Hispanic or Latino, White	Outpatient, Correctional, Community	Urban, Suburban, Rural and/or frontier	No
Connecting Thriving	Critical Time Intervention	Mental health treatment	Critical Time Intervention (CTI) is designed to prevent recurrent homelessness and other adverse outcomes among persons with severe mental illness. It aims to enhance continuity of care during the transition from institutional to community living.	Homeless night and extended homelessness, Negative symptoms of psychopathology, Number of homeless nights as a function of cost	18-25	M/F	Black of African American, Race Unspecified	Community	Urban	Yes
Connecting	Cross-Age Mentoring Program (CAMP) for Children With Adolescent Mentors	Mental health promotion	The Cross-Age Mentoring Program (CAMP) for Children With Adolescent Mentors links high school students typically in grades 9-11 with younger students in grades 4-8 in a mentor- mentee relationship, with the goal of benefiting both mentors and mentees.	Connectedness, Self-esteem, Achievement in spelling	6-12 13-17	M/F	Black of African American, Hispanic or Latino, White, Race Unspecified	School, Community	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Cultural Adaptation of Cognitive Behavioral Therapy (CBT) for Puerto Rican Youth	Mental health treatment	Cultural Adaptation of Cognitive Behavioral Therapy (CBT) for Puerto Rican Youth is a short- term intervention for Puerto Rican adolescents aged 13-17 years who are primarily Spanish speaking and have severe symptoms of depression.	Symptoms of depression, Internalizing symptoms, Externalizing symptoms, Self-concept	13-17	M/F	Hispanic or Latino	Outpatient, Community	Urban	No
Thriving Connecting	Curriculum-Based Support Group (CBSG) Program	Mental health promotion, Substance abuse prevention	The Curriculum-Based Support Group (CBSG) Program is a support group intervention designed to increase resiliency and reduce risk factors among children and youth ages 4-17 who are identified as being at elevated risk for early substance use and future delinquency and violence (e.g., they are living in adverse family situations, displaying observable gaps in coping and social skills, or displaying early indicators of antisocial attitudes and behaviors).	Antisocial attitudes, Rebellious behavior, Attitudes and intentions about substance use, Substance use	6-12	M/F	Asian, Black of African American, Hispanic or Latino, White, Race Unspecified	School	Urban	Yes
Connecting	DARE to be You	Mental health promotion	DARE to be You (DTBY) is a multilevel prevention program that serves high-risk families with children 2 to 5 years old. Program objectives focus on children's developmental attainments and aspects of parenting that contribute to youth resilience to later substance abuse, including parental self-efficacy, effective child rearing, social support, and problem-solving skills.	Parental self-efficacy, Use of harsh punishment, Child's developmental level, Satisfaction with social support system	0-5 18-25	M/F	American Indian, Alaska Native, Hispanic or Latino, White, Race Unspecified	Community	Urban, Suburban, Rural and/or frontier	Yes
Connecting	Dare to be You (DTBY) Bridges Program	Mental health promotion	The DARE to be You (DTBY) Bridges Program brings together families of children in kindergarten through 2nd grade (ages 5-7) and their teachers to support the transition to formal schooling. The goals of the program are to (1) build strong relationships between parents and teachers and (2) enhance the skills of parents, teachers, and children to improve children's success in school and prevent later problems such as aggression and substance abuse.	Parent self-efficacy, Parent stress and depression, Parent satisfaction with support, Parent perception of school climate, Parent involvement in child's education	18-25	M/F	American Indian, Alaska Native, Hispanic or Latino, White, Race Unspecified	School, Community	Rural and/or frontier, Tribal	Yes
Thriving	Depression Prevention (Managing Your Mood)	Mental health treatment	The Depression Prevention (Managing Your Mood) program is a computer-tailored intervention for adults who are experiencing at least mild symptoms of depression. The program is based on the Transtheoretical Model of Behavior Change (TTM), which conceptualizes change as a process that occurs over time and in five stages: precontemplation, contemplation, preparation, action, and maintenance.	Level of depression, Onset of major depression, Physical functioning	18-25	M/F	Black of African American, Hispanic or Latino, White, Race Unspecified	Outpatient, Home	Urban, Suburban	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving	Dialectical Behavior Therapy	Mental health treatment, Co- occurring disorders	Dialectical Behavior Therapy (DBT) is a cognitive-behavioral treatment approach with two key characteristics: a behavioral, problem-solving focus blended with acceptance-based strategies, and an emphasis on dialectical processes.	Suicide attempts, Nonsuicidal self-injury, Psychosocial adjustment, Treatment retention, Drug use, Symptoms of eating disorders.	18-25	M/F	American Indian, Alaska Native, Asian, Black of African American, Hispanic or Latino, White, Race Unspecified	Inpatient, Outpatient, Community	Not reported	Yes
Thriving	Drinker's Check-up	Substance abuse treatment	Drinker's Check-up (DCU) is a computer-based brief intervention designed to help problem drinkers reduce their alcohol use and alcohol- related consequences. The program targets individuals along the continuum of problem drinking from hazardous use (e.g., binge-drinking college students) to alcohol dependence (e.g., individuals presenting for specialized alcohol treatment).	Alcohol use, Alcohol-related consequences, Symptoms of alcohol dependence, Motivation for change	18-25	M/F	American Indian, Alaska Native, Hispanic or Latino, White, Race Unspecified	Not reported	Urban, Suburban	No
Thriving	Drugs: True Stories	Substance abuse prevention	Drugs: True Stories is a multimedia intervention designed to prevent drug use among young people in grades 5-12 by positively changing the attitudes of youth and their parents and other caregivers in regard to the use of drugs.	Behavioral intentions regarding illicit drug use	13-17 18-25	M/F	Not reported	School	Suburban	No
Connecting	Dynamic Deconstructive Psychotherapy	Mental health treatment, Co- occurring disorders	Dynamic Deconstructive Psychotherapy (DDP) is a 12- to 18-month, manual-driven treatment for adults with borderline personality disorder and other complex behavior problems, such as alcohol or drug dependence, self-harm, eating disorders, and recurrent suicide attempts.	Symptoms of borderline personality disorder, Depression, Parasuicide behaviors, Heavy drinking	18-25	M/F	American Indian, Alaska Native, Black of African American, Hispanic or Latino, White, Race Unspecified	Outpatient	Urban, Suburban, Rural and/or frontier	No
Connecting	Early HeartSmarts Program for Preschool Children	Mental health promotion	The Early HeartSmarts Program for Preschool Children is designed to facilitate the social, emotional, physical (i.e., motor skills), cognitive, and language development of children ages 3-6. The program is based on over a decade of research on the role that positive emotions play in the functioning of the body, brain, and nervous system and the subsequent positive impact of these emotions on cognitive development.	Social and emotional development, Motor skills, Cognitive development, Language development	0-5	M/F	American Indian, Alaska Native, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, Race unspecified	School	Urban	Yes
Learning	Early Risers "Skills for Success"	Mental health promotion, Substance abuse prevention	Early Risers "Skills for Success" is a multicomponent, developmentally focused, competency-enhancement program that targets 6- to 12-year-old elementary school students who are at high risk for early development of conduct problems, including substance use.	Social competence, Disciplinary practices, Behavioral self-regulation, School adjustment, Parenting stress	6-12	M/F	Black or African American, White, Race unspecified	Home, School, Community	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Emergency Department Means Restriction Education	Mental health promotion	Emergency Department Means Restriction Education is an intervention for the adult caregivers of youth (aged 6 to 19 years) who are seen in an emergency department (ED) and determined through a mental health assessment to be at risk for committing suicide.	Access to medication that can be used in an overdose suicide attempt, Access to firearms	6-12 13-17 18-25	M/F	Black or African American, Hispanic or Latino, White	Outpatient	Urban, Suburban, Rural and/or frontier	No
Thriving Connecting	Emergency Room Intervention for Adolescent Females	Mental health treatment	Emergency Room Intervention for Adolescent Females is a program for teenage girls 12 to 18 years old who are admitted to the emergency room after attempting suicide. The intervention, which involves the girl and one or more family members who accompany her to the emergency room, aims to increase attendance in outpatient treatment following discharge from the emergency room and to reduce future suicide attempts.	Treatment adherence, Adolescent symptoms of depression, Adolescent suicidal ideation, Maternal symptoms of depression, Maternal attitudes toward treatment	13-17 18-25	F	Hispanic or Latino, Race unspecified	Community	Urban	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving	Enough Snuff	Substance abuse treatment	Enough Snuff is a self-help, self-paced tobacco cessation program for individuals who use smokeless tobacco (e.g., moist snuff, chewing tobacco) but want to quit the use of smokeless tobacco or all tobacco products entirely.	Abstinence from smokeless tobacco use, Abstinence from all tobacco use, Attempts to quit smokeless tobacco use, Use of recommended cessation techniques	18-25	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, Race unspecified	Home, Workplace	Rural and/or frontier	Yes
Thriving	Eye Movement Desensitization and Reprocessing	Mental health treatment	Eye Movement Desensitization and Reprocessing (EMDR) is a one-on-one form of psychotherapy that is designed to reduce trauma-related stress, anxiety, and depression symptoms associated with posttraumatic stress disorder (PTSD) and to improve overall mental health functioning.	PTSD symptoms, Anxiety symptoms, Depression symptoms, Global mental health functioning	18-25	M/F	American Indian, Alaska Native, Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient	Urban, Suburban	Yes
Thriving	Familias Unidas Preventive Intervention	Mental health promotion, Substance abuse prevention	The Familias Unidas Preventive Intervention is a family-based program for Hispanic families with children ages 12-17. It is designed to prevent conduct disorders; use of illicit drugs, alcohol, and cigarettes; and risky sexual behaviors by improving family functioning.	Behavior problems, Family functioning, Substance use, Risky sexual behaviors, Externalizing disorders	6-12 13-17	M/F	Hispanic or Latino	Home, School	Urban	No
Learning	Families and Schools Together (FAST)	Mental health promotion, Substance abuse prevention	Families and Schools Together (FAST) is a 2-year, multifamily group intervention based on social ecological theory, family systems theory, and family stress theory. FAST is designed to build relationships between and within families, schools, and communities (particularly in low- income areas) to increase all children's well- being, especially as they transition into elementary school.	School mobility, Child behavior problems, Child social skills and academic consequences	0-5 06-12	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School, Community	Urban, Suburban, Rural and/or frontier, Tribal	Yes
Thriving Learning Connecting	Family Behavior Therapy	Mental health treatment, Substance abuse treatment, Co- occurring disorders	Family Behavior Therapy (FBT) is an outpatient behavioral treatment aimed at reducing drug and alcohol use in adults and youth along with common co-occurring problem behaviors such as depression, family discord, school and work attendance, and conduct problems in youth.	Drug use, Alcohol use, Family relationships, Depression, Employment/school attendance, Conduct disorder symptoms	13-17 18-25	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Inpatient, Outpatient, Home	Not reported	Yes
Thriving Connecting	Family Centered Treatment (FCT)	Mental health promotion, Substance abuse prevention	Family Centered Treatment (FCT) is a family preservation program for juvenile offenders and their families. The program provides intensive in- home services as a cost-effective alternative to out-of-home placement and attempts to reduce the recidivism of participating youth, improve family relationships, and avoid jeopardizing community safety.	Recidivism, Posttreatment placement, Cost- effectiveness	13-17	M/F	Black or African American, Hispanic or Latino, White	Home, Community	Urban, Suburban, Rural and/or frontier	Yes
Connecting	Family Expectations	Mental health promotion	Family Expectations is a skills-based, relationship education program for low-income couples who are expecting a baby or have just had a baby, with new parents participating at varied levels until their baby is 1 year old.	Quality of relationship with partner, Conflict management behaviors, Depressive symptoms	18-25	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient	Urban, Suburban, Rural and/or frontier	Yes
Connecting	Family Foundations	Mental health promotion	Family Foundations, a program for adult couples expecting their first child, is designed to help them establish positive parenting skills and adjust to the physical, social, and emotional challenges of parenthood.	Co-parenting, Parental adjustment, Parent-child interaction, Child adjustment	0-5 18-25	M/F	White Race Unspecified	Community	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Family Intervention for Suicide Prevention (FISP)	Mental health treatment	The Family Intervention for Suicide Prevention (FISP) is a cognitive behavioral family intervention for youth ages 10-18 who are presenting to an emergency department (ED) with suicidal ideation or after a suicide attempt.	Linkage to outpatient mental health treatment services	6-12 13-17	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient	Urban, Suburban	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving	Family Matters	Substance abuse prevention	Family Matters is a family-directed program to prevent adolescents 12 to 14 years of age from using tobacco and alcohol. The intervention is designed to influence population-level prevalence and can be implemented with large numbers of geographically dispersed families.	Prevalence of adolescent cigarette use, Prevalence of adolescent alcohol use, Onset of adolescent cigarette use	6-12 13-17	M/F	Black or African American, Hispanic or Latino, White	Home	Urban, Suburban, Rural and/or frontier, Tribal	Yes
Connecting	Family Spirit	Mental health promotion, Substance abuse prevention	Family Spirit is a culturally tailored home-visiting intervention for American Indian teenage mothers--who generally experience high rates of substance use, school dropout, and residential instability--from pregnancy through 36 months postpartum.	Parenting knowledge, Mother's perception of infant toddler behavior, Parenting self-efficacy, Mother's depressive symptoms, Mothers' substance use	0-5 13-17 18-25	F	American Indian or Alaska Native	Outpatient, Home, Other community settings	Rural and/or frontier, Tribal	No
Thriving	Family Support Network (FSN)	Substance abuse treatment, Co- occurring disorders	Family Support Network (FSN) is an outpatient substance abuse treatment program targeting youth ages 10-18 years. FSN includes a family component along with a 12-session, adolescent- focused cognitive behavioral therapy--called Motivational Enhancement Therapy/Cognitive Behavioral Therapy (MET/CBT12)--and case management.	Abstinence from substance use, Recovery from substance use, Cost effectiveness	13-17	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient, Home	Urban, Suburban, Rural and/or frontier	Yes
Connecting	Family Wellness: Survival Skills for Healthy Families	Mental health promotion	Family Wellness: Survival Skills for Healthy Families is a psychoeducational program designed to help families (including children ages 8 and up) strengthen their connection with each other and reinforce healthy ways of interacting.	Communication skills, Conflict resolution Skills, Problem-solving skills, Disciplinary skills, Cooperation skills	18-25	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Community	Urban, Suburban, Rural and/or frontier	Yes
Connecting Learning	Footprints for Life	Mental health promotion, Substance abuse prevention	Footprints for Life is a universal intervention that is designed to help 2nd- and 3rd-grade students build a strong foundation of life skills rooted in key social competencies. The curriculum-based program focuses on planning and decision-making, cultural competence, and interpersonal skills, such as handling peer pressure (e.g., refusal skills) and resolving conflicts peacefully.	Social functioning	6-12	No Data	Asian, Black or African American, Hispanic or Latino, White	Home, School	Urban	Yes
Thriving	Fourth R: Skills for Youth Relationships	Mental health promotion, Substance abuse prevention	The Fourth R: Skills for Youth Relationships is a curriculum for 8th- and 9th-grade students that is designed to promote healthy and safe behaviors related to dating, bullying, sexuality, and substance use.	Physical dating violence, Condom use, Violent delinquency	13-17	M/F	Non US population	School	Suburban, Rural and/or frontier	Yes
Thriving	Friends Care	Substance abuse treatment	Friends Care is a stand-alone aftercare program for probationers and parolees exiting mandated outpatient substance abuse treatment. The aftercare program is designed to maintain and extend the gains of court-ordered outpatient treatment by helping clients develop and strengthen supports for drug-free living in the community.	Opiate and/or cocaine use, use of any illicit drug, Criminal activity	18-25	M/F	Black or African American, Race unspecified	Correctional, Community	Urban	No
Thriving	FRIENDS Program	Mental health promotion	The FRIENDS Program is a cognitive behavioral intervention that focuses on the promotion of emotional resilience to prevent--or intervene early in the course of--anxiety and depression in childhood, adolescence, and adulthood.	Anxiety, Depression, Coping, Social-emotional strength	0-5 6-12 13-17	M/F	Non US population	School	Urban	Yes
Thriving	Functional Family Therapy for Adolescent Alcohol and Drug Abuse	Substance abuse treatment	Functional Family Therapy for Adolescent Alcohol and Drug Abuse is a behaviorally based intervention for youth ages 13-19 years with substance abuse and delinquency, HIV risk behaviors, and/or depression (or other behavioral and mood disturbances) and their families.	Marijuana use, Delinquent behavior, Family cohesion	13-17 18-25	M/F	American Indian, Alaska Native, Hispanic or Latino, White, Race Unspecified	Outpatient, Home	Urban, Suburban, Rural and/or frontier, Tribal	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving Connecting Learning	Good Behavior Game (GBG)	Mental health promotion, Substance abuse prevention	Good Behavior Game (GBG) is a classroom- based behavior management strategy for elementary school that teachers use along with a school's standard instructional curricula. GBG uses a classroom-wide game format with teams and rewards to socialize children to the role of student and reduce aggressive, disruptive classroom behavior, which is a risk factor for adolescent and adult illicit drug abuse, alcohol abuse, cigarette smoking, antisocial personality disorder (ASPD), and violent and criminal behavior.	Drug abuse/dependence disorders, Alcohol abuse/dependence disorders, Regular cigarette smoking, Antisocial personality disorder, Violent and criminal behavior	6-12	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White	School	Urban	Yes
Connecting	Grief and Trauma Intervention (GTI) for Children	Mental health treatment	Grief and Trauma Intervention (GTI) for Children is designed for children ages 7 to 12 with posttraumatic stress due to witnessing or being a direct victim of one or more types of violence or a disaster, or due to experiencing or witnessing the death of a loved one, including death by homicide.	Posttraumatic stress symptoms, Depression symptoms, Internalizing and externalizing behaviors	6-12	M/F	American Indian, Alaska Native, Black or African American, Hispanic or Latino, White	Home, School	Urban	No
Thriving	Guiding Good Choices	Mental health promotion, Substance abuse prevention	Guiding Good Choices (GGC) is a drug use prevention program that provides parents of children in grades 4 through 8 (9 to 14 years old) with the knowledge and skills needed to guide their children through early adolescence.	Alcohol abuse disorders, Drunkenness frequency, Alcohol-related problems, Illicit drug use frequency, Substance use, Parenting and family interactions, Delinquency, Symptoms of depression	6-12 13-17	M/F	White Race Unspecified	School	Rural and/or frontier	Yes
Thriving	Healer Women Fighting Disease Integrated Substance Abuse and HIV Prevention Program for African American Women (HWFD)	Mental health promotion, Substance abuse prevention	Healer Women Fighting Disease Integrated Substance Abuse and HIV Prevention Program for African American Women (HWFD) targets African American women who are 13 to 55 years old and at risk of contracting HIV/AIDS and transmitting HIV through unsafe sexual activity and substance abuse.	Knowledge, attitudes, beliefs and intentions related to HIS/AIDS and risky sexual behaviors, Self- 0efficacy, Attitudes towards drug use, Self-worth, Hopelessness and depression.	13-17 18-25	F	Black or African American	Community	Urban	No
Thriving Connecting	Healing Species Violence Intervention and Compassion Education Program	Mental health promotion, Substance abuse prevention	The Healing Species Violence Intervention and Compassion Education Program is designed to prevent and reduce violent and aggressive tendencies among youth ages 9-14. The intervention is based on the premise that a lack of concern for the thoughts and/or feelings of others and often abusive behaviors toward animals during youth contribute to these violent and aggressive tendencies.	Beliefs about aggression, Disciplinary referrals, Aggressive and violent behaviors	6-12	M/F	Black or African American, White, Race unspecified	School	Urban	Yes
Thriving	Healthy Alternatives for Little Ones (HALO)	Mental health promotion, Substance abuse prevention	Healthy Alternatives for Little Ones (HALO) is a 12-unit holistic health and substance abuse prevention curriculum for children ages 3-6 in child care settings. HALO is designed to address risk and protective factors for substance abuse and other health behaviors by providing children with information on healthy choices.	Alcohol, Drugs, Tobacco	0-5	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School, Community	Urban, Suburban	No
Thriving	Healthy Living Project for People Living With HIV	Substance abuse prevention, Substance abuse treatment, Co-occurring disorders	The Healthy Living Project for People Living With HIV promotes protective health decision-making among individuals with HIV--heterosexual women, heterosexual men, gay men, and injection drug users--to reduce substance use and the risk of transmitting HIV.	Substance use, HIV sexual risk behaviors	18-25	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient, Community	Urban, Suburban	Yes
Thriving Working	Healthy Workplace	Substance abuse prevention, Substance abuse treatment	Healthy Workplace is a set of substance abuse prevention interventions for the workplace that are designed for workers who are not substance-dependent and still have the power to make choices about their substance use.	Alcohol use, Motivation to reduce alcohol use (stage of change), Substance use for stress relief, Healthy lifestyle, Perceived risks of alcohol and other drug use	18-25	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Workplace	Not reported	No

