San Mateo Probation

StarVista Strengthen Our Youth Program Annual Evaluation

Fiscal Year 2017-2018

Contents

Program Description

The StarVista Strengthen Our Youth (SOY) program (formerly operated by Pyramid Alternatives) serves the needs of at-risk students and their families at five high schools and one middle school in Daly City, South San Francisco, and Half Moon Bay. SOY is an early intervention program designed to increase developmental assets, school engagement, and family functioning. The SOY program has three main components: 1) substance use prevention, 2) individual and group therapy, and 3) parent support and education. In addition to the main components of the program, SOY staff also provide individual and family counseling, brief crisis intervention, and case management, which aids in connecting students and their families to community resources.

This past year, the SOY program emphasized substance use prevention by offering services focused on this challenge to youth, including individual and group sessions provided by clinicians. In addition, one parent night provided additional information on prevention and early intervention for youth from a family perspective. Additional topics of interest in individual and group sessions included healthy communication and relationships, managing conflicts, problem-solving, emotion regulation, empowerment, and negotiating aspects of the current social and political climate. Additional parent night topics included Effective Communication Strategies and Parenting in the Digital Age.

Programmatic Challenges in Fiscal Year 2017-18

FY 2017-18 began with SOY's integration into the StarVista programs; as expected, the majority of the challenges during the year were related to this integration. This included program system refinements, such as learning a new data entry system, and shifts in required paperwork and reporting. Additionally, there were shifts in personnel within both the SOY team and the larger organization at both the frontline and leadership levels. This led to occasional and temporary service interruptions, as well as missteps in data entry. Despite these challenges, the SOY team adjusted to the integration quickly and relatively easily.

At SOY schools, one of the main challenges was obtaining consistent clients to provide Alcohol and Other Drug (AOD) services. Staff reported that students who were caught on campus with paraphernalia and/or actual substances were either not mandated to counseling or were unmotivated to attend, making it difficult to administer needed services on several campuses. In response, multiple SOY counselors have proposed providing an Alternative to Suspension (ATS) program as a way to motivate students to attend counseling when they are found using substances on campus.

Evaluation Methods

SOY is funded by San Mateo County Juvenile Probation's (Probation) Juvenile Probation Camps Funding stream, and as such monitors its programs and reports client, service, and outcome data to Probation and its evaluator, Applied Survey Research (ASR). The methods and tools used to collect these data are described below.

Clients and Services: Grantee programs collected demographic data (e.g., race/ethnicity, gender, etc.) and service data (e.g., type of services, hours of services, etc.) for individual clients. Program staff entered these data into their own data systems prior to transferring the data to ASR for analysis.

Risk Factors: Grantee programs used two assessments to provide a standard measure of risk, life functioning, and areas of need for all clients: the Juvenile Assessment and Intervention System (**JAIS**) and the Child Adolescent Needs and Strengths (**CANS**) assessment:

- **JAIS**: The JAIS is a risk, strengths, and needs assessment tool designed to assist staff in effective and efficient youth supervision, both in institutional settings and in the community. The tool has been validated across ethnic and gender groups. The JAIS consists of a brief prescreen assessment known as the JAIS Boys Risk or JAIS Girls Risk, administered in addition to the full assessment and reassessment components. Probation has elected to administer the JAIS to provide an initial indicator of recidivism risk. The JAIS Girls Risk consists of eight items and the JAIS Boys Risk consists of ten items, and yields an overall risk level of low, moderate, or high.

- **CANS:** The CANS is a multi-purpose tool developed for children's services to support decision-making in determining level of care and service planning, facilitate quality improvement initiatives, and allow for the monitoring of outcomes. The CANS consists of multiple items scored on a 4-point scale of 0-3, with a score of 2 or 3 indicating an actionable need. The CANS is grouped into the following stand-alone modules: Risk Behaviors, Strengths, Behavioral/Emotional Needs, and Trauma. Each grantee completes a different set of CANS modules according to their client population and program goals.

Outcomes: SOY collects four program-specific outcome measures to track progress toward improving youth outcomes:

- Decreasing needs in the Life Function domain on the CANS

- Decreasing risk behaviors

- Decreasing behavioral/emotional needs on the CANS

- Decreasing needs in the Child Strengths domain on the CANS.

Evidence-Based Practices: JPCF-funded programs are encouraged to follow evidence-based practices that have proven effects on youth outcomes. Although the use of evidence-based practices was not emphasized in San Mateo County's 2016-2020 Local Action Plan, there

has been an underlying assumption that funded programs are providing services to youth that are aligned with evidence-based models.

To better evaluate the use of evidence-based practices in fiscal year (FY) 2017-18, ASR requested that each program provide a catalogue of their practices. ASR then ran the catalogued practices through a number of clearinghouses to determine whether the practices were: [1]

- Evidence-based theory or premise

- Evidence-based model, shown by multiple experimental or quasi-experimental studies to be effective

- Evidence-based practices, or modalities shown to promote positive outcomes

- Evidence-based tools, or instruments that have been validated (concurrent and predictive).

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[1] *For the full list of evidence-based practice clearinghouses used to evaluate programs, please see the JJCPA/JPCF Comprehensive Report for FY 2017-18.*

Evaluation Findings

Fiscal Year 2017-18 Highlights

- The number of clients increased 85% from 102 to 189 clients compared to the last fiscal year; however, the average number of hours of service declined from 12.8 to 7.5 hours, a 41% decrease.

- SOY primarily served clients with lower criminogenic risk. Ninety-four percent (94%) scored Low on the JAIS assessment.

- A high percentage of youth who completed CANS baseline assessments had at least one actionable need in the areas of Life Functioning (97%) and Youth Strengths (98%).

Profile of Clients Served

SOY served 189 youth over the course of FY 2017-18. While demographic data such as gender and age were available for the majority of youth, race/ethnicity data were available only for 66% of clients. Sixty-four percent (64%) of participants were female, and the average age of clients was 14.5 years old. Thirty-two percent (32%) of clients identified as Latino/Hispanic, followed by 22% Asian/Pacific Islander, 5% White/Caucasian, and 4% Multi-Racial.

Service data were available for all youth, with youth receiving an average of 7.5 hours of serviced during an average of 4.6 months in the program. Over two-thirds (69%) of services to youth were individual counseling, and 15% of services were for group sessions.

Table 1. Client Services and Risk Indicators

CLIENT SERVICES	FY 12-13	FY 13-14	FY 14-15	FY 15-16	FY 16-17	FY 17-18
Number of clients served	298	209	185	224	102	189
Average number of hours served	9.7	11.0	9.6	12.4	12.8	7.5
Average time in the program (months)	4	4	6	4.8	3.7	4.6

Risk Indicators

In FY 2017-18, SOY served clients at the low end of the criminogenic risk spectrum. As could be expected for a prevention-based service, 94% of the 100 participants assessed with the JAIS assessment scored low and 6% scored medium.
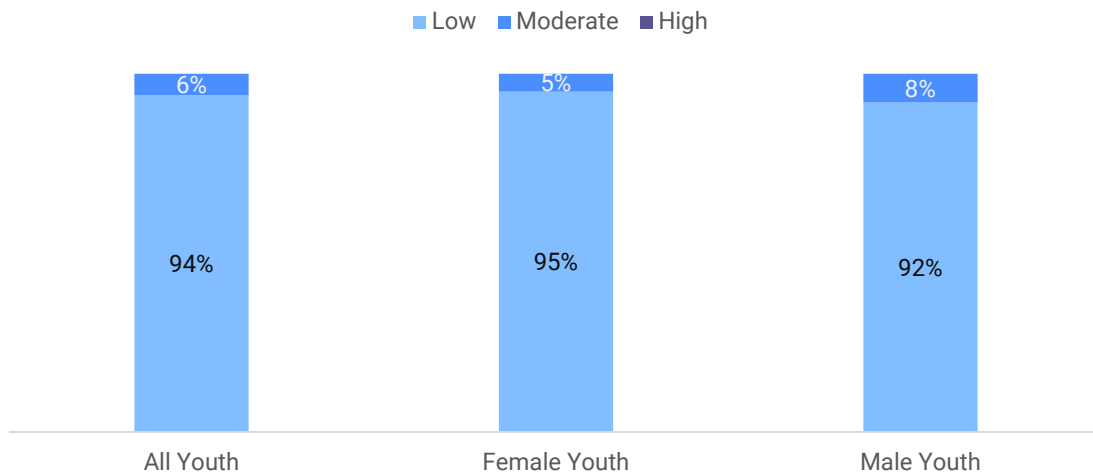
Table 2. JAIS Risk Levels

JAIS RISK LEVEL	FY 15-16	FY 16-17	FY 17-18
Low	98%	95%	94%
Moderate	2%	4%	6%
High	0%	<1%	0%

n=100

The propensity of low criminogenic risk scores persisted when the data were disaggregated by sex, with slightly lower percent of boys with a Low risk level (92%) than girls (95%).