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Learning	HeartMath: Coherence Training in Children With ADHD	Mental health treatment	HeartMath: Coherence Training in Children With ADHD (attention-deficit/hyperactivity disorder) is designed for use with youth ages 8-14 who have a diagnosis of ADHD. The intervention aims to help these youth reduce stress, control impulses, and improve academic focus (e.g., word recognition, memory, attention, problem solving) by gaining and maintaining self-control over their emotional responses to stressful events.	Internalizing and externalizing problems, Accuracy of new word recognition	6-12	M/F	Non US population	School	Urban	Yes
Learning	HighScope Curriculum	Mental health promotion	The HighScope Curriculum is an early childhood education program for children ages birth to 5 years. Designed for children with or without special needs and from diverse socioeconomic backgrounds and ethnicities, the program aims to enhance children's cognitive, socioemotional, and physical development, imparting skills that will help children succeed in school and be more productive and responsible throughout their lives.	Intellectual performance, Vocabulary, Educational achievement, Employment rate and earnings, criminal arrests, Socioemotional development	0-5	M/F	American Indian, Alaska Native, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Hip-Hop 2 Prevent Substance Abuse and HIV (H2P)	Substance abuse prevention	Hip-Hop 2 Prevent Substance Abuse and HIV (H2P) is designed to improve knowledge and skills related to drugs and HIV/AIDS among youth ages 12-16 with the aim of preventing or reducing their substance use and risky sexual activity.	Perceived risk of harm from drug use, HIC knowledge, Self-efficacy to refuse sex, Disapproval of drug use	13-17	M/F	Black or African American, Hispanic or Latino, Race unspecified	School, Community	Urban	No
Thriving Connecting	HOMEBUILDERS	Mental health treatment	HOMEBUILDERS is an intensive family preservation services program designed to improve family functioning and children's behavior and to prevent out-of-home placement of children into foster or group care, psychiatric hospitals, or correctional facilities.	Child behavior problems, Out-of-home placement	0-5 6-12 13-17	M/F	Black or African American, White, Race unspecified	Home	Urban, Suburban, Rural and/or frontier	Yes
Connecting	I Can Problem Solve (ICPS)	Mental health promotion, Substance abuse prevention	I Can Problem Solve (ICPS) is a universal school- based program that focuses on enhancing the interpersonal cognitive processes and problem- solving skills of children ages 4-12. ICPS is based on the idea that there is a set of these skills that shape how children (as well as adults) behave in interpersonal situations, influencing how they conceptualize their conflicts with others, whether they can think of a variety of solutions to these problems, and whether they can predict the consequences of their own actions.	Interpersonal cognitive problem-solving skills, Prosocial behavior, Problem behaviors, School bonding	0-5 6-12	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Rural and/or frontier	Yes
Thriving Connecting	I Feel Better Now! Program	Mental health treatment	The I Feel Better Now! Program (IFBN) is an intervention for elementary school-age children (ages 6-12) who have experienced trauma- induced symptoms related to their learning, behaviors, and social, emotional, and psychological functioning.	Trauma-related symptoms, Problem behaviors	6-12	M/F	Hispanic or Latino, Race unspecified	School	Urban, Suburban	No
Thriving Connecting	I'm Special	Substance abuse prevention	I'm Special is a substance abuse prevention program for 3rd and 4th graders. The primary goal of the program is to develop and nurture each child's sense of uniqueness and self-worth. It further enhances the protective and resiliency factors of children by teaching them appropriate ways for dealing with feelings; steps for making decisions; and skills for healthy living, effective group interactions, and resisting drugs, as provided through the program's "no use" message.	Self-esteem, Communication skills, Teamwork/cooperation	6-12	M/F	Race unspecified	School, Community	Urban, Suburban, Rural and/or frontier	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Working	ICCD Clubhouse Model	Mental health treatment, Co- occurring disorders	The ICCD (International Center for Clubhouse Development) Clubhouse Model is a day treatment program for rehabilitating adults diagnosed with a mental health problem. The goal of the program is to contribute to the recovery of individuals through use of a therapeutic environment that includes responsibilities within the Clubhouse (e.g., clerical duties, reception, food service, transportation, financial services), as well as through outside employment, education, meaningful relationships, housing, and an overall improved quality of life.	Employment, Quality of life, Perceived recovery from a mental health problem	18-25	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Community	Urban, Suburban, Rural and/or frontier	Yes
Thriving	IMPACT (Improving Mood--Promoting Access to Collaborative Treatment)	Mental health treatment	IMPACT (Improving Mood--Promoting Access to Collaborative Treatment) is an intervention for adult patients who have a diagnosis of major depression or dysthymia, often in conjunction with another major health problem.	Severity of depression, Functional impairment, Health-related quality of life	18-25	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, Race unspecified	Outpatient, Community	Urban, Suburban, Rural and/or frontier	Yes
Connecting Learning	Incredible Years	Mental health promotion, Mental health treatment	Incredible Years is a set of three interlocking, comprehensive, and developmentally based training programs for children and their parents and teachers. These programs are guided by developmental theory on the role of multiple interacting risk and protective factors in the development of conduct problems.	Parenting skills, Child externalizing problems, Child emotional literacy, self-regulation, and social competence, Teacher classroom management skills, Parent's involvement with the school and teachers	0-5 6-12 18-25	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient, Home, School, Community	Urban, Suburban	Yes
Thriving	InShape Prevention Plus Wellness	Mental health promotion, Substance abuse treatment	InShape Prevention Plus Wellness is a brief intervention designed to reduce drug abuse and increase positive mental and physical health outcomes among college students ages 18-25. The intervention incorporates naturally motivating social images (image prototypes of a typical peer who engages in a specific health behavior) and future self-images (images of a possible future desired self) to help young adults think about and plan positive changes in their lives.	Alcohol use and driving after drinking, Marijuana use, Health-related quality of life, Quantity of sleep	18-25	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	No
Thriving Connecting	Interactive Journaling	Substance abuse prevention, Substance abuse treatment, Co-occurring disorders	Interactive Journaling is a goal-directed, client- centered model that aims to reduce substance abuse and substance-related behaviors, such as recidivism, by guiding adults and youth with substance use disorders through a process of written self-reflection.	Recidivism	18-25	M/F	American Indian, Alaska Native, Black or African American, White, Race unspecified	Outpatient, Correctional, Community	Urban, Suburban, Rural and/or frontier, Tribal	Yes
Thriving	Interpersonal Psychotherapy for Depressed Adolescents (IPT-A)	Mental health treatment	Interpersonal Psychotherapy for Depressed Adolescents (IPT-A) is a short-term, manual- driven outpatient treatment intervention that focuses on the current interpersonal problems of adolescents (aged 12-18 years) with mild to moderate depression severity.	Depression symptoms, General level of mental health, Social functioning, Social problem-solving skills	13-17	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient, School	Urban	Yes
Working	JOBS Program	Mental health promotion, Mental health treatment	The JOBS Program is intended to prevent and reduce negative effects on mental health associated with unemployment and job-seeking stress, while promoting high-quality reemployment. Structured as a job search seminar, the program teaches participants effective strategies for finding and obtaining suitable employment as well as for anticipating and dealing with the inevitable setbacks they will encounter.	Social support, Sense of personal mastery, Mental health, Reemployment status and quality	18-25	M/F	Black or African American, White, Race unspecified	Community	Urban	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving Connecting	Joven Noble	Mental health promotion, Mental health treatment	Joven Noble is a youth development, support, and leadership enhancement curriculum designed to strengthen protective factors among male Latino youth ages 10-24. The curriculum aims to promote the character development of young men and facilitate continued "rites of passage" development with the goals of reducing and preventing unwanted or unplanned pregnancies, substance abuse, community violence, and relationship violence.	HIV risk knowledge, Cultural knowledge and beliefs, Cultural esteem, Psychosocial stress exposure, Attitudes toward couple violence	13-17	M	Hispanic or Latino, Race unspecified	Outpatient, Correctional, School, Community	Urban	Yes
Thriving	Keep A Clear Mind (KACM)	Substance abuse prevention	Keep a Clear Mind (KACM) is a take-home drug education program for elementary school students in grades 4-6 (ages 9-11) and their parents. KACM is designed to help children develop specific skills to refuse and avoid use of "gateway" drugs.	Parent-child communication about resisting alcohol, tobacco and other drugs, Perceptions about the extent of young people's use of alcohol, tobacco, and other drugs, Peer pressure susceptibility to experiment with alcohol, tobacco and other drugs, Perceptions about parental attitudes toward alcohol, tobacco and other drug use, Expectation of using/trying alcohol, tobacco, and other drugs in the future, Realization of general harmful effects of alcohol, tobacco and other drugs on young people	6-12 18-25	M/F	Black or African American, White, Race unspecified	Home, School	Rural and/or frontier	Yes
Thriving	Keepin' it REAL	Substance abuse prevention	Keepin' it REAL is a multicultural, school-based substance use prevention program for students 12-14 years old. Keepin' it REAL uses a 10-lesson curriculum taught by trained classroom teachers in 45-minute sessions over 10 weeks, with booster sessions delivered in the following school year.	Alcohol, cigarette, and marijuana use, Anti- substance use attitudes, Normative beliefs about substance use, Substance use resistance	6-12 13-17	M/F	Black or African American, Hispanic or Latino, White	School	Not reported	Yes
Thriving	Kognito At-Risk for College Students	Mental health promotion	Kognito At-Risk for College Students is a 30- minute, online, interactive training simulation that prepares college students and student leaders, including resident assistants, to provide support to peers who are exhibiting signs of psychological distress such as depression, anxiety, substance abuse, and suicidal ideation.	Preparedness to recognize fellow students in psychological distress, Preparedness to approach fellow students in psychological distress, Preparedness to refer fellow students in psychological distress, Likelihood of approaching and referring fellow students exhibiting signs of psychological distress, Willingness to seek mental health counseling for self	18-25	M/F	Race unspecified	Home, School	Urban, Suburban	Yes
Thriving	Kognito At-Risk for High School Educators	Mental health promotion	Kognito At-Risk for High School Educators is a 1- hour, online, interactive gatekeeper training program that prepares high school teachers and other school personnel to identify, approach, and refer students who are exhibiting signs of psychological distress such as depression, anxiety, substance abuse, and suicidal ideation.	Preparedness to recognize, approach, and refer students exhibiting signs of psychological distress, Likelihood of approaching and referring students exhibiting signs of psychological distress, Confidence in one's ability to help students	18-25	M/F	Race unspecified	School	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Kognito Family of Heroes	Mental health promotion	Kognito Family of Heroes is a 1-hour, online role-playing training simulation for military families of service members recently returned from deployment (within the past 4 years). The training is designed to: (1) increase awareness of signs of postdeployment stress, including posttraumatic stress disorder (PTSD), traumatic brain injury (TBI), depression, and suicidal ideation, and (2) motivate family members to access mental health services when they show signs of postdeployment stress.	Preparedness to recognize signs of postdeployment stress, Preparedness to discuss concerns with veteran and motivate him or her to seek help at a VA hospital or Vet center, Self-efficacy in motivating veteran to seek help at a VA hospital or Vet center, Intention to approach veteran to discuss concerns, Intention to mention the VA as a helpful resource	18-25	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White	Home	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Lead & Seed	Substance abuse prevention	Lead & Seed is an intervention for middle and high school youth designed to increase their knowledge and problem-solving skills for preventing and reducing alcohol, tobacco, and other drug (ATOD) use; guide them in developing strategic prevention plans for use in their schools and communities; and help them implement these plans.	General knowledge about prevention of ATOD use, Knowledge about environmental strategies to prevent ATOD use, Youth empowerment, Perception of risk of harm from alcohol use, Alcohol use	6-12 13-17	M/F	Hispanic or Latino, White, Race unspecified	School, Community	Urban, Suburban, Rural and/or frontier	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving	LEADS: For Youth (Linking Education and Awareness of Depression and Suicide)	Mental health promotion	LEADS: For Youth (Linking Education and Awareness of Depression and Suicide) is a curriculum for high school students in grades 9- 12 that is designed to increase knowledge of depression and suicide, modify perceptions of depression and suicide, increase knowledge of suicide prevention resources, and improve intentions to engage in help-seeking behaviors.	Knowledge of depression and suicide, Perceptions of depression and suicide, Knowledge of suicide prevention resources	13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Suburban	No
Connecting	Legacy for Children	Mental health promotion	Legacy for Children (Legacy) is a curriculum- driven parenting intervention designed to positively impact the early development of children of limited-resource mothers. Specifically, this primary prevention strategy aims to improve child outcomes by increasing positive parenting among low-income mothers of infants and young children by (1) promoting the mother's responsibility, investment, and devotion of time and energy for her child; (2) promoting responsive, sensitive mother-child relationships; (3) supporting the mother as a guide in her child's behavioral and emotional regulation; (4) promoting the mother's facilitation of her child's verbal and cognitive development; and (5) promoting the mother's sense of belonging to a community.	Behavioral concerns, Socioemotional problems, Hyperactivity	0-5	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Home, Community	Urban	No
Connecting Learning Leading	Lesson One	Mental health promotion	Lesson One: The ABCs of Life is a universal, school-based intervention designed to integrate social competency skills with academics in prekindergarten through grade 6. Grounded in the theory of social and emotional competence, Lesson One prepares children with the basic life skills that they will need throughout their lives to make healthy decisions; avoid violence, bullying, and other risk-taking behaviors; and achieve personal and academic success.	Education, Social functioning	0-5 6-12	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban	Yes
Thriving Connecting	Lifelines Curriculum	Mental health promotion	Lifelines is a comprehensive, schoolwide suicide prevention program for middle and high school students. The goal of Lifelines is to promote a caring, competent school community in which help seeking is encouraged and modeled and suicidal behavior is recognized as an issue that cannot be kept secret.	Knowledge about suicide, Attitudes about suicide and suicide intervention, Attitudes about seeking adult help, Attitudes about keeping a friend's suicide thoughts secret	13-17	M/F	White Race Unspecified	School	Urban, Rural and/or frontier	No
Thriving	Life Skills Training (LST)	Substance abuse prevention	Life Skills Training (LST) is a school-based program that aims to prevent alcohol, tobacco, and marijuana use and violence by targeting the major social and psychological factors that promote the initiation of substance use and other risky behaviors.	Substance use, Normative beliefs about substance use and substance use refusal skills, Violence and delinquency	13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	Yes
Connecting	Lions Quest Skills for Adolescence	Mental health promotion, Substance abuse prevention	Lions Quest Skills for Adolescence (SFA) is a multicomponent, comprehensive life skills education program designed for school wide and classroom implementation in grades 6-8 (ages 10-14). The goal of Lions Quest programs is to help young people develop positive commitments to their families, schools, peers, and communities and to encourage healthy, drug-free lives.	Social functioning, Success in school, Misconduct, Attitudes and knowledge related to alcohol and other drugs (AOD), Tobacco use, Alcohol use, Marijuana use	6-12 13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving	Matrix Model	Substance abuse treatment	The Matrix Model is an intensive outpatient treatment approach for stimulant abuse and dependence that was developed through 20 years of experience in real-world treatment settings. The intervention consists of relapse-prevention groups, education groups, social- support groups, individual counseling, and urine and breath testing delivered over a 16-week period.	Treatment retention, Treatment completion, Drug use during treatment	18-25	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient	Urban, Suburban	Yes
Thriving	Media Detective	Substance abuse prevention	Media Detective is a media literacy education program for 3rd- to 5th-grade students. The goal of the program is to prevent or delay the onset of underage alcohol and tobacco use by enhancing the critical thinking skills of students so they become adept in deconstructing media messages, particularly those related to alcohol and tobacco products, and by encouraging healthy beliefs and attitudes about abstaining from alcohol and tobacco use.	Media deconstruction skills for alcohol, Understanding of persuasive intent of advertising, Interest in alcohol-branded merchandise, Intention to use alcohol and tobacco, Self-efficacy related to drinking and smoking behaviors	6-12	M/F	Not reported	School	Suburban, Rural and/or frontier	Yes
Thriving	Media Ready	Substance abuse prevention	Media Ready is a media literacy education program for 6th- to 8th-grade students. The goal of the program is to prevent or delay the onset of underage alcohol and tobacco use by encouraging healthy beliefs and attitudes about abstaining from alcohol and tobacco use and by enhancing the ability to apply critical thinking skills in interpreting media messages, particularly those related to alcohol and tobacco products.	Intentions to use alcohol, Intentions to use tobacco, Media deconstruction skills for alcohol and tobacco	6-12 13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Suburban, Rural and/or frontier	Yes
Thriving Connecting	Mendota Juvenile Treatment Center Program	Mental health treatment	The Mendota Juvenile Treatment Center (MJTC) program offers intensive mental health treatment to the most violent male adolescents held in secured correctional facilities. Primary themes of the program include helping youth accept responsibility for their behavior, teaching social skills, resolving mental health issues, and helping to build positive relationships with families.	Violent recidivism, Behavioral compliance, Absence of security-based sanctions	13-17	M	Black or African American, Hispanic or Latino, White, Race unspecified	Correctional	Not reported	Yes
Learning Leading	Mental Health First Aid	Mental health promotion	Mental Health First Aid is an adult public education program designed to improve participants' knowledge and modify their attitudes and perceptions about mental health and related issues, including how to respond to individuals who are experiencing one or more acute mental health crises (i.e., suicidal thoughts and/or behavior, acute stress reaction, panic attacks, and/or acute psychotic behavior) or are in the early stages of one or more chronic mental health problems (i.e., depressive, anxiety, and/or psychotic disorders, which may occur with substance abuse).	Recognition of schizophrenia and depression symptoms, Knowledge of mental health support and treatment resources, Attitudes about social distance from individuals with mental health problems, Confidence in providing help, and provision of help, to an individual with a mental health problems, Mental health	18-25	M/F	Non US population	Workplace, Community	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Michigan Model for Health	Mental health promotion, Substance abuse prevention	The Michigan Model for Health is a comprehensive and sequential health education curriculum that aims to give students aged 5-19 years (grades K-12) the knowledge and skills needed to practice and maintain healthy behaviors and lifestyles.	Alcohol use, Tobacco use, Intention to use alcohol and cigarettes, Aggression, Judgment on healthy behaviors	6-12 13-17	M/F	Black or African American, White, Race unspecified	Home, School	Urban, Suburban, Rural and/or frontier	No