Figure 1. Criminogenic Risk Level by Sex

All Youth n=100; Female Youth n=64; Male Youth n=36

Life Functioning and Needs

In total, the CANS assessment was conducted with 52% of youth who received services during FY 2017-18. As seen in the figure below, 95% of assessed youth had actionable needs on three or more items, a substantial increase over FY 2016-17.

Figure 2. Clients with Three or More Actionable Needs on the CANS
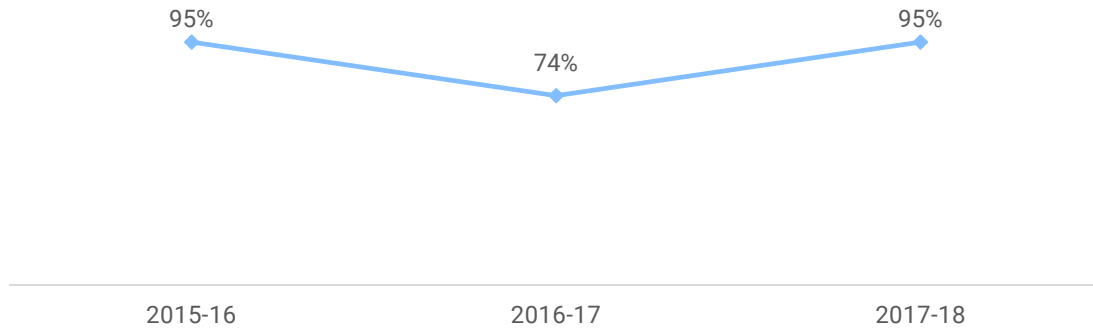
FY 2017-18 n=99 clients with baseline CANS data

The figure below shows the percentage of all clients with at least one actionable need at their baseline assessment. Results show a number of modules with over 90% of participants with actionable needs: Youth Strengths (98%), Life Functioning (97%), Trauma (95%), and Caregiver Strengths and Needs (94%). These results show youth are lacking important resources and supports in the areas of individual, family, peer, school, and community life functioning, important internal (e.g., resilience, optimism), social (e.g., family strengths/support, relationship permanence), and community (e.g., community connection, educational setting) resources and supports.

Figure 3. Percent of Clients with at least One Moderate or Significant Need by CANS Module at Baseline
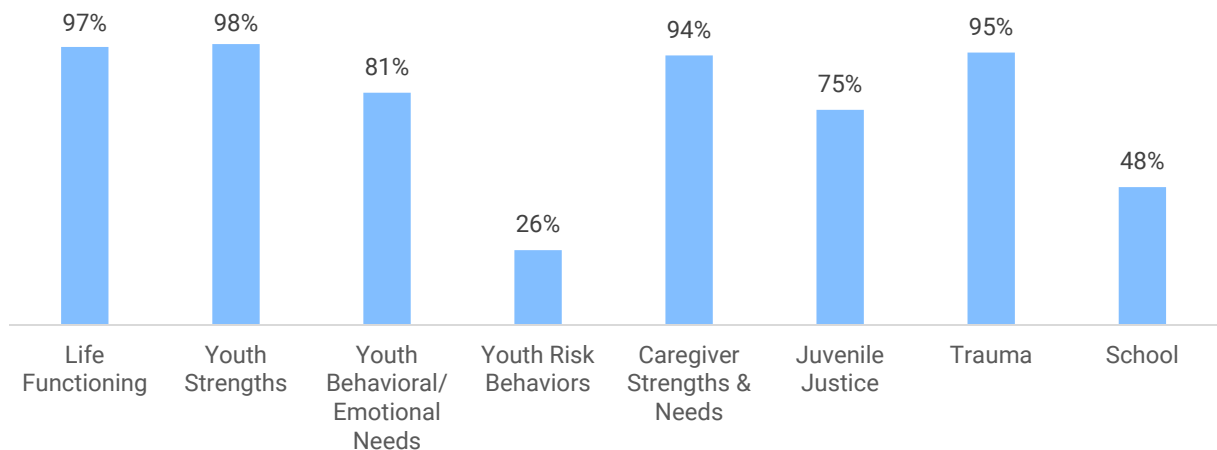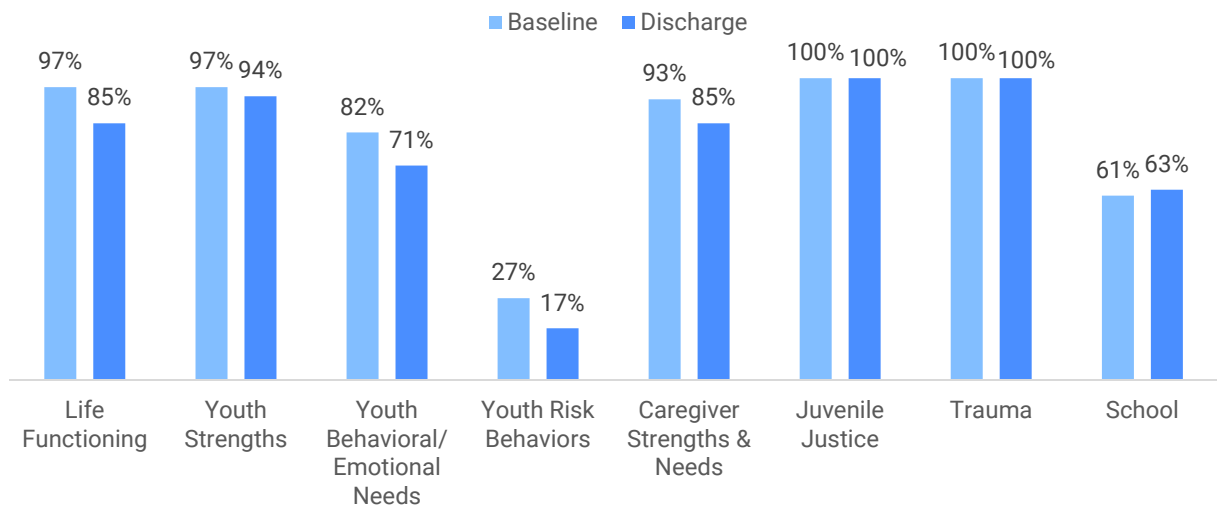