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving	Mindfulness-Based Stress Reduction (MBSR)	Mental health treatment	Mindfulness-Based Stress Reduction (MBSR), a form of psychoeducational training for adolescents and adults with emotional or psychological distress due to medical conditions, physical pain, or life events, is designed to reduce stress and anxiety symptoms, negative mood-related feelings, and depression symptoms; increase self-esteem; and improve general mental health and functioning.	Stress and anxiety symptoms, Mood disturbance, Depression symptoms, Self-esteem, General mental health symptoms and functioning	13-17	M/F	Black or African American, Hispanic or Latino, White, Race unspecified, Non US population	Outpatient	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Model Adolescent Suicide Prevention Program (MASPP)	Mental health promotion	The Model Adolescent Suicide Prevention Program (MASPP) is a public health-oriented suicidal-behavior prevention and intervention program originally developed for a small American Indian tribe in rural New Mexico to target high rates of suicide among its adolescents and young adults.	Suicide attempts, Suicide gestures	6-12 13-17 18-25	M/F	American Indian or Alaska Native	Outpatient, Home, School, Community	Tribal	No
Thriving	Modelo de Intervención Psicomédica (MIP) (Psycho-Medical Intervention Model)	Substance abuse treatment	Modelo de Intervención Psicomédica (MIP) (Psycho-Medical Intervention Model) is a comprehensive, individualized, behavior change intervention for persons 18 years and older who inject drugs and are not in a drug treatment program.	Entry into drug treatment, Injections drug use, Needle sharing, Drug treatment dropout	18-25	M/F	Hispanic or Latino	Outpatient	Rural and/or frontier	No
Thriving	ModerateDrinking.com and Moderation Management	Substance abuse prevention, Substance abuse treatment	ModerateDrinking.com and Moderation Management are complementary online interventions designed for nondependent, heavy drinking adults who want to reduce the number of days on which they drink, their peak alcohol use on days they drink, and their alcohol-related problems.	Alcohol abstinence, Alcohol-related problems, Peak alcohol use on drinking days	18-25	M/F	Hispanic or Latino, White, Race unspecified	Home	Urban, Suburban, Rural and/or frontier, Tribal	No
Thriving	MoodGYM	Mental health treatment	MoodGYM is a free online program that aims to reduce mild to moderate symptoms of depression in adults by teaching them the principles of cognitive behavior therapy. The program is made up of five 20- to 40-minute modules, an interactive game, anxiety and depression assessments, a downloadable relaxation audio file, an online workbook for users to record their responses to quizzes and exercises and track their progress through the program, and a feedback assessment.	Depressive symptoms	18-25	M/F	Non US population	Home	Urban, Suburban, Rural and/or frontier	Yes
Thriving Connecting	Moral Reconation Therapy	Mental health treatment	Moral Reconation Therapy (MRT) is a systematic treatment strategy that seeks to decrease recidivism among juvenile and adult criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach combines elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth.	Recidivism, Personality functioning	13-17 18-25	M/F	Black for African American, White, Race unspecified, Non US population	Correctional	Not reported	Yes
Thriving	Motivational Enhancement Therapy	Substance abuse treatment	Motivational Enhancement Therapy (MET) is an adaptation of motivational interviewing (MI) that includes normative assessment feedback to clients that is presented and discussed in a nonconfrontational manner.	Substance use, Alcohol consumption, Drinking intensity, Marijuana use, Marijuana problems	18-25	M/F	American Indian, Alaska Native, Black or African American, Hispanic or Latino, White, Race unspecified	Inpatient, Outpatient, Residential, School	Urban, Suburban	Yes
Thriving	Motivational Interviewing	Substance abuse treatment	Motivational Interviewing (MI) is a goal- directed, client-centered counseling style for eliciting behavioral change by helping clients to explore and resolve ambivalence. The operational assumption in MI is that ambivalent attitudes or lack of resolve is the primary obstacle to behavioral change, so that the examination and resolution of ambivalence becomes its key goal.	Alcohol use, Negative consequences/problems associated with alcohol use, Drinking and driving, Alcohol-related injuries, Drug use (cocaine and opiates), Retention in treatment	18-25	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient, School, Community	Urban, Suburban	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving Connecting	Multi-Family Psychoeducational Psychotherapy (MF-PEP)	Mental health treatment	Multi-Family Psychoeducational Psychotherapy (MF-PEP) is a group treatment program for families of children and adolescents (ages 8-12) with depressive or bipolar spectrum disorders. Both children and parents participate in the 8- week program, attending separate group sessions.	Knowledge of mood disorders, Expressed emotion, Severity of manic and depressive symptoms, Conversion from depressive spectrum disorders to bipolar spectrum disorders	6-12	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient	Urban, Suburban, Rural and/or frontier	Yes
Thriving Connecting	Multidimensional Family Therapy (MDFT)	Substance abuse treatment, Co- occurring disorders	Multidimensional Family Therapy (MDFT) is a comprehensive and multisystemic family-based outpatient or partial hospitalization (day treatment) program for substance-abusing adolescents, adolescents with co-occurring substance use and mental disorders, and those at high risk for continued substance abuse and other problem behaviors such as conduct disorder and delinquency.	Substance use, Substance use-related problem severity, Abstinence from substance use, Treatment retention, Recovery from substance use, Risk factors for continued substance use and other problem behaviors, School performance, Delinquency, Cost effectiveness	6-12 13-17	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient, Correctional, Home	Urban, Suburban, Rural and/or frontier	Yes
Thriving Connecting	Multidimensional Treatment Foster Care (MTFC)	Mental health treatment	Multidimensional Treatment Foster Care (MTFC) is a community-based intervention for adolescents (12-17 years of age) with severe and chronic delinquency and their families. It was developed as an alternative to group home treatment or State training facilities for youths who have been removed from their home due to conduct and delinquency problems, substance use, and/or involvement with the juvenile justice system.	Days in locked settings, Substance use, Criminal and delinquent activities, Homework completion and school attendance, Pregnancy rates	13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Residential, Outpatient, Correctional, Home, School, Workplace, Community	Urban, Suburban, Rural and/or frontier	Yes
Thriving Connecting	Multisystemic Therapy (MST) for Juvenile Offenders	Mental health treatment, Substance abuse treatment, Co- occurring disorders	Multisystemic Therapy (MST) for Juvenile Offenders addresses the multidimensional nature of behavior problems in troubled youth. Treatment focuses on those factors in each youth's social network that are contributing to his or her antisocial behavior.	Monetary benefit-to-cost-advantage, Posttreatment arrest rates, Long-term arrest rates, Long-term incarceration rates, Self-reported criminal activity, Alcohol and drug use, Perceived family functioning- cohesion, Peer aggression	6-12 13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient, Home, School, Community	Urban, Suburban, Rural and/or frontier	Yes
Thriving Connecting	Multisystemic Therapy for Youth With Problem Sexual Behaviors (MST- PSB)	Mental health	Multisystemic Therapy for Youth With Problem Sexual Behaviors (MST-PSB) is a clinical adaptation of Multisystemic Therapy (MST) that is specifically targeted to adolescents who have committed sexual offenses and demonstrated other problem behaviors.	Problem sexual behaviors, Incarceration and other out-of home placement, Delinquent activities other than problem sexual behaviors, Mental health symptoms, Family and peer relations, Substance use	13-17	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Home, School, Community	Urban, Suburban, Rural and/or frontier	Yes
Thriving Connecting	Multisystemic Therapy With Psychiatric Supports (MST-Psychiatric)	Mental health	Multisystemic Therapy With Psychiatric Supports (MST-Psychiatric) is designed to treat youth who are at risk for out-of-home placement (in some cases, psychiatric hospitalization) due to serious behavioral problems and co-occurring mental health symptoms such as thought disorder, bipolar affective disorder, depression, anxiety, and impulsivity.	Mental health symptoms, Family relationships, School attendance, Suicide attempts, Days in out-of- home placement	6-12 13-17	M/F	Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White	Home, School, Community	Urban, Suburban	No
Thriving	MyStudentBody.com	Substance abuse prevention, Substance abuse treatment	MyStudentBody.com is an online, subscription- based program that provides motivational feedback and wellness education about alcohol use and abuse as well as related issues. The program targets 18- to 24-year-old college students--a population with a high incidence of reported binge drinking and related health risks-- and can be implemented as a Web-based health resource or an educational course.	Persistent heavy binge drinking, Special occasion drinking, Alcohol-related problem behaviors	18-25	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban	No

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving Connecting	Network Therapy	Substance abuse treatment	Network Therapy is a substance-abuse treatment approach that engages members of the patient's social support network to support abstinence. Key elements of the approach are: (1) a cognitive-behavioral approach to relapse prevention in which patients learn about cues that can trigger relapse and behavioral strategies for avoiding relapse; (2) support from the patient's natural social network; and (3) community reinforcement techniques engaging resources in the social environment to support abstinence.	Opiate use, Cocaine use	18-25	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient, Community	Not reported	No
Connecting	New Beginnings Program	Mental health promotion	The New Beginnings Program (NBP) is designed for divorced parents who have children between the ages of 3 and 17. The goal of NBP is to promote resilience of children following parental divorce. The NBP consists of 10 weekly group sessions and two individual sessions.	Diagnosis of a mental health disorder, Symptoms of mental health problems, Externalizing problems, Internalizing problems, Alcohol use, substance use, and sexual behaviors, Competence (academic/social competence, self-esteem, and activity involvement)	6-12 13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Not reported	Urban, Suburban	Yes
Thriving	New Moves	Mental health promotion	New Moves is a school-based physical education (PE) intervention aimed at preventing weight- related problems in adolescent girls by increasing their physical activity, improving their body image and self-worth, and improving their diet.	Physical activity, Eating patterns, Unhealthy weight control behaviors, Body image, Self-worth	13-17	F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban	No
Thriving	Not On Tobacco (N-O-T)	Substance abuse prevention, Substance abuse treatment	Not On Tobacco (N-O-T) is a school-based smoking cessation program designed for youth ages 14 to 19 who are daily smokers. N-O-T is based on social cognitive theory and incorporates training in self-management and stimulus control; social skills and social influence; stress management; relapse prevention; and techniques to manage nicotine withdrawal, weight, and family and peer pressure.	Smoking cessation, Smoking reduction, Cost- effectiveness	13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	No
Thriving	Nurse-Family Partnership	Mental health promotion, Substance abuse prevention	Nurse-Family Partnership (NFP) is a prenatal and infancy nurse home visitation program that aims to improve the health, well-being, and self- sufficiency of low-income, first-time parents and their children.	Maternal prenatal health, Childhood injuries and maltreatment, Number of subsequent pregnancies and birth intervals, Maternal self-sufficiency, School readiness	0-5 13-17 18-25	F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Home	Urban, Suburban, Rural and/or frontier	No
Thriving Connecting	Nurturing Parenting Programs	Mental health promotion, Mental health treatment, Substance abuse prevention	The Nurturing Parenting Programs (NPP) are family-based programs for the prevention and treatment of child abuse and neglect. The programs were developed to help families who have been identified by child welfare agencies for past child abuse and neglect or who are at high risk for child abuse and neglect.	Parenting attitudes, knowledge, beliefs, and behaviors, Recidivism of child abuse and neglect, Children's behavior and attitudes toward parenting, Family interaction	6-12	M/F	American Indian, Alaska Native, Black or African American, Hispanic or Latino, White, Race unspecified	Home, Community	Urban, Suburban, Rural and/or frontier	Yes
Connecting Learning	Open Circle	Mental health promotion	Open Circle, a curriculum-based program for youth in kindergarten through grade 5, is designed to strengthen students' social and emotional learning (SEL) skills related to self- awareness, self-management, social awareness, interpersonal relationships, and problem solving and to foster safe, caring, and highly engaging classroom and school communities.	Social skills, Problem behaviors, Middle school adjustment, Physical fighting	6-12	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban	Yes
Thriving	OQ-Analyst	Mental health treatment, Substance abuse treatment	The OQ-Analyst (OQ-A) is a computer-based feedback and progress tracking system designed to help increase psychotherapy treatment effectiveness. OQ-A assesses the attainment of expected progress during therapy and provides feedback to therapists on whether patients are staying on track toward positive treatment outcomes.	Psychosocial dysfunction, Substance use	18-25	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, Race unspecified	Outpatient	Urban, Suburban	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving	PALS: Prevention through Alternative Learning Styles	Mental health promotion, Substance abuse prevention	PALS: Prevention through Alternative Learning Styles is an alcohol, tobacco, and other drugs (ATOD) prevention program primarily for middle school students. Goals of PALS include (1) lowering students' intentions to use ATOD, (2) increasing students' use of refusal skills, and (3) enhancing students' knowledge of the effects of ATOD, peer pressure and healthy decision- making, and different learning styles.	Intentions to use ATOD, Knowledge of ATOD, Knowledge of peer pressure and health choices, Knowledge of learning styles	6-12 13-17	M/F	American Indian, Alaska Native, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban	Yes
Thriving	Panic Control Treatment (PCT)	Mental health treatment	Panic Control Treatment (PCT) is a manualized, individual cognitive-behavioral treatment for adults with panic disorder, with or without agoraphobia. The goal of the intervention is to help clients become panic-free by learning how to anticipate and respond to situations that trigger their panic attacks and managing the physical symptoms of panic using techniques such as controlled breathing.	Severity of panic disorder, Anxiety symptoms, Depression symptoms, Treatment response, End- state functioning	18-25	M/F	White Race Unspecified	Outpatient	Urban, Suburban, Rural and/or frontier	Yes
Connecting	Parent-Child Interaction Therapy	Mental health treatment	Parent-Child Interaction Therapy (PCIT) is a treatment program for young children with conduct disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns.	Parent-child interaction, Child conduct disorders, Parent distress and locus of control, Recurrence of physical abuse	0-5 6-12	M/F	American Indian, Alaska Native, Black or African American, Hispanic or Latino, White, Race unspecified, Non US population	Outpatient, School	Urban, Suburban, Rural and/or frontier	Yes
Connecting	ParentCorps	Mental health promotion	ParentCorps is a culturally informed, family- centered preventive intervention designed to foster healthy development and school success among young children (ages 3-6) in families living in low-income communities.	Parenting practices, Child behavior problems, Parent involvement in school, Academic achievement, Body mass index	0-5	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School, Community	Urban	Yes
Connecting	Parenting Fundamentals	Mental health promotion	Parenting Fundamentals (formerly called the Parenting Education Program) is a group-based parent education and skills training program for parents who speak English or Spanish and, often, have low incomes, are part of an immigrant family, and/or are involved with the court or social service system.	Understanding of parenting strategies, Home environment, Child behavior in the home	0-5 6-12 18-25	M/F	American Indian, Alaska Native, Black or African American, Hispanic or Latino, White, Race unspecified, Non US population	Home, Community	Urban	Yes
Connecting	Parenting Inside Out	Mental health promotion, Co- occurring disorders	Parenting Inside Out (PIO) is a 12-week voluntary parent management training program for incarcerated parents. The program is designed to assist participants in improving their interaction with their child and their child's caregiver.	Parent stress, Parent symptoms of depression, Parent-child interaction, Criminal behaviors, Substance use-related problems	18-25	M/F	American Indian, Alaska Native, Black or African American, Hispanic or Latino, White, Non US population	Correctional	Not reported	Yes
Connecting	Parenting Through Change	Mental health promotion	Parenting Through Change (PTC) is a theory- based intervention to prevent internalizing and externalizing conduct behaviors and associated problems and promote healthy child adjustment. Based on the Parent Management Training--Oregon Model (PMTO), PTC provides recently separated single mothers with 14 weekly group sessions to learn effective parenting practices including skill encouragement, limit-setting, problem-solving, monitoring, and positive involvement.	Internalizing behaviors, Externalizing behaviors, Delinquency, Academic functioning, Noncompliance with mother's directives	6-12 18-25	M/F	American Indian, Alaska Native, Hispanic or Latino, White, Race Unspecified	Community	Urban, Suburban	Yes
Connecting	Parenting Wisely	Mental health promotion, Substance abuse prevention	Parenting Wisely is a set of interactive, computer-based training programs for parents of children ages 3-18 years. Based on social learning, cognitive behavioral, and family systems theories, the programs aim to increase parental communication and disciplinary skills.	Child problem behaviors, Parental knowledge, beliefs, and behaviors, Parental sense of competence	0-5 6-12 13-17	M/F	Black or African American, White, Non US population	Community	Urban, Suburban, Rural and/or frontier	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Connecting	Parenting with Love and Limits (PLL)	Mental health treatment, Substance abuse treatment, Co- occurring disorders	Parenting with Love and Limits (PLL) combines group therapy and family therapy to treat children and adolescents aged 10-18 who have severe emotional and behavioral problems (e.g., conduct disorder, oppositional defiant disorder, attention deficit/hyperactivity disorder) and frequently co-occurring problems such as depression, alcohol or drug use, chronic truancy, destruction of property, domestic violence, or suicidal ideation.	Conduct disorder behaviors, Readiness for change and parent-teen communication, Parental attitudes and behaviors, Youth attitudes and behavior, Self- perception of substance abuse	6-12 13-17	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient, Home	Urban, Suburban, Rural and/or frontier	Yes
Connecting	Parents as Teachers	Mental health promotion	Parents as Teachers (PAT) is an early childhood family support and parent education home- visiting model. Families may enroll in Parents as Teachers beginning with pregnancy and may remain in the program until the child enters kindergarten.	Cognitive development, Mastery motivation, School readiness, Third-grade achievement	0-5	M/F	Black or African American, White, Race unspecified	Home	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Partners for Change Outcome Management System (PCOMS): International Center for Clinical Excellence	Mental health treatment	The Partners for Change Outcome Management System (PCOMS) is a client feedback program for improving the treatment outcomes of adults and children participating in a behavioral health care intervention.	Therapeutic progress, Marital status	18-25	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified, Non US population	Outpatient, Workplace	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Partners for Change Outcome Management System (PCOMS): The Heart and Soul of Change Project	Mental health treatment	The Partners for Change Outcome Management System (PCOMS) is a client feedback program for improving the treatment outcomes of adults and children participating in a behavioral health care intervention.	Therapeutic progress, Marital status	18-25	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified, Non US population	Outpatient, Workplace	Urban, Suburban, Rural and/or frontier	Yes
Connecting	Partners with Families and Children: Spokane	Mental health promotion, Mental health treatment	Partners with Families and Children: Spokane (Partners) provides services to families with children under 30 months old who are referred by child protective services, law enforcement, or other public health agencies due to chronic child neglect or risk of child maltreatment.	Interpersonal violence within families, Parenting stress, Child behavior problems, Caregiver-child attachment, Service access	0-5	M/F	Black or African American, White, Race unspecified	School	Urban, Suburban	No
Thriving	Pathways' Housing First Program	Mental health treatment, Substance abuse treatment, Co- occurring disorders	Housing First, a program developed by Pathways to Housing, Inc., is designed to end homelessness and support recovery for individuals who are homeless and have severe psychiatric disabilities and co-occurring substance use disorders.	Residential stability, Perceived consumer choice in housing and other services, Cost of supportive housing services, Use of support services	18-25	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Inpatient, Residential, Outpatient, Home, Community	Urban, Suburban	No
Learning	PAX Good Behavior Game (PAX GBG)	Mental health promotion	The PAX Good Behavior Game (PAX GBG) is an environmental intervention used in the classroom with young children to create an environment that is conducive to learning. The intervention is designed to reduce off-task behavior; increase attentiveness; and decrease aggressive and disruptive behavior and shy and withdrawn behavior.	Conduct and problem behaviors, Academic success, Mental health service utilization, Initiation of substance use	6-12	M/F	Black or African American, White	School	Urban, Suburban	Yes
Thriving Learning	PeaceBuilders	Mental health promotion, Substance abuse prevention	PeaceBuilders is a schoolwide violence prevention program for elementary schools (grades K-5). PeaceBuilders attempts to create a positive school climate by developing positive relationships between students and school staff; directly teaching nonviolent attitudes, values, and beliefs; and providing incentives for young people to display these behaviors at school, in the community, and at home.	Social competence, Peace-building behavior, Aggressive and violent behavior	6-12	M/F	American Indian, Alaska Native, Black or African American, Hispanic or Latino, White	School	Urban, Suburban	Yes
Thriving Learning	Peaceful Alternatives to Tough Situations (PATTS)	Mental health promotion	Peaceful Alternatives to Tough Situations (PATTS) is a school-based aggression management program designed to help students increase positive conflict resolution skills, increase the ability to forgive transgressions, and reduce aggressive behavior.	Psychological aggression, Physical assault, Forgiveness of others	6-12 13-17	M/F	Black or African American, White, Race unspecified	School	Urban, Suburban	No