Life Functioning n=99; Youth Strengths n=99; Youth Behavioral/Emotional Needs n=99; Youth Risk Behaviors n=99; Caregiver Strengths and Needs n=99; Juvenile Justice n=12; Trauma n=49; School n=89.

Figure 4 shows the percent of clients with at least one actionable need at both baseline and discharge. Only data from clients with matching baseline and discharge assessments were included in the analysis to reflect the change in the number of youth with actionable needs over time. It is notable that the number of matching assessments varied by module.

There were decreases in the percent of youth reporting at least one actionable need from baseline to discharge on five CANS modules: Life Functioning decreased by 12%, Youth Behavioral/Emotional Needs decreased by 11%, Youth Risk Behaviors decreased by 10%, Caregiver Strengths and Needs decreased by 8%, and Youth Strengths decreased by 3%. Based on these results, youth appear to be receiving supports and resources that promote their life functioning (e.g., family, living, social), behavioral and emotional health, the strengths of caregivers, and internal and social assets, while also reducing risk behaviors.

Figure 4. Percent of Clients with at Least One Moderate or Significant Need by CANS Module at Baseline and Discharge

Life Functioning n=92; Youth Strengths n=78; Youth Behavioral/Emotional Needs n=92; Youth Risk Behaviors n=92; Caregiver Strengths and Needs n=92; Juvenile Justice n=4; Trauma n=32; School=56

It is important to note that an increase in needs does not necessarily indicate that youth are experiencing negative outcomes; youth may feel more comfortable communicating openly with staff about their needs, or additional needs arose during youth tenure in the program. Additionally, matching baseline and discharge assessment data was only available for a proportion of those SOY clients who provided baseline assessment data and there is a significant amount of fluctuation in the number of youth reporting on each CANS module at baseline and at discharge. In order to understand how to more effectively address the needs of all youth served by SOY, attention should be paid to ensuring that baseline and discharge CANS assessments are provided for every youth on all required modules.

Program Specific Outcomes

Each year, SOY sets out program goals for their clients to achieve. In FY 2017-18, SOY exceeded their goal for the percentage of students who demonstrate a decrease in needs in Life Function domains, but did not reach their target for the percentage of students who demonstrate a decrease in risk behaviors.

PERFORMANCE MEASURE	FY 2017-18 TARGET	FY 2017-18 ACHIEVEMENT
Percentage of students who demonstrate a decrease in needs in life function domains.	75%	**78%**
Percentage of students who demonstrate a decrease in risk behaviors.	70%	**50%**
Percentage of students who demonstrate a decrease in behavioral/emotional needs.	N/A	**58%**
Percentage of students who demonstrate a decrease in needs in child strengths domains.	N/A	**66%**

Evidence-Based Practices

In FY 2017-18, ASR asked all programs to provide a listing of all practices and curricula utilized. ASR then evaluated the strength of the evidence-base associated with those activities by running each of them through relevant evidence-based practice clearinghouses. The table below details the practices that SOY reported using in their programs along with their ratings.