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Learning	Peer Assistance and Leadership (PAL)	Substance abuse prevention	Peer Assistance and Leadership (PAL) is a peer helping program that seeks to build resiliency in youth by pairing youth with peer helpers who receive training and support from teachers participating in the program.	Academic performance, Classroom attendance, Classroom behavior, Relationships with family, peer, and school	6-12 13-17	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	No
Learning	Peers Making Peace	Mental health promotion	Peers Making Peace is a school-based peer- mediation program for students in elementary through high school. The program focuses on creating and maintaining a safe school environment by providing students with a mediation process through which they can resolve their differences in a peaceful manner without an escalation to violence.	Number of discipline referrals, Number of absences, Number of fights, Self-efficacy and self-esteem, Perceptions of safety and inappropriate student behaviors on campus	6-12 13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Penn Resilience Training for College Students	Mental health promotion	Penn Resilience Training for College Students is a brief prevention program for freshmen university students at risk for depression. The program teaches a range of techniques based on the work of Beck and colleagues on cognitive therapy for depression.	Episodes of depression, Episodes of anxiety, Symptoms of depression, Symptoms of anxiety	18-25	M/F	Not reported	Outpatient, School	Urban	No
Thriving	Phoenix House Academy	Substance abuse treatment, Co- occurring disorders	Phoenix House Academy (formerly known as Phoenix Academy) is a therapeutic community (TC) model enhanced to meet the developmental needs of adolescents ages 13-17 with substance abuse and other co-occurring mental health and behavioral disorders.	Substance use, Psychological functioning	13-17	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Residential	Urban, Suburban	No
Connecting Learning	Point Break	Mental health promotion	Point Break is a 1-day workshop for middle and high school students that aims to promote resiliency, break down educational and social barriers between youth, and ultimately, reduce campus violence by teaching the value of conflict resolution and respect for others.	Gossiping, Empathy, School interpersonal relationships	13-17	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School, Community	Suburban	No
Thriving Learning	Positive Action	Mental health promotion, Substance abuse prevention	Positive Action is an integrated and comprehensive program that is designed to improve academic achievement; school attendance; and problem behaviors such as substance use, violence, suspensions, disruptive behaviors, dropping out, and sexual behavior.	Academic achievement, Problem behaviors (violence, substance use, disciplinary referrals, and suspensions), School absenteeism, Family functioning	6-12 13-17 18-25	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier, Tribal	Yes
Connecting	Positive Action Pre-K Program	Mental health promotion, Substance abuse prevention	The Positive Action Pre-K Program is a classroom based intervention that aims to improve social- emotional skills among preschool students. The Positive Action Pre-K Program, one component of Positive Action (reviewed by NREPP separately), builds intrinsic motivation by teaching and reinforcing the intuitive philosophy that one feels good about oneself when taking positive actions.	Social-emotional skills	0-5	No Data	Not reported	School	Urban, Suburban, Rural and/or frontier	No
Thriving	Preschool PTSD Treatment (PPT)	Mental health treatment	Preschool PTSD Treatment (PPT) is a 12-session individual psychotherapy intervention that uses cognitive behavioral therapy (CBT) techniques to treat 3- to 6-year-old children with posttraumatic stress symptoms.	Mental health, Trauma/injuries	0-5 6-12	M/F	Black or African American, White, Race unspecified	Outpatient	Urban	No
Connecting	Prevention and Relationship Enhancement Program (PREP)	Mental health promotion	The Prevention and Relationship Enhancement Program (PREP) is a marriage and relationship education intervention that teaches couples (premarital and marital) how to communicate effectively, work as a team to solve problems, manage conflicts without damaging closeness, and preserve and enhance commitment and friendship.	Divorce status, Communication skills, Confidence that marriage can survive, Positive bonding between couples, Satisfaction with sacrificing for marriage and partner, Relationship satisfaction and stability, Communication and conflict management, Problem intensity	18-25	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, Race unspecified, Non US population	School, Community	Urban, Rural and/or frontier	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Learning	Primary Project	Mental health promotion	Primary Project (formerly the Primary Mental Health Project, or PMHP) is a school-based program designed for early detection and prevention of school adjustment difficulties in children 4-9 years old (preschool through 3rd grade).	Task orientation, Behavior control, Adaptive assertiveness, Peer sociability	0-5 6-12	M/F	American Indian, Alaska Native, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	No
Thriving	PRIME For Life	Substance abuse prevention	PRIME For Life (PFL) is a motivational intervention used in group settings to prevent alcohol and drug problems or provide early intervention. PFL has been used primarily among court-referred impaired driving offenders, as in the two studies reviewed for this summary.	Perceived risk for alcoholism or addiction, Intention to drink or use drugs, Self-assessment or alcohol or drug-related problems, Recidivism	18-25	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Community	Suburban	Yes
Learning Connecting	Project ACHIEVE	Mental health promotion	Project ACHIEVE is a comprehensive school reform and improvement program for preschool through high school (students ages 3-18 years) that focuses on students' academic, social- emotional/behavioral, and social skills outcomes; schoolwide positive behavioral support systems and school safety; positive classroom and school climates; and community and parent outreach and involvement.	School staff perceptions of staff interactions and school cohesion, School staff perceptions of school discipline and safety, Office discipline referrals, Administrative actions in response to office discipline referrals, Academic achievement	6-12 18-25	M/F	Black or African American, Hispanic or Latino, White	Home, School	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Project ALERT	Substance abuse prevention	Project ALERT is a school-based prevention program for middle or junior high school students that focuses on alcohol, tobacco, and marijuana use. It seeks to prevent adolescent nonusers from experimenting with these drugs, and to prevent youths who are already experimenting from becoming more regular users or abusers.	Substance use (alcohol, tobacco, and marijuana), Attitudes and resistance skills related to alcohol, tobacco, and other drugs	13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Project ASSERT	Substance abuse treatment	Project ASSERT (Alcohol and Substance Abuse Services, Education, and Referral to Treatment) is a screening, brief intervention, and referral to treatment (SBIRT) model designed for use in health clinics or emergency departments (EDs).	Cocaine and opiate abstinence, Alcohol use, Marijuana abstinence, Marijuana use	13-17 18-25	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Inpatient, Outpatient	Urban, Suburban, Rural and/or frontier, Tribal	No
Thriving	Project EX	Substance abuse prevention	Project EX is a school-based smoking-cessation clinic program for adolescents that stresses motivation, coping skills, and personal commitment. Consisting of eight 40- to 45- minute sessions delivered over a 6-week period, the program curriculum includes strategies for coping with stress, dealing with nicotine withdrawal, and avoiding relapses.	Tobacco use, Motivation to quit tobacco use	13-17 18-25	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Not reported	Yes
Learning	Project KIND	Mental health promotion	Project KIND (Keys to Improvement Necessary for Development) is a life skills curriculum designed for kindergarten students to increase their school success by promoting social, emotional, and behavioral skills.	Classroom behavior	6-12	No Data	Not reported	School	Urban	No
Thriving Learning	Project MAGIC (Making A Group and Individual Commitment)	Mental health promotion, Substance abuse prevention	Project MAGIC (Making A Group and Individual Commitment) is an alternative to juvenile detention for first-time offenders between the ages of 12 and 18. The program's goals include helping youths achieve academic success; modifying attitudes about alcohol, tobacco, and other drugs; and enhancing life skills development and internal locus of control.	Academic engagement and achievement, Attitudes toward substance use and perceived substance use by peers, Parental monitoring, Internal local of control, Life skills development	6-12 13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School, Community	Urban, Suburban, Rural and/or frontier, Tribal	Yes
Thriving Connecting	Project Northland	Substance abuse prevention	Project Northland is a multilevel intervention involving students, peers, parents, and community in programs designed to delay the age at which adolescents begin drinking, reduce alcohol use among those already drinking, and limit the number of alcohol-related problems among young drinkers.	Tendency to use alcohol, Past-week alcohol use, Past-month alcohol use, Peer influence to use alcohol, Reasons not to use alcohol, Parent-child communication about alcohol	6-12 13-17	M/F	American Indian, Alaska Native, White, Race Unspecified	School	Urban, Suburban, Rural and/or frontier, Tribal	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving	Project SUCCESS	Substance abuse prevention, Substance abuse treatment	Project SUCCESS (Schools Using Coordinated Community Efforts to Strengthen Students) is designed to prevent and reduce substance use among students 12 to 18 years of age. The program was originally developed for students attending alternative high schools who are at high risk for substance use and abuse due to poor academic performance, truancy, discipline problems, negative attitudes toward school, and parental substance abuse.	Alcohol, tobacco, and other drug (ATOD) use, Risk and protective factors for ATOD use	13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School, Community	Urban, Suburban, Rural and/or frontier	No
Thriving	Project Towards No Drug Abuse	Substance abuse prevention	Project Towards No Drug Abuse (Project TND) is a drug use prevention program for high school youth. The current version of the curriculum is designed to help students develop self-control and communication skills, acquire resources that help them resist drug use, improve decision-making strategies, and develop the motivation to not use drugs.	Alcohol and tobacco use, Marijuana and "hard drug" use, Risk of victimization, Frequency of weapons- carrying	13-17 18-25	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Not reported	Yes
Thriving	Project Towards No Tobacco Use	Substance abuse prevention, Substance abuse treatment	Project Towards No Tobacco Use (Project TNT) is a classroom-based curriculum that aims to prevent and reduce tobacco use, primarily among 6th- to 8th-grade students. The intervention was developed for a universal audience and has served students with a wide variety of risk factors.	Tobacco use, Cost-effectiveness	6-12 13-17	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	No
Thriving Connecting	Project Venture	Substance abuse prevention	Project Venture is an outdoor experiential youth development program designed primarily for 5th- to 8th-grade American Indian youth. It aims to develop the social and emotional competence that facilitates youths' resistance to alcohol, tobacco, and other drug use.	Use of alcohol, tobacco, marijuana, and other illicit drugs, Substance abuse risk and protective factors	6-12 13-17	M/F	American Indian, Alaska Native, Hispanic or Latino, White, Race Unspecified	School	Rural and/or frontier, Tribal	Yes
Thriving	Prolonged Exposure Therapy for Posttraumatic Stress Disorders	Mental health treatment	Prolonged Exposure (PE) Therapy for Posttraumatic Stress Disorders is a cognitive- behavioral treatment program for adult men and women (ages 18-65+) who have experienced single or multiple/continuous traumas and have posttraumatic stress disorder (PTSD).	Severity of PTSD symptoms, Depression symptoms, Social adjustment, Anxiety symptoms, PTSD diagnostic status	18-25	M/F	Black or African American, White, Race unspecified, Non US population	Outpatient, Community	Urban, Suburban	Yes
Thriving Connecting	Promoting Alternative THinking Strategies (PATHS), PATHS Preschool	Mental health promotion	Promoting Alternative THinking Strategies (PATHS) and PATHS Preschool are school-based preventive interventions for children in elementary school or preschool. The interventions are designed to enhance areas of social-emotional development such as self-control, self-esteem, emotional awareness, social skills, friendships, and interpersonal problem-solving skills while reducing aggression and other behavior problems.	Emotional knowledge, Internalizing behaviors, Externalizing behaviors, Depression, Neurocognitive capacity, Learning environment, Social-emotional competence	0-5 6-12	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	Yes
Thriving Connecting	Protecting You/Protecting Me	SUP	Protecting You/Protecting Me (PY/PM) is a 5- year classroom-based alcohol use prevention and vehicle safety program for elementary school students in grades 1-5 (ages 6-11) and high school students in grades 11 and 12.	Media awareness and literacy, Alcohol use risk and protective factors, Knowledge of brain growth and development, Vehicle safety knowledge/skills, Alcohol use	6-12 13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	Yes
Thriving Connecting	Psychiatric Rehabilitation Process Model	Mental health treatment, Co- occurring Disorders	The Psychiatric Rehabilitation Process Model is a process guiding the interaction between a practitioner and an individual with severe mental illness. Manual driven, the model is a client-centered, strengths-based intervention designed to build clients' positive social relationships, encourage self-determination of goals, connect clients to needed human service supports, and provide direct skills training to maximize independence.	Ability to meet basic survival needs, Housing status, Use of human services, Quality of life, Psychological symptoms of anxiety, depression, and thought disturbance	18-25	M/F	Black or African American, Race unspecified	Community	Urban	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving Working	Psychoeducational Multifamily Groups	Mental health treatment	Psychoeducational Multifamily Groups (PMFG) is a treatment modality designed to help individuals with mental illness attain as rich and full participation in the usual life of the community as possible.	Employment among persons who have schizophrenia, Psychiatric relapse, Symptoms of schizophrenia, Family stress	18-25	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient, Community	Urban, Suburban	Yes
Thriving	QPR Gatekeeper Training for Suicide Prevention	Mental health promotion	The QPR (Question, Persuade, and Refer) Gatekeeper Training for Suicide Prevention is a brief educational program designed to teach "gatekeepers"--those who are strategically positioned to recognize and refer someone at risk of suicide (e.g., parents, friends, neighbors, teachers, coaches, caseworkers, police officers)-- the warning signs of a suicide crisis and how to respond by following three steps.	Knowledge about suicide, Gatekeeper self-efficacy, Knowledge of suicide prevention resources, Gatekeeper skills, Diffusion of gatekeeper training information	18-25	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, Race unspecified	Outpatient, School, Workplace	Urban, Suburban, Rural and/or frontier	Yes
Thriving Connecting	Real Life Heroes	Mental health treatment	Real Life Heroes (RLH) is based on cognitive behavioral therapy models for treating posttraumatic stress disorder (PTSD) in school- aged youth. Designed for use in child and family agencies, RLH can be used to treat attachment, loss, and trauma issues resulting from family violence, disasters, severe and chronic neglect, physical and sexual abuse, repeated traumas, and posttraumatic developmental disorder.	Trauma symptoms, Problem behaviors, feelings of security with primary caregiver	6-12 13-17	M/F	Not reported	Residential, Outpatient, Home	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Reality Tour	Substance use prevention	Reality Tour is a volunteer-driven substance abuse prevention program that is presented to parents and their children (ages 10-17) in a community setting over the course of one approximately 3-hour session.	Attitudes toward use of alcohol, cigarettes, and marijuana, Perceived risk of harm from drinking alcohol and smoking marijuana	6-12 13-17	M/F	American Indian, Alaska Native, Black or African American, White, Race unspecified	Community	Suburban	No
Learning Thriving	Reconnecting Youth: A Peer Group Approach to Building Life Skills	Mental health promotion, Substance use prevention	Reconnecting Youth: A Peer Group Approach to Building Life Skills (RY) is a school-based prevention program for students ages 14-19 years that teaches skills to build resiliency against risk factors and control early signs of substance abuse and emotional distress.	School performance, Drug involvement, Mental health risk and protective factors, Suicide risk behaviors	13-17 18-25	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban	No
Thriving	Recovery Training and Self-Help	Substance abuse treatment	Recovery Training and Self-Help (RTSH) is a group aftercare program for individuals recovering from opioid addiction. RTSH is based on the principle that opioid addiction, regardless of a person's original reasons for using substances, stems from conditioning due to the reinforcing effects of repeated opioid use.	Relapse, Extent of relapse, Employment rates, Criminality	18-25	M/F	White, Race unspecified, Non US population	Inpatient, Outpatient	Urban, Suburban	Yes
Thriving	Red Cliff Wellness School Curriculum	Substance use prevention	The Red Cliff Wellness School Curriculum is a substance abuse prevention intervention based in Native American tradition and culture. Designed for grades K-12, the curriculum aims to reduce risk factors and enhance protective factors related to substance use, including school bonding, success in school, increased perception of risk from substances, and identification and internalization of culturally based values and norms.	Alcohol use, Intention to use marijuana	6-12	M/F	American Indian, Alaska Native, Race unspecified	School, Community	Rural and/or frontier, Tribal	No
Thriving	Refuse, Remove, Reasons High School Education Program	Substance use prevention	Refuse, Remove, Reasons High School Education Program (RRR) is a substance abuse prevention program that is designed to reduce high school students' favorable attitudes toward the use of alcohol, tobacco, and other drugs (ATOD); decrease their misperception of normative peer ATOD use; and increase their refusal skills for ATOD use.	Perception of normative peer ATOD use, Refusal skills for ATOD use, Attitudes toward ATOD use	13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	No

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving Working	Reinforcement-Based Therapeutic Workplace	Substance abuse treatment	Reinforcement-Based Therapeutic Workplace is a practical application of voucher-based abstinence reinforcement therapy. Abstinence reinforcement procedures are historically based on a construct central to behavioral psychology known as operant conditioning, or the use of consequences to modify the occurrence and form of behavior.	Cocaine use, Opiate use, Cocaine and Opiate use, Cocaine craving, Workplace attendance	18-25	M/F	Black or African American, White, Race unspecified	Outpatient, Workplace	Urban	No
Thriving	Relapse Prevention Therapy (RPT)	Substance abuse treatment, Co- occurring Disorders	Relapse Prevention Therapy (RPT) is a behavioral self-control program that teaches individuals with substance addiction how to anticipate and cope with the potential for relapse. RPT can be used as a stand-alone substance use treatment program or as an aftercare program to sustain gains achieved during initial substance use treatment.	Drinking behavior, Smoking abstinence, Cocaine use, Marital adjustment, Confidence in smoking cessation	18-25	M/F	White, Race unspecified	Outpatient	Urban, Suburban	Yes
Thriving Connecting	Relationship Smarts PLUS (RS+)	Mental health promotion	Relationship Smarts PLUS (RS+) is designed to help youth ages 14-18 gain knowledge and develop skills for making good decisions about forming and maintaining healthy relationships. Based on the cognitive and communications theories and concepts embodied in the Prevention and Relationship Enhancement Program (PREP), reviewed separately by NREPP, RS+ aims to increase reasoning and positive conflict management skills, healthy relationship skills and knowledge, and beliefs regarding healthy relationships, while decreasing destructive verbal and physical aggression.	Verbal aggression, Relationship beliefs, Conflict management skills	13-17	M/F	Black or Africa American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	Yes
Connecting	Relationship-Based Care	Mental health treatment	Relationship-Based Care (RBC) is a mental health treatment model for individuals who have pronounced difficulty with engagement and sustained interpersonal contact. RBC was specifically developed for use with homeless adults who have been arrested and diverted from jail because of severe mental illness.	No outcome categories are applicable	18-25	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Residential	Urban	No
Thriving	Residential Student Assistance Program (RSAP)	Substance use prevention, Substance abuse treatment	The Residential Student Assistance Program (RSAP) is designed to prevent and reduce alcohol and other drug (AOD) use among high- risk multiproblem youth ages 12 to 18 years who have been placed voluntarily or involuntarily in a residential child care facility (e.g., foster care facility, treatment center for adolescents with mental health problems, juvenile correctional facility).	Alcohol, Drugs	13-17 18-25	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Residential, Correctional, Community	Urban, Suburban	No
Thriving Learning	Responding in Peaceful and Positive Ways (RiPP)	Mental health promotion	Responding in Peaceful and Positive Ways (RiPP) is a school-based violence prevention program for middle school students. RiPP is designed to be implemented along with a peer mediation program. Students practice using a social- cognitive problem-solving model to identify and choose nonviolent strategies for dealing with conflict.	School disciplinary code violations, Violent/aggressive behavior-self-reports, Victimization, Peer provocation, Life satisfaction	6-12 13-17	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Rural and/or frontier	Yes
Leading	Reward & Reminder	Substance use prevention	Reward & Reminder, a population-level intervention targeting whole communities, counties, or States, is designed to promote the community norm of not selling tobacco to minors. By using rapid and public rewards and recognition for clerks and retailers/outlets that do not sell tobacco to minors, Reward & Reminder aims to reduce illegal sales of tobacco, perceived access to tobacco, and tobacco use prevalence rates.	Illegal sales of tobacco to minors, Illegal purchase of tobacco by minors, Tobacco use by minors, Social sources of tobacco for minors	13-17 18-25	No Data	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, Race unspecified	Community	Urban, Suburban, Rural and/or frontier	No

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Learning	Ripple Effects Whole Spectrum Intervention System (Ripple Effects)	Mental health promotion, Substance use prevention	Ripple Effects Whole Spectrum Intervention System (Ripple Effects) is an interactive, software-based adaptive intervention for students that is designed to enhance social- emotional competencies and ultimately improve outcomes related to school achievement and failure, delinquency, substance abuse, and mental health.	School Achievement, Resilience Assets	6-12 13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Rock In Prevention, Rock PLUS	Substance use prevention	Rock In Prevention, Rock PLUS, is a 12-week classroom curriculum designed for grades 3-6 that uses music and the arts as interactive teaching tools to influence behaviors and attitudes related to the use of four targeted substances: alcohol, tobacco, marijuana, and inhalants.	Inhalant use, Perception of harm from substance use	6-12	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, Race unspecified	Home, School	Urban, Rural and/or frontier	No
Learning	Safe & Civil Schools Positive Behavioral Interventions and Supports Model	Mental health promotion	The Safe & Civil Schools Positive Behavioral Interventions and Supports (PBIS) Model is a multicomponent, multitiered, comprehensive approach to schoolwide improvement. Integrating applied behavior analysis, research on effective schools, and systems change management theory, the intervention is an application of positive behavior support (PBS), a set of strategies or procedures designed to improve behavior by employing positive and systematic techniques.	Academic achievement, School suspensions, Classroom disruption, Teacher professional self- efficacy, School discipline procedures	6-12 13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White	School	Urban, Suburban, Rural and/or frontier	Yes
Thriving Connecting	Safe Dates	Mental health promotion	Safe Dates is a program designed to stop or prevent the initiation of emotional, physical, and sexual abuse on dates or between individuals involved in a dating relationship. Intended for male and female 8th- and 9th-grade students, the goals of the program include: (1) changing adolescent dating violence and gender-role norms, (2) improving peer help-giving and dating conflict-resolution skills, (3) promoting victim and perpetrator beliefs in the need for help and seeking help through the community resources that provide it, and (4) decreasing dating abuse victimization and perpetration.	Perpetration of psychological abuse, Perpetration of sexual abuse, Perpetration of violence against a current dating partner, Perpetration of moderate physical abuse, Perpetration of severe physical abuse, Sexual abuse victimization, Physical abuse victimization	13-17	M/F	Black or African American, White, Race unspecified	School	Rural and/or frontier	Yes
Learning	Safe School Ambassadors	Mental health promotion	The Safe School Ambassadors (SSA) program is a bystander education program that aims to reduce emotional and physical bullying and enhance school climate in elementary, middle, and high schools. The program recruits and trains socially influential student leaders from diverse cliques and interest groups within a school to act as "Ambassadors" against bullying.	Education, Social functioning	6-12 13-17	M/F	Asian, Black or African American, Hispanic or Latino, White	School	Urban, Suburban	Yes
Learning Thriving	SAFEChildren	Mental health promotion, Substance use prevention	Schools And Families Educating Children (SAFEChildren) is a family-focused preventive intervention designed to increase academic achievement and decrease risk for later drug abuse and associated problems such as aggression, school failure, and low social competence.	Reading achievement, Child problem behaviors, Parenting practices, Parental involvement in child's education	6-12	M/F	Black or African American, Hispanic or Latino	School, Community	Urban	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving Connecting	SANKOFA Youth Violence Prevention Program	Mental health promotion, Substance use prevention	The SANKOFA Youth Violence Prevention Program is a strengths-based, culturally tailored preventive intervention for African American adolescents ages 13-19. The goal of the school- based intervention is to equip youth with the knowledge, attitudes, skills, confidence, and motivation to minimize their risk for involvement in violence, victimization owing to violence, and other negative behaviors, such as alcohol and other drug use.	Fighting and bullying behaviors, Violence-related bystander behaviors, Personal victimization	13-17	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	School, Community	Urban	No
Connecting	Say It Straight (SIS)	Mental health promotion, Substance use prevention	Say It Straight (SIS) is a communication training program designed to help students and adults develop empowering communication skills and behaviors and increase self-awareness, self- efficacy, and personal and social responsibility.	Alcohol and drug related school suspensions, Intentions to use assertive refusal skills, Criminal offenses, Communication skills, Intentions to use assertive refusal skills in sexual situations	6-12 13-17 18-25	M/F	Not reported	School, Community	Urban, Suburban, Rural and/or frontier	Yes
Thriving Connecting	Second Step	Mental health promotion, Substance use prevention	Second Step is a classroom-based social-skills program for children 4 to 14 years of age that teaches socioemotional skills aimed at reducing impulsive and aggressive behavior while increasing social competence.	Social competence and prosocial behavior, Incidence of negative, aggressive, or antisocial behaviors	6-12	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White	School	Urban, Suburban, Rural and/or frontier	No
Thriving	Seeking Safety	Mental health treatment, Substance abuse treatment, Co- occurring Disorders	Seeking Safety is a present-focused treatment for clients with a history of trauma and substance abuse. The treatment was designed for flexible use: group or individual format, male and female clients, and a variety of settings (e.g., outpatient, inpatient, residential).	Substance use, Trauma-related symptoms, Psychopathology, Treatment retention	13-17 18-25	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Inpatient, Residential, Outpatient	Not reported	Yes
Thriving Learning	SITCAP-ART	Mental health treatment	SITCAP-ART (Trauma Intervention Program for Adjudicated and At-Risk Youth) is a program for traumatized adolescents 13-18 years old who are on probation for delinquent acts. These youth, who are court ordered to attend the program, are at risk for problems including dropping out of school, substance abuse, and mental health issues.	Trauma-related symptoms, Internalizing and externalizing behaviors	13-17 18-25	M/F	Black or African American, White, Race unspecified	Residential, Outpatient	Urban, Suburban	No
Thriving	Six Core Strategies To Prevent Conflict and Violence: Reducing the Use of Seclusion and Restraint	Mental health treatment	Six Core Strategies To Prevent Conflict and Violence: Reducing the Use of Seclusion and Restraint (6CS) is a clinical model designed for use by institutions providing mental health treatment to children and adults admitted to inpatient or residential settings.	Seclusion rate, Seclusion time, Restraint use rate, Duration of seclusion per episode, Duration of restraint use per episode	0-5 6-12 13-17 18-25	M/F	Black or African American, Hispanic or Latino, Race unspecified	Inpatient, Residential	Urban, Suburban	Yes
Thriving Connecting	SMARTteam	Mental health promotion	SMARTteam (Students Managing Anger and Resolution Together) is a multimedia, computer- based violence prevention intervention designed for 6th through 9th graders (11-15 years of age). The program is based on social learning theory as well as a skill acquisition model that approaches learning as a five-stage process ranging from novice to expert, with learners at each stage having different needs.	Self-awareness/ self-knowledge, Intent to use nonviolent strategies in resolving conflicts, Beliefs supportive of violence, Prosocial behavior, Trouble- causing behavior	6-12 13-17	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	School	Not reported	No
Connecting	Social Skills Group Intervention (S.S.GRIN) 3-5	Mental health promotion	Social Skills Group Intervention (S.S.GRIN) 3-5 is a social skills curriculum for children in grades 3- 5 (ages 8-12 years) who have immature social skills relative to peers (e.g., impulse control problems), are being rejected and teased by peers (e.g., experiencing bullying and victimization), or are socially anxious and awkward with peers.	Peer acceptance, Self-esteem, Self-Efficacy, Social anxiety, Depressive symptoms	6-12	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Connecting	Social Skills Group Intervention--High Functioning Autism (S.S.GRIN-HFA)	Mental health promotion, Mental health treatment	Social Skills Group Intervention--High Functioning Autism (S.S.GRIN-HFA) is designed to improve social behaviors in children with high functioning autism spectrum disorders (HFASDs) by building basic behavioral and cognitive social skills, reinforcing prosocial attitudes and behaviors, and building adaptive coping strategies for social problems, such as teasing or isolation.	Children's social skills, Parent's perceived self- efficacy for helping her or his child	6-12	M/F	American Indian, Alaska Native, Asian, Black for African American, White	Outpatient	Suburban	No
Thriving	SODAS City	Mental health promotion, Substance use prevention	SODAS City, a self-instructional software program for preadolescents and adolescents, is designed to help prevent participants' current and future use of alcohol and other substances, as well as the problems associated with this use.	Alcohol, cigarette, and marijuana use, Heavy of binge drinking, Refusal skills for drugs and alcohol, Number of friends who drank alcohol, Intention to drink	6-12	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Home, School, Community	Urban, Suburban	No
Thriving	Solution-Focused Group Therapy	Substance abuse treatment	Solution-Focused Group Therapy (SFGT) is a strengths-based group intervention for clients in treatment for mental or substance use disorders that focuses on building solutions to reach desired goals.	Depression, Psychosocial functioning	18-25	M/F	American Indian, Black or African American, Hispanic or Latino, White	Outpatient	Urban	Yes
Thriving	SOS Signs of Suicide	Mental health promotion	SOS Signs of Suicide is a secondary school-based suicide prevention program that includes screening and education. Students are screened for depression and suicide risk and referred for professional help as indicated.	Suicide attempts, Knowledge of depression and suicide, Attitudes toward depression and suicide	13-17	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	School	Not reported	Yes
Thriving	Sources of Strength	Mental health promotion	Sources of Strength, a universal suicide prevention program, is designed to build socioecological protective influences among youth to reduce the likelihood that vulnerable high school students will become suicidal.	Attitudes about seeking adult help for distress, Knowledge of adult help for suicidal youth, Rejection of codes of silence, Referral for distressed peers, Maladaptive coping attitudes	13-17 18-25	M/F	Black or African American, Hispanic or Latino, White	School	Urban, Rural and/or frontier	No
Thriving	SPORT Prevention Plus Wellness	Substance use prevention	SPORT Prevention Plus Wellness, a motivational intervention designed for use by all adolescents, integrates substance abuse prevention with health promotion to help adolescents minimize and avoid substance use while increasing physical activity and other health-enhancing habits, including eating well and getting adequate sleep.	Substance use, Substance use risk and protective factors, Physical activity	13-17	M/F	Black or African American, White, Race unspecified	Home, School, Community	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Stacked Deck: A Program To Prevent Problem Gambling	Mental health promotion	Stacked Deck: A Program To Prevent Problem Gambling is a school-based prevention program that provides information about the myths and realities of gambling and guidance on making good choices, with the objective of modifying attitudes, beliefs, and ultimately gambling behavior.	Attitudes towards gambling, Problem gambling, Resistance to fallacies about gambling, Gambling frequency	13-17	M/F	Non US population	School	Urban, Rural and/or frontier, Tribal	Yes
Thriving Connecting	STARS for Families	Substance use prevention	Start Taking Alcohol Risks Seriously (STARS) for Families is a health promotion program that aims to prevent or reduce alcohol use among middle school youth ages 11 to 14 years. The program is founded on the Multi-Component Motivational Stages (McMOS) prevention model, which is based on the stages of behavioral change found within the Transtheoretical Model of Change.	Heavy alcohol use, Quantity of alcohol use, Frequency of alcohol use, Stage of alcohol use initiation, Intentions to use alcohol in the future	13-17	M/F	Black or African American, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	No
Thriving Connecting	Stay on Track	Substance use prevention	Stay on Track is a school-based substance abuse prevention curriculum conducted over a 3-year period with students in grades 6 through 8. The intervention is designed to help students assess the risks associated with substance abuse; enhance decisionmaking, goal-setting, communication, and resistance strategies; improve antidrug normative beliefs and attitudes; and reduce substance use.	Knowledge and attitudes about substance use, Personal competence skills and self esteem, Social skills/intentions	6-12 13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving	STEPS Comprehensive Alcohol Screening and Brief Intervention Program	Substance use prevention	The STEPS Comprehensive Alcohol Screening and Brief Intervention Program, developed for college students, aims to reduce alcohol use frequency and quantity as well as the negative consequences associated with alcohol use.	Use of protective strategies when drinking, Alcohol use, Negative consequences of alcohol use, Perceptions of other students/ alcohol use.	18-25	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, Race unspecified	School	Urban	No
Thriving Connecting Learning	Steps to Respect: A Bullying Prevention Program	Mental health promotion	Steps to Respect: A Bullying Prevention Program is a schoolwide intervention designed to prevent bullying behavior and counter the personal and social effects of bullying where it occurs by promoting a positive school climate.	Student climate, Student social competency, Bullying behaviors, School bullying-related problems, Bystander behavior	6-12	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	No
Thriving	Storytelling for Empowerment	Substance use prevention	Storytelling for Empowerment is a school-based, bilingual (English and Spanish) intervention for teenagers at risk for substance abuse, HIV, and other problem behaviors due to living in impoverished communities with high availability of drugs and limited health care services.	Alcohol and marijuana use, Anticipated ability to resist ATOD use, Knowledge of ATOD use, Perceived risk from ATOD use, Perceptions of peer disapproval of ATOD use	6-12 13-17	M/F	Hispanic or Latino, Race unspecified	School	Urban	Yes
Connecting Learning	Strengthening Families Program	Mental health promotion, Substance use prevention	The Strengthening Families Program (SFP) is a family skills training program designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children 3-16 years old.	Children's internalizing and externalizing behaviors, Parenting practices/parenting efficacy, Family relationships	6-12 13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified, Non US population	Home, School	Urban, Suburban, Rural and/or frontier, Tribal	Yes
Thriving Learning Connecting	Strengthening Families Program: For Parents and Youth 10-14	Mental health promotion, Substance use prevention	The Strengthening Families Program: For Parents and Youth 10-14 (SFP 10-14) is a family skills training intervention designed to enhance school success and reduce youth substance use and aggression among 10- to 14-year-olds.	Substance use, School success, Aggression, Cost-effectiveness	6-12	M/F	White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	Yes
Thriving Connecting	Strong African American Families (SAAF)	Mental health promotion, Substance use prevention	Strong African American Families (SAAF) is a culturally tailored, family-centered intervention for 10- to 14-year-old African American youths and their primary caregivers. The goal of SAAF is to prevent substance use and behavior problems among youth by strengthening positive family interactions, preparing youths for their teen years, and enhancing primary caregivers' efforts to help youths reach positive goals.	Alcohol use, Conduct problems,	6-12	M/F	Black or African American	School, Community	Rural and/or frontier	No
Thriving Connecting	Students Taking A Right Stand (STARS) Nashville Student Assistance Program	Mental health promotion, Substance use prevention	The Students Taking A Right Stand (STARS) Nashville Student Assistance Program (SAP) is based on an employee assistance model and provides comprehensive school-based prevention services for students in kindergarten through 12th grade.	Substance use and abuse, Attitudes towards drugs, School values, Social attitude and social bonding, Rebellious and violent attitudes	6-12 13-17	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Race unspecified	No
Thriving Connecting	Supportive-Expressive Psychotherapy	Substance abuse treatment	Supportive-Expressive Psychotherapy (SE) is an analytically oriented, time-limited form of focal psychotherapy that has been adapted for use with individuals with heroin and cocaine addiction. Particular emphasis is given to themes related to drug dependence, the role of drugs in relation to problem feelings and behaviors, and alternative, drug-free means of resolving problems.	Psychological functioning, Severity of addiction, Methadone dosage, Use of prescribed psychotropic drugs, Drug abuse	18-25	M/F	Black or African American, White	Outpatient	Not reported	No

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving Connecting	Surviving Cancer Competently Intervention Program	Mental health promotion, Mental health treatment	The Surviving Cancer Competently Intervention Program (SCCIP) is an intensive, 1-day family group treatment intervention designed to reduce the distress associated with posttraumatic stress symptoms (PTSS) in teenage survivors of childhood cancer (ages 11-18) and their parents/caregivers and siblings (ages 11-19).	Posttraumatic stress symptoms among teen survivors, Posttraumatic stress symptoms among parents, Current anxiety level of parents	6-12 13-17 18-25	M/F	Asian, Black or African American, Hispanic or Latino, White	Outpatient	Not reported	No
Connecting	Systematic Training for Effective Parenting (STEP)	Mental health promotion	Systematic Training for Effective Parenting (STEP) provides skills training for parents dealing with frequently encountered challenges with their children that often result from autocratic parenting styles.	Child behavior, Parent potential to physically abuse child, General family functioning, Parenting stress, Parent-child interaction	0-5 6-12 13-17 18-25	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient, School, Community	Urban	Yes
Thriving Connecting	Systems Training for Emotional Predictability and Problem Solving (STEPPS)	Mental health treatment	Systems Training for Emotional Predictability and Problem Solving (STEPPS) is a manual-based group treatment for ambulatory adults diagnosed with borderline personality disorder (BPD). The program aims to improve BPD- related symptoms, mood, impulsivity, and global functioning through a combination of cognitive- behavioral methods, psychoeducation, and skills training.	Depression symptoms, BPD symptoms, Impulsivity, Positive and negative affect, Emergency department visits	18-25	M/F	Black or African American, White, Race unspecified, Non US population	Outpatient	Urban, Suburban	Yes
Thriving	TCU (Texas Christian University) Mapping-Enhanced Counseling	Substance abuse treatment, Co- occurring Disorders	TCU (Texas Christian University) Mapping- Enhanced Counseling is a communication and decision-making technique designed to support delivery of treatment services by improving client and counselor interactions through graphic visualization tools that focus on critical issues and recovery strategies.	Substance use, Counseling session attendance, Client rapport, motivation, and self-confidence, HIV risk behavior, Criminal behavior, Participation in group meetings, Perceived treatment progress, affect, and engagement, Treatment retention	18-25	M/F	American Indian, Alaska Native, Black or African American, Hispanic or Latino, White, Race unspecified	Residential, Outpatient, Correctional	Urban, Suburban	Yes
Thriving	Teaching Kids to Cope (TKC)	Mental health promotion	Teaching Kids to Cope (TKC) is a cognitive- behavioral health education program, based on stress and coping theory, for adolescents ages 12-18 with depressive symptomatology and/or suicidal ideation. This group treatment program teaches adolescents a range of skills designed to improve their coping with stressful life events and decrease their depressive symptoms.	Depressive symptomology, Coping skills	13-17	M/F	Hispanic or Latino, White, Race unspecified	School	Rural and/or frontier	Yes
Connecting Learning	Teaching Students To Be Peacemakers	Mental health promotion	Teaching Students To Be Peacemakers (TSP) is a school-based program that teaches conflict resolution procedures and peer mediation skills. The program, based on conflict resolution theory and research, aims to reduce violence in schools, enhance academic achievement and learning, motivate prohealth decisions among students, and create supportive school communities.	Conflict resolution strategies, Nature of resolutions, Academic achievement and retention of academic learning, Knowledge and retention of conflict resolution and mediation procedures, Attitudes toward conflict	0-5 6-12 13-17	M/F	Race unspecified, Non US population	School	Urban, Suburban, Rural and/or frontier	Yes
Thriving Working	Team Awareness	Substance use prevention	Team Awareness is a customizable worksite prevention training program that addresses behavioral risks associated with substance abuse among employees, their coworkers, and, indirectly, their families.	Group climate, Knowledge and attitudes related to substance use policies and the EAP, Help-seeking attitudes, behavior, and encouragement, Alcohol and other drug use attitudes and drinking climate, Alcohol use and alcohol related problems, Personal health and well-being	18-25	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Workplace	Urban, Suburban	Yes
Thriving Working	Team Resilience	Mental health promotion, Substance use prevention	Team Resilience is a training intervention for young adults who work in a restaurant. The intervention aims to enhance participants' individual resiliency and increase their healthy behaviors (e.g., reduce alcohol use, lower personal stress), thereby contributing to a positive work environment.	Recurring heavy drinking, Alcohol-related work problems, Exposure to problem coworkers, Personal stress	18-25	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Workplace	Urban, Suburban	No