PRACTICE	PRACTICE IMPLEMENTATION	RATING
Seeking Safety	Najavits, L.M. (2002). Seeking Safety is a coping skills approach to help people attain safety from trauma and/or addiction. It is present-focused and designed to be safe, optimistic, and engaging. Key principles include: safety as the overarching goal; integrated treatment; focus on ideals to inspire hope; cognitive, behavioral, and interpersonal content; and attention to clinician processes.	Evidence-based practice according to The California Evidence-Based Clearinghouse for Child Welfare, with a rating of 2 on a scale from 1 to 5 (with 1 as well-supported with evidence and 5 as concerning).[2]

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[2] *http://www.cebc4cw.org/topic/substance-abuse-treatment-adult/*

PRACTICE	PRACTICE IMPLEMENTATION	RATING
Dialectical Behavior Therapy (DBT)	Linehan, M. M. (2015). Developed in the 1980s, DBT was originally designed to help people suffering from Borderline Personality Disorder. However, it has also been effective for mood disorders and changing harmful behavioral patterns. As a modified form of Cognitive Behavioral Therapy, DBT focuses on the dialectics of acceptance and change to help both the client and clinician through difficult presenting issues.	Evidence-based therapeutic modality for borderline Personality Disorder and Substance Use Disorder according to empirical evidence[3]
Girls Circle	One Circle Foundation (2012). A structured support group for girls from 9-18 years which integrates relational theory, resiliency practices, and skills training. Designed to increase positive connection, strengths, and competence in girls.	One Circle Foundation self-reports an evidence-base, but this could not be corroborated. The program incorporates some evidence-based practices such as Cognitive Behavioral Therapy and Motivational Interviewing.[4]
The Council for Boys and Young Men	One Circle Foundation (2012). A strengths-based group approach to promote boys' and young men's safe and healthy passage through pre-teen and adolescent years. In this structured environment, boys and young men gain the vital opportunity to address masculine definitions and behaviors, and build their capacities to find their innate value.	One Circle Foundation self-reports an evidence-base, but this could not be corroborated. The program incorporates some evidence-based practices such as Cognitive Behavioral Therapy and Motivational Interviewing.[5]

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[3] *Chapman, A. L. (2006). Dialectical Behavior Therapy: Current Indications and Unique Elements. Psychiatry (Edgmont), 3(9), 62–68. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2963469/pdf/PE_3_9_62.pdf*

[4] *https://onecirclefoundation.org/Programs.aspx*

[5] *https://onecirclefoundation.org/Programs.aspx*

ASR

Client Story

Each year, staff at funded programs provide a client story to help illustrate the effect of services on their clients. The following is the client story provided by SOY for FY 2017-18.

Name of client	Madelyn (Pseudonym)
Age and gender	14, female
Reason for referral	Madelyn was seen during her 8th grade year, and half of the previous school year. She was initially referred during her 7th grade year for issues with authority, uncontrollable anger that often resulted in fighting with peers, low academic performance, and occasional truancy.
Client's behavior, affect, and appearance when they first started in the program	Madelyn was difficult to work with at first due to a general lack of trust with adults. The counselor worked with her in a strengths-based manner and soon came to find out from the school principal that this student should have been performing at the top of her class. It appeared that her anger and academic performance stemmed from an untreated depression that was being turned outward.
Activity engagement and consistency	The counselor spent a great deal of time focused on helping Madelyn to voice her needs, understand her emotions, and harness her energy and anger in ways to empower her in a healthy manner, rather than her previous tendency to utilize maladaptive coping and self-sabotage.
Client's behavior, affect, and appearance toward the end of the program	The counselor has seen a dramatic transformation this school year with Madelyn achieving straight As, regulating her emotions, and voicing her needs through self-advocacy. Madelyn sometimes reverts back to previous behaviors but there is a greater sense of self-awareness now.
What the client learned as a result of the program	Madelyn learned how to voice her needs in a way that is both assertive and respectful. She is able to advocate for herself and engage in more authentic relationships with both peers and adults. She appears to have a greater sense of optimism and, though at the end of treatment she was anticipating a move to a different city and school, expressed hope and stated she looked forward to the future.
What the client is doing differently in their life now as a result of the program	Madelyn recognizes how she is accountable in situations of conflict and will brainstorm with a trusted adult on what she may have done differently, as well as strategies that can help with future stressful situations. She is now able to externalize her feelings rather than keep them to herself, and appears to have overcome her depression.