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving	Team Solutions (TS) and Solutions for Wellness (SFW)	Mental health treatment	Team Solutions (TS) and Solutions for Wellness (SFW) are complementary psychoeducational interventions for adults with a serious mental illness. TS teaches life and illness management skills, while SFW focuses on physical health and wellness.	Weight and body mass index (BMI), Knowledge and attitudes related to mental and physical health, Blood pressure, Metabolic markers	18-25	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Inpatient, Outpatient, Community	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Teen Intervene	Substance use prevention, Substance abuse treatment	Teen Intervene is a brief, early intervention program for 12- to 19-year-olds who display the early stages of alcohol or drug involvement. Integrating stages of change theory, motivational enhancement, and cognitive- behavioral therapy, the intervention aims to help teens reduce and ultimately eliminate their substance use.	Frequency of substance use, Symptoms of substance abuse and dependence, Negative consequences related to alcohol and other drug involvement, Number of days of alcohol use, Number of days of binge drinking, Number of days of illicit drug use, Negative consequences related to alcohol and other drug involvement	13-17	M/F	White, Race unspecified	Outpatient, School	Urban, Suburban	No
Learning	TestEdge Program	Mental health promotion	The TestEdge Program is designed to help elementary and high school students self- regulate their emotional and physiological responses to challenging and stressful situations, including school tests.	Test anxiety, Negative affect, Emotional discord, Social interaction, Classroom engagement	13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White, Race unspecified	School	Suburban	Yes
Learning Connecting	The 4Rs (Reading, Writing, Respect & Resolution)	Mental health promotion	The 4Rs (Reading, Writing, Respect & Resolution) is a universal, school-based curriculum that integrates social and emotional learning into language arts for children in prekindergarten through grade 8.	Hostile attribution bias, Symptoms of depression, Aggression, Social competence, Reading achievement	6-12	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban	Yes
Thriving	The Brief Negotiation Interview for Harmful and Hazardous Drinkers	Substance abuse treatment	The Brief Negotiation Interview (BNI) for Harmful and Hazardous Drinkers is a screening and brief intervention model designed for use in hospital emergency departments (EDs) with adults who are presenting for acute care and have a history of harmful and hazardous drinking.	Alcohol use, Driving after consuming alcohol	18-25	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient	Urban, Suburban	Yes
Learning Connecting Leading	The CHARACTERplus Way	Mental health promotion	The CHARACTERplus Way is a comprehensive whole-school intervention that aims to positively change the school environment in order to foster students' ethical, social, and cognitive development. Focus is placed on the school environment because it can positively or negatively affect students' feelings of belonging within the school community, which in turn can affect students' academic performance and conduct.	School culture, School climate, Math and reading scores, Discipline referrals	6-12 13-17	No Data	Not reported	School	Urban, Suburban, Rural and/or frontier	No
Thriving Connecting Leading	The Leadership Program's Violence Prevention Project (VPP)	Mental health promotion	The Leadership Program's Violence Prevention Project (VPP) is a school-based intervention for early and middle adolescents. VPP is designed to prevent conflict and violence by improving conflict resolution skills, altering norms about using aggression and violence (including lowering tolerance for violence), and improving behavior in the school and community.	Use of conflict resolution strategies, Normative beliefs about aggression, Peer support behaviors, Academic self-concept	6-12 13-17	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban	No
Thriving	The PreVenture Programme: Personality- Targeted Interventions for Adolescent Substance Misuse	Substance use prevention	The PreVenture Programme: Personality- Targeted Interventions for Adolescent Substance Misuse is a school-based program designed to prevent alcohol and drug misuse among 13- to 15-year-old students.	Alcohol use, Quantity and frequency of alcohol use, Binge drinking, Alcohol-related problems, Drug use	13-17	M/F	Non US population	School	Urban, Suburban, Rural and/or frontier	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving	The Seven Challenges	Co-occurring Disorders	The Seven Challenges is designed to treat adolescents with drug and other behavioral problems. Rather than using prestructured sessions, counselors and clients identify the most important issues at the moment and discuss these issues while the counselor seamlessly integrates a set of concepts called the seven challenges into the conversation.	Substance use and related problems, Symptoms of mental health problems	13-17	M/F	Hispanic or Latino, White, Race unspecified	Outpatient, School	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Theater Troupe/Peer Education Project	Substance use prevention	The Theater Troupe/Peer Education Project (TTPEP) aims to prevent substance use and other unhealthy behaviors among school-aged youth through peer education. Participants, usually youth of middle school age, are presented with an interactive theatrical performance, followed by two workshops.	Knowledge of the consequences of alcohol and marijuana use, Knowledge of the social norms related to alcohol and marijuana use, Communication and resistance skills related to alcohol and marijuana use	13-17	M/F	Black or African American, White, Race unspecified	School	Urban	No
Thriving Connecting	Too Good for Drugs	Substance use prevention	Too Good for Drugs (TGFD) is a school-based prevention program for kindergarten through 12th grade that builds on students' resiliency by teaching them how to be socially competent and autonomous problem solvers.	Intentions to use alcohol, tobacco, and marijuana and to engage in violence, Risk and protective factors for substance use and violence, Personal and prosocial behaviors	6-12 13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	No
Thriving Connecting	Too Good for Violence	Mental health promotion	Too Good for Violence (TGFV) is a school-based violence prevention and character education program for students in kindergarten through 12th grade. It is designed to enhance prosocial behaviors and skills and improve protective factors related to conflict and violence.	Personal and prosocial behaviors, Protective factors related to conflict and violence	6-12	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School, Community	Urban, Suburban, Rural and/or frontier	No
Thriving Connecting Learning	Tools for Getting Along: Teaching Students to Problem Solve	Mental health promotion	Tools for Getting Along (TFGA): Teaching Students to Problem Solve is a classroom-based curriculum designed to prevent or ameliorate emotional and behavioral problems among students in the 4th and 5th grades by teaching skills related to the use of social problem solving and anger management, particularly in emotionally charged situations.	Aggression, Problem-solving knowledge, Executive functioning, Trait anger and anger expressed outwardly, Social problem-solving orientation and style	6-12	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	No
Thriving	Training for Intervention ProcedureS (TIPS) for the University	Substance use prevention, Substance abuse treatment	Training for Intervention ProcedureS (TIPS) for the University is a training designed to help college students receiving the training make safe, sound decisions regarding their own high- risk drinking behavior (e.g., underage drinking, drinking to intoxication, drunk driving) and enable them to intervene to prevent this high- risk behavior among their peers and friends.	Alcohol consumption	18-25	M	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, Native Hawaiian or other Pacific Islander, White	School	Urban, Suburban, Rural and/or frontier	No
Thriving	Transtheoretical Model (TTM)-Based Stress Management Program	Mental health promotion	The Transtheoretical Model (TTM)-Based Stress Management Program targets adults who have not been practicing effective stress management for 6 months or longer. TTM is a theory of behavior change that can be applied to single, multiple, and complex behavioral targets.	Progression to action or maintenance stage of effective stress management, Stress management behaviors, Perceived stress and coping, Level of depression	18-25	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Home	Urban, Suburban	Yes
Thriving Learning	Trauma Affect Regulation: Guide for Education and Therapy (TARGET)	Mental health treatment, Co- occurring Disorders	Trauma Affect Regulation: Guide for Education and Therapy (TARGET) is a strengths-based approach to education and therapy for survivors of physical, sexual, psychological, and emotional trauma. TARGET teaches a set of seven skills (summarized by the acronym FREEDOM--Focus, Recognize triggers, Emotion self-check, Evaluate thoughts, Define goals, Options, and Make a contribution) that can be used by trauma survivors to regulate extreme emotion states, manage intrusive trauma memories, promote self-efficacy, and achieve lasting recovery from trauma.	Disciplinary incidents, Disciplinary sanctions, Recidivism, Severity of PTSD symptoms, PTSD diagnosis, Negative beliefs related to PTSD and attitudes towards PTSD symptoms, Severity of anxiety and depression symptoms, Self-efficacy related to sobriety, Emotion regulation, Health-related functioning	13-17 18-25	M	Black or African American, Hispanic or Latino, White, Race unspecified	Residential, Outpatient, Correctional, Community	Urban	Yes

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving	Trauma Focused Coping (Multimodality Trauma Treatment)	Mental health treatment	Trauma Focused Coping (TFC), sometimes called Multimodality Trauma Treatment, is a school- based group intervention for children and adolescents in grades 4-12 who have been exposed to a traumatic stressor (e.g., disaster, violence, murder, suicide, fire, accident).	PTSD symptoms, Symptoms of depression, Anxiety, Anger, Locus of control, General mental health functioning related to trauma and its treatment	6-12 13-17	M/F	American Indian, Alaska Native, Asian, Black or African American, White	School	Suburban	No
Thriving	Trauma Recovery and Empowerment Model (TREM)	Mental health treatment, Substance abuse treatment, Co- occurring Disorders	The Trauma Recovery and Empowerment Model (TREM) is a fully manualized group-based intervention designed to facilitate trauma recovery among women with histories of exposure to sexual and physical abuse.	Severity of problems related to substance use, Psychological problems/ symptoms, Trauma symptoms	18-25	F	American Indian, Alaska Native, Black or African American, Hispanic or Latino, White, Race unspecified	Residential, Outpatient	Urban	Yes
Thriving Connecting	Trauma-Focused Cognitive Behavioral Therapy (TF- CBT)	Mental health treatment	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a psychosocial treatment model designed to treat posttraumatic stress and related emotional and behavioral problems in children and adolescents.	Child behavior problems, Child symptoms of posttraumatic stress disorder, Child depression, Child feelings of shame, Parent emotional reaction to child's experience of sexual abuse	0-5 6-12 13-17	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient	Urban, Suburban	Yes
Thriving	Traumatic Incident Reduction	Mental health treatment	Traumatic Incident Reduction (TIR) is a brief, memory-based, therapeutic intervention for children, adolescents, and adults who have experienced crime-related and/or interpersonal violence, war, disasters, torture, childhood abuse, neglect, emotional abuse, traumatic bereavement, or other severe or shocking events.	PTSD symptoms, Depression, Anxiety, Expectancy of success	13-17 18-25	M/F	Black or African American, Hispanic or Latino, White, Non US population	Outpatient, Correctional	Urban	Yes
Connecting	Triple P--Positive Parenting Program	Mental health promotion	The Triple P--Positive Parenting Program is a multilevel system or suite of parenting and family support strategies for families with children from birth to age 12, with extensions to families with teenagers ages 13 to 16.	Negative and disruptive child behaviors, Negative parenting practices as a risk factor for later child behaviors problems, Positive parenting practices as a protective factor for later child behavior problems	0-5 6-12	M/F	Non US population	Outpatient, Community	Urban, Suburban, Rural and/or frontier	Yes
Thriving	Twelve Step Facilitation Therapy	Substance abuse treatment	Twelve Step Facilitation Therapy (TSF) is a brief, structured, and manual-driven approach to facilitating early recovery from alcohol abuse, alcoholism, and other drug abuse and addiction problems	Alcohol abstinence, Alcoholics Anonymous involvement	18-25	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	Inpatient, Outpatient	Urban, Suburban, Rural and/or frontier	No
Connecting	Two Families Now: Effective Parenting Through Separation and Divorce	Mental health promotion	Two Families Now: Effective Parenting Through Separation and Divorce (TFN) is an online, self- directed curriculum for parents who have separated or divorced or are in the process of divorce. The program aims to increase the use of positive parenting and coparenting strategies, increase parental self-efficacy, and facilitate the development of a supportive network, as well as improve child outcomes such as prosocial behavior.	Knowledge about positive parent and coparenting strategies, Intentions to use positive parenting and coparenting strategies, Parental self-efficacy, Child prosocial behavior, Parent satisfaction with social support	0-5 6-12 13-17 18-25	M	American Indian, Alaska Native, Asian, Black or African American, White, Race unspecified	Home	Not reported	Yes
Thriving	United States Air Force Suicide Prevention Program	Mental health promotion	The United States Air Force Suicide Prevention Program (AFSPP) is a population-oriented approach to reducing the risk of suicide. The Air Force has implemented 11 initiatives aimed at strengthening social support, promoting development of social skills, and changing policies and norms to encourage effective help- seeking behaviors.	Suicide prevention	18-25	M/F	Not reported	Workplace	Not reported	No
Learning Connecting	Virginia Student Threat Assessment Guidelines	Mental health promotion	The Virginia Student Threat Assessment Guidelines (V-STAG) is a school-based manualized process designed to help school administrators, mental health staff, and law enforcement officers assess and respond to threat incidents involving students in kindergarten through 12th grade and prevent student violence.	Long-term school suspensions and expulsions, Alternative school placement, Bullying infractions in school, Supportive school climate, School counseling support and parental involvement	6-12 13-17 18-25	M/F	American Indian, Alaska Native, Asian, Black or African American, Hispanic or Latino, White, Race unspecified	School	Urban, Suburban, Rural and/or frontier	No

Domain	Interventions Title	Areas of Interest	Description	Outcomes	Age	Genders	Ethnicities	Setting	Geographic Locations	Adaptions
Thriving	Wellness Outreach at Work	Substance use prevention	Wellness Outreach at Work provides comprehensive risk reduction services to workplace employees, offering cardiovascular and cancer risk screening and personalized follow-up health coaching that addresses alcohol and tobacco use.	Alcohol consumption, Smoking cessation, Overall health risks	18-25	M/F	Black or African American, White, Race unspecified	Workplace	Urban, Suburban	No
Thriving Learning	Wyman's Teen Outreach Program	Mental health promotion	Wyman's Teen Outreach Program (TOP) aims to reduce teens' rates of pregnancy, course failure, and academic suspension by enhancing protective factors. TOP is delivered over 9 months (a full school year) to middle and high school students who voluntarily enroll in the program in school or in an after-school or community-based setting.	Teen pregnancy, Academic achievement, Academic suspension	13-17	M/F	Black or African American, Hispanic or Latino, White, Race unspecified	School, Community	Urban, Suburban, Rural and/or frontier	No
Thriving	Youth Partners in Care--Depression Treatment Quality Improvement (YPIC/DTQI)	Mental health treatment	Youth Partners in Care--Depression Treatment Quality Improvement (YPIC/DTQI) is a 6-month quality improvement intervention to improve depression outcomes among adolescents by increasing access to depression treatments, primarily cognitive behavioral therapy (CBT) and antidepressants, in primary care settings.	Depression symptoms, Mental health-related quality of life, Utilization of mental health care	13-17 18-25	M/F	Asian, Black or African American, Hispanic or Latino, White, Race unspecified	Outpatient, School, Community	Urban, Suburban, Rural and/or frontier	Yes
Thriving Connecting	Zippy's Friends	Mental health promotion	Zippy's Friends is a school-based mental health promotion program for children in kindergarten and first grade (ages 5-7). It is typically conducted with entire classrooms of children in mainstream elementary schools.	Emotional literacy, Hyperactivity, Coping skills, Social Skills	0-5 6-12	M/F	Non US population	School	Urban, Suburban, Rural and/or frontier	Yes

Appendix D

A Shared Vision for Youth: Common Outcomes and Indicators, National Collaboration for Youth

the forum FOR YOUTH INVESTMENT

NATIONAL COLLABORATION FOR YOUTH

READY BY 21® All youth ready for college, work & life.

A SHARED VISION FOR YOUTH

Common Outcomes and Indicators

A SHARED VISION FOR YOUTH

Common Outcomes and Indicators

Problems affecting kids are well-documented. How do we know how well children in a given community are *progressing*, considering that school, child care, afterschool programs and so many other community resources are a part of kids' lives? Are there desirable outcomes for all children that the entire community is aiming for? There should be. The National Collaboration for Youth, which is the longest-standing coalition of national agencies committed to positive youth development, has begun to tackle this challenge and we've documented our findings in this publication.

While there are many variations in what NCY members do and why they do it, every member operates under the basic tenets of youth development. As a natural leader in the youth development field, the National Collaboration for Youth (NCY) is working with many of its members to articulate a shared vision for young people by identifying a common set of youth outcomes and indicators that cuts across the work of member organizations. Though there are commonalities in how many NCY members talk about their goals and impact, the lack of shared language across the field leads to missed opportunities for collaboration, alignment, and collective impact.

An internal survey conducted in 2010 confirmed that many members are working toward common positive youth development goals, and that some are interested in collaborative measurement work that could enhance efficiency and have important implications for accountability, quality improvement, workforce development and ultimately, community change. Though the survey revealed many common interests, to date, national organizations have mounted individual efforts to define and measure outcomes, at considerable expense. Therefore the NCY Research Group took on the task of building a common framework of youth outcomes and corresponding indicators that would reflect the range of developmental areas that youth organizations focus on.

It is important to note that it is not a given that youth programs have a positive influence on the outcomes included in this framework. This is why outcomes are not the only thing NCY member organizations are systematically assessing. Programs that are effective at helping young people become productive, connected and healthy employ a common set of positive youth development practices and invest in professional development efforts aligned with those practices. Just as there is common ground in terms of why these organizations do what they do, which is the focus of this document, consensus is also emerging around the what—quality youth development practices. In addition, many organizations also invest resources in assessing risk and protective factors in the contexts where youth spend time.

Our hope is that this outcome framework enhances organizations' individual and collective ability to define, communicate about, and document the purpose of youth development organizations. Possible uses for individual programs and organizations include:

- **Articulating program goals;**
- **Developing logic models and evaluations; and**
- **Developing communications tools and promotional materials.**

Possible uses of the framework at the collective level include:

- **Identifying commonalities and differences across organizations;**
- **Identifying common measures;**
- **Implementing cross-organizational research; and**
- **Crafting consistent policy advocacy messages.**

Ready by 21® was adopted by the National Collaboration for Youth in 2008 as a unifying lens. Ready by 21 mobilizes local, state and national leaders to improve family, school and community supports to ensure that all young people are ready for college, work and life. It is important to note that individual NCY members were not asked to endorse Ready by 21 or the specific outcomes and indicators featured in this document. NCY encourages alignment, but member organizations are not expected to stop using their own frameworks in lieu of this one. Finally, this framework is intended to provide a basic listing of outcomes and corresponding indicators. It does not capture complex relationships among outcomes and indicators or developmental differences in how some are manifested. Also, the "possible measures" included here were not identified through a formal review process. Organizations should consider them a starting point for identifying measures.

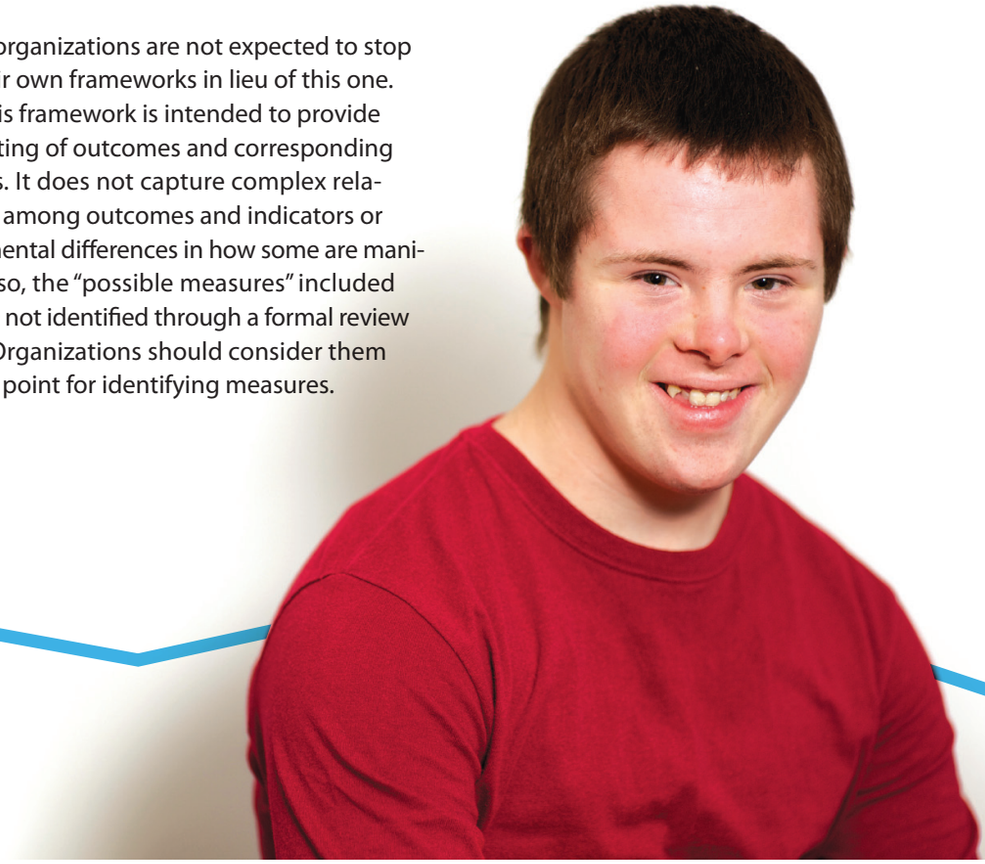
For the purposes of this document, we are using the following terms in the following ways:

Developmental Domain:
Broad developmental area including multiple related outcomes

Outcome:
Aspect of child or youth development that programs can influence

Indicator:
Evidence that an outcome has or has not been achieved

Measure:
Specific data collection tool (e.g. survey, interview, observation protocol)



A SHARED VISION FOR YOUTH

Outcomes that Youth Organizations Can Influence

Healthy & Safe

THRIVING

- Active/Healthy Living
- Social/Emotional Health
- Safety/Injury Prevention

Connected

CONNECTING

- Positive Identity
- Positive Relationships
- Social/Emotional Development
- Cultural Competence

LEADING

- Community Connectedness
- Social Responsibility
- Leadership Development

Productive

LEARNING

- Academic Achievement
- Learning and Innovation Skills
- Engagement in Learning
- College Access and Success

WORKING

- Workforce Readiness
- Career Awareness
- Employment

Developed by the Forum for Youth Investment with the National Collaboration for Youth Research Group

Healthy & Safe

Domain	Outcomes	Indicators	Possible Measures
THRIVING	**Active/Healthy Living***	• Youth develop skills and attitudes to make lifelong physical activity a habit. • Youth develop/maintain healthy eating habits. • Youth develop skills to prepare food themselves.	• California Healthy Kids Survey – RYD Module • Colorado Trust's Toolkit for Evaluating Positive Youth Development • Study of After School Activities Surveys (Vandell) • Youth Outcome Toolkit (National Research Center) • YMCA Purple Kit
	Social/ Emotional Health	• Youth identify, manage and appropriately express emotions and behaviors. • Youth make positive decisions and access external supports. • Youth prevent, manage and resolve interpersonal conflicts in constructive ways. • Youth develop healthy relationships.	• Behavioral and Emotional Rating Scale • Devereux Student Strengths Assessment • Social Skills Improvement System (Pearson) • Survey of Afterschool Youth Outcomes (NIOST) • Youth Outcome Measures Online Toolbox (Vandell)
	Safety/Injury Prevention	• Youth avoid risky behaviors. • Youth avoid bullying behaviors. • Youth use refusal skills. • Youth avoid using illegal substances.	• California Healthy Kids Survey – RYD Module • Youth Outcome Measures Online Toolbox (Vandell) • Youth Risk Behavior Survey

* For additional resources related to measuring active/healthy living outcomes, see resources from the 4-H Healthy Living Program at www.national4-hheadquarters.gov/about/4h_health_eval.htm

Connected

For reviews of specific measures in this area, see http://www.forumfyi.org/content/soft-skills-hard-data-

Domain	Outcomes	Indicators	Possible Measures
CONNECTING	**Positive Identity**	• Youth develop a strong sense of self. • Youth develop positive values.	• Colorado Trust's Toolkit for Evaluating Positive Youth Development • Developmental Assets Profile (Search) • Junior Girl Scout Group Experience: Outcomes Measures Guide
	Positive Relationships	• Youth develop positive, sustained relationships with caring adults. • Youth develop positive relationships with peers. • Youth affiliate with peers who abstain from negative behaviors.	• California Healthy Kids – Resilience and Youth Development Module • Colorado Trust's Toolkit for Evaluating Positive Youth Development • Devereux Student Strengths Assessment • National 4-H Impact Assessment Study – Youth Outcome Measures • San Francisco Beacons Survey (P/PV) • Survey of Afterschool Youth Outcomes (NIOST) • Youth Survey of Supports and Opportunities (YDSI) • Youth Outcomes Battery (ACA)
	Social/Emotional Development	• Youth develop social skills (e.g. interpersonal communication, conflict resolution). • Youth demonstrate pro-social behavior. • Youth develop friendship skills. • Youth develop coping skills.	• Behavioral and Emotional Rating Scale • Children's Institute Rating Scales • Developmental Assets Profile (Search) • Devereux Student Strengths Assessment • Social Skills Improvement System (Pearson) • Youth Experience Survey 2.0 (Larson) • Youth Outcomes Battery (ACA) • Gallup Student Poll (Gallup)
	Cultural Competence	• Youth develop cultural competence. • Youth advance diversity in a multicultural world. • Youth respect diversity.	• National 4-H Impact Assessment Study – Outcome Measures
LEADING	**Community Connectedness**	• Youth feel a sense of belonging. • Youth participate in community programs.	• Developmental Assets Profile (Search) • Home and Community Social Behavior Scale • Youth Experiences Survey (Larson)
	Social Responsibility	• Youth demonstrate civic participation skills (e.g., compromise, perspective-taking). • Youth feel empowered to contribute to positive change in their communities. • Youth volunteer/participate in community service. • Youth consider the implications of their actions on others, their community, and the environment.	• Children's Institute Rating Scales • Developmental Assets Profile (Search) • Home and Community Social Behavior Scale • Youth Experiences Survey 2.0 (Larson) • Social Skills Improvement System (Pearson)
	Leadership Development	• Youth educate and inspire others to act. • Youth demonstrate leadership skills (e.g., organizing others, taking initiative, team-building). • Youth model positive behaviors for peers. • Youth communicate their opinions and ideas to others.	• New Basic Skills Rubrics (Citizen Schools) • Social Skills Improvement System (Pearson) • Student Leadership Practices Inventory (Jossey-Bass) • Survey of Afterschool Youth Outcomes (NIOST) • Youth Outcome Measures Online Toolbox (Vandell)

Productive

Domain	Outcomes	Indicators	Possible Measures
LEARNING	**Academic Achievement**	• Youth are on track for high school graduation. • Youth graduate from high school. • Youth perform at or above grade level. • Youth improve grades/GPA. • Youth improve test scores.	• School Records
	Learning and Innovation Skills	• Youth demonstrate critical thinking skills (e.g. reasoning, analysis). • Youth solve problems. • Youth work in groups to accomplish learning goals. • Youth think creatively.	• California Healthy Kids – RYD Module • California Measure of Mental Motivation • Devereux Student Strengths Assessment • Survey of Afterschool Youth Outcomes (NIOST) • Youth Outcomes Battery (ACA)
	Engagement in Learning	• Youth express curiosity about topics learned in and out of school. • School attendance improves. • Youth spend time studying. • Youth spend time reading. • Motivation to learn.	• Gallup Student Poll (Gallup) • Academic Competence Evaluation Scales (Pearson) • Achievement Motivation Profile • Developmental Assets Profile (Search) • San Francisco Beacons Survey (P/PV) • Survey of Afterschool Youth Outcomes (NIOST)
	College Access/ Success	• Youth plan to attend postsecondary education. • Youth enroll in postsecondary education. • Youth complete some type of postsecondary credential.	• National Student Clearinghouse • California Healthy Kids – RYD Module
WORKING	**Workforce Readiness**	• Youth develop communication skills. • Youth work effectively in groups. • Youth develop critical thinking and decision-making skills. • Youth develop positive work habits.	• New Basic Skills Rubrics (Citizen Schools) • Social Skills Improvement System (Pearson) • Survey of Afterschool Youth Outcomes (NIOST) • ACA Youth Outcomes Battery • Youth Outcome Measures Online Toolbox (Vandell)
	Career Awareness	• Youth develop knowledge about occupations. • Youth are aware of their interests and abilities.	• Ansell Casey Life Skills Assessment
	Employment	• Youth are employed at wages that meet their basic needs. • Youth established in employment/career within five years of graduating from high school.	• New Basic Skills Rubrics (Citizen Schools) • Social Skills Improvement System (Pearson) • Student Leadership Practices Inventory (Jossey-Bass) • Survey of Afterschool Youth Outcomes (NIOST) • Youth Outcome Measures Online Toolbox (Vandell)

NATIONAL COLLABORATION FOR YOUTH

The National Collaboration for Youth is a 45-year old coalition of more than 50 of the nation's leading child and youth serving organizations. Its mission is to provide a **united voice** as advocates for children and youth to improve the conditions of young people in America, and to help young people reach their full potential. The National Collaboration for Youth brings together experts in public policy, programming and research to share knowledge and promote collective action to improve the lives of America's youth.

www.collab4youth.org

For more information on these recommendations, contact:

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Appendix E

Table of Comparable Cities

City	**St. Louis, MO**	Cincinnati, OH	Pittsburgh, PA	New Orleans, LA	Baton Rouge, LA	Memphis, TN	Milwaukee, WI
Population, 2013	**318,416**	297,517	305,841	378,715	229,426	653,450	599,134
Under 5, % 2010	**6.6%**	7.4%	4.9%	6.4%	6.5%	7.6%	8.2%
Under 18, % 2010	**21.2%**	22.1%	16.3%	21.3%	22.4%	26.0%	27.1%
65+, % 2010	**11.0%**	10.8%	13.8%	10.9%	11.2%	10.3%	8.9%
Female	**51.7%**	52.0%	51.6%	51.6%	51.9%	52.5%	51.8%
White, % 2010	**43.9%**	49.3%	66.0%	33.0%	39.4%	29.4%	44.8%
Black, % 2010	**49.2%**	44.8%	26.1%	60.2%	54.5%	63.3%	40.0%
Indian/Native Alaska, % 2010	**0.3%**	0.3%	0.2%	0.3%	0.2%	0.2%	0.8%
Asian, % 2010	**2.9%**	1.8%	4.4%	2.9%	3.3%	1.6%	3.5%
Native Hawaii, % 2010	**0.0%**	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Two or more races, % 2010	**2.4%**	2.5%	2.5%	1.7%	1.3%	1.4%	3.4%
Hispanic/Latino, % 2010	**3.5%**	2.8%	2.3%	5.2%	3.3%	6.5%	17.3%
White alone, % 2010	**42.2%**	48.1%	64.8%	30.5%	37.8%	27.5%	37.0%
Living in same house, 2008-2012	**78.0%**	75.5%	78.5%	80.4%	79.7%	79.5%	78.2%
Foreign Born, % 2008-2012	**6.8%**	5.5%	7.1%	5.6%	5.2%	6.1%	10.0%
Language other than English, % 5+, 2008-2012	**9.3%**	7.4%	9.8%	9.8%	8.2%	9.0%	19.3%
High School Graduate or higher, % 25+, 2008-2012	**82.3%**	83.9%	89.8%	84.7%	84.8%	82.3%	80.8%
Bachelor's or higher, % 25+, 2008-2012	**28.5%**	31.3%	35.0%	33.0%	32.7%	23.4%	21.7%
Veterans, 2008-2012	**20,432**	17,372	20,145	19,464	12,701	37,149	29,148
Mean travel time to work, 16+, 2008-2012	**24.2**	22.4	23.2	22.8	20.4	21.5	21.9
Housing units, 2010	**176,002**	161,095	156,165	189,896	100,801	291,883	255,569
Homeownership rate, 2008-2012	**45.6%**	40.5%	49.0%	47.6%	51.5%	52.1%	44.5%
Multi-unit structures, %, 2008-2012	**52.9%**	56.8%	39.9%	41.6%	36.7%	33.3%	52.6%
Median value owner-occupied units, %, 2008-2012	**121,700**	126,900	88,500	183,800	153,400	98,300	134,400
Households, 2008-2012	**139,840**	130,017	133,192	143,851	87,437	244,538	229,555
Persons per household, 2008-2012	**2.20**	2.19	2.12	2.29	2.51	2.59	2.52
Per capita money income (2012 $), 2008-2012	**22,551**	24,538	26,535	26,131	24,048	21,368	19,199
Median household income, 2008-2012	**34,384**	33,708	38,029	36,681	38,974	36,817	35,823

City	**St. Louis, MO**	Cincinnati, OH	Pittsburgh, PA	New Orleans, LA	Baton Rouge, LA	Memphis, TN	Milwaukee, WI
Persons below poverty level, %, 2008-2012	**27.0%**	29.4%	22.5%	27.2%	24.7%	26.2%	28.3%
Total number of firms, 2007	**23,637**	26,512	24,605	27,166	24,737	52,144	31,769
Black-owned firms, %, 2007	**21.4%**	18.3%	9.1%	28.9%	30.4%	38.2%	22.3%
Indian/Native Alaska-owned firms, %, 2007	**0.6%**	0.9%	0.0%	0.7%	0.0%	0.4%	1.2%
Asian-owned firms, %, 2007	**5.1%**	2.1%	4.1%	5.2%	3.3%	3.0%	3.4%
Native Hawaii-owned firms, %, 2007	**0.0%**	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Hispanic-owned firms, %, 2007	**1.4%**	1.2%	0.0%	4.1%	2.1%	1.7%	4.0%
Women-owned firms, %, 2007	**28.3%**	29.5%	28.2%	30.4%	29.1%	31.8%	36.3%
Population, 2012	**318,667**	296,204	312,112	362,874	231,500	657,436	599,395
Violent crime, total	**5,661**	2,887	2,347	2,958	2,507	11,507	7,759
Murder, nonnegligent manslaughter	**113**	46	41	193	66	133	91
Forcible rape	**199**	188	47	136	64	420	230
Robbery	**1,778**	1,725	1,134	1,065	1,033	3,382	3,027
Aggravated assault	**3,571**	928	1,125	1,564	1,344	7,572	4,411
Property crime, total	**21,995**	18,173	10,691	13,689	12,059	41,503	30,228
Burglary	**4,986**	5,483	2,537	3,423	3,826	12,575	6,977
Larceny-theft	**13,520**	11,590	7,610	8,051	7,751	25,959	18,448
Motor vehicle theft	**3,489**	1,100	544	2,215	482	2,969	4,803
Violent crime rate, per 100K population	**1,776.5**	974.7	752.0	815.2	1,082.9	1,750.3	1,294.5
Murder, nonnegligent manslaughter rate, per 100K population	**35.5**	15.5	13.1	53.2	28.5	20.2	15.2
Forcible rape rate, per 100K population	**62.4**	63.5	15.1	37.5	27.6	63.9	38.4
Robbery rate, per 100K population	**557.9**	582.4	363.3	293.5	446.2	514.4	505.0
Aggravated assault rate, per 100K population	**1,120.6**	313.3	360.4	431.0	580.6	1,151.7	735.9
Property crime rate, per 100K population	**6,902.2**	6,135.3	3,425.4	3,772.4	5,209.1	6,312.9	5,043.1
Burglary rate, per 100K population	**1,564.6**	1,851.1	812.8	943.3	1,652.7	1,912.7	1,164.0
Larceny-theft rate, per 100K population	**4,242.7**	3,912.8	2,438.2	2,218.7	3,348.2	3,948.5	3,077.8

City	**St. Louis, MO**	Cincinnati, OH	Pittsburgh, PA	New Orleans, LA	Baton Rouge, LA	Memphis, TN	Milwaukee, WI
Motor vehicle theft rate, per 100K population	**1,094.9**	371.4	174.3	610.4	208.2	451.6	801.3
Median Household Income, 2009	**34,801**	32,754	37,461	36,468	N/A	34,203	34,868
Median Household Income, 2009	**39,483**	47,654	50,922	43,213	N/A	40,745	39,124
Per Capita Income, 2009	**21,208**	23,593	25,109	23,475	N/A	19,388	18,290
Below Poverty Level, #, individuals, 2009	**92,032**	81,919	66,621	82,469	N/A	173,343	158,245
Below Poverty Level, #, Families, 2009	**16,983**	13,583	9,322	13,468	N/A	32,299	27,679
Below Poverty Level, %, individuals, 2009	**26.7%**	25.7%	23.1%	23.8%	N/A	26.2%	27.0%
Below Poverty Level, %, Families, 2009	**23.9%**	21.5%	15.5%	18.7%	N/A	21.5%	22.4%