SAN MATEO COUNTY PROBATION DEPARTMENT

Acknowledge Alliance Annual Evaluation

2019-2020

ASR
APPLIED SURVEY RESEARCH

About the Researcher

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Authors

Kim Carpenter, Ph.D.

Manya Jyotishi, Ph.D.

Connie Chu, B.A.

Graphic Design: Jamie Norton

Locations

Bay Area:
1871 The Alameda, Suite 180
San Jose, CA 95126
Phone 408-247-8319

Central Coast:
55 Penny Lane, Suite 101
Watsonville, CA 95076
Phone 831-728-1356

Sacramento:
2351 Sunset Blvd., Suite 170-187
Rocklin, CA 95765
Phone 916-827-2811

www.appliedsurveyresearch.org

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Program Description

Acknowledge Alliance is a community-based mental health provider located in the city of Mountain View, California. One of the missions of Acknowledge Alliance is to help children and adolescents develop their capacity to rebound from hardship and adversity to become well-functioning adults. Acknowledge Alliance fosters resilience and creating trusting relationships, thereby empowering youths to realize their fullest potential.

San Mateo County Juvenile Probation Department (Probation) funds Acknowledge Alliance's Collaborative Counseling Program (CCP), which includes:

- The Court and Community School Counseling (CCSC) Program
- The Transition Program

Many youths attending San Mateo County Court and Community Schools must participate in counseling as part of their diversion contract or formal probation terms. Throughout the academic year, the CCSC Program provides onsite mental health counseling to these youths. Completion of this program fulfills the counseling requirement for youths on diversion or formal probation. The CCSC's goals for program participants include:

- Make positive choices and actions
- Relieve stress
- Develop a trusting relationship with their counselor
- Show an increase in self-awareness and self-esteem
- Increase student abilities to express emotions constructively
- Improve anger management skills
- Prevent delinquency
- Improve school attendance
- Reduce recidivism

The CCSC Program is structured to provide specialized individual and group counseling sessions held weekly. They provide opportunities for students to explore experiences, relationships, and feelings in a safe and confidential setting. This is for students to gain insight into identified self-destructive behaviors, learn more effective forms of self-advocacy, and develop techniques to address and cope with traumas and pressures in their lives, creating the necessary resiliency skills for lasting change. Sessions are led by graduate student interns in clinical psychology who participate in weekly clinical trainings and are regularly supervised by licensed, experienced therapists as well as clinicians who are employed by Acknowledge Alliance.

Similar to the CCSC Program, Acknowledge Alliance offers the Transition Program to provide a continuation of counseling services to students who are returning to district high schools from the Court and Community Schools. In fiscal year (FY) 2011-12, Acknowledge Alliance operated successful transition programs in two public schools. They added two more schools in FY 2013-14, and now serve students in six Sequoia Union High School District

high schools (SUHSD). These include Redwood High, Carlmont High, Menlo-Atherton High, Sequoia High, Woodside High, and TIDE Academy. The program includes direct handoff from therapists at the San Mateo County Court and Community Schools to staff providing individual and group therapy in the district high schools, pre-enrollment into parent meetings at the district high schools, and close collaboration between Acknowledge Alliance counselors and district high school staff to ensure a smooth transition and necessary follow-through.

Although not inclusive of Probation-funded services, Acknowledge Alliance also provides counseling to 9th and 10th grade students in the Aspirations program who have been identified as students at high risk of school failure in their transition to high school, as well as counseling to students with alternative to suspension and expulsion contracts. For the past two years, Acknowledge Alliance has placed a staff clinician in the Boys and Girls Club in Redwood City to provide the same mental health services to teens from SUHSD high schools who attend the afterschool program there. Many of these teens are involved in the juvenile justice system as well.

Programmatic Challenges in Fiscal Year 2019-20

Several programmatic challenges emerged during FY 2019-20 that impacted Acknowledge Alliance's outcomes. In the current fiscal year, program staff reported a reduced enrollment in Court and Community Schools due to an attempt to reduce expulsions at the district high schools and a significantly low census in the Juvenile Hall. This resulted in a slightly reduced number of youths served at Gateway Community School and Hillcrest than in years past.

Limited private space continues to be available for confidential counseling in Juvenile Hall and at each of the district schools. This prevented the program from placing more therapists counseling more students during the year, although school staff requested more therapy hours for their students.

Truancy continues to be a chronic problem, although it is common for some Acknowledge Alliance participants to attend school on the days that they have counseling.

COVID-19 and the resulting Shelter-In-Place (SIP) Order created significant challenges beginning in March 2020.

COVID-19 Impact and Response

On March 16, 2020, the San Mateo County Public Health Officer issued a SIP Order in response to the COVID-19 pandemic that was spreading across the region and across the world. Schools shut down, and students engaged in distance learning with varying degrees of efficacy. Accordingly, Acknowledge Alliance continued to provide counseling services and support online and via phone calls, to the extent possible. The Collaborative Counseling Program (CCP) evaluation team responded by asking clinicians to document their experiences of the pandemic, including how they responded, what they observed in their clientele, as well as the challenges and silver linings.

Several challenges arose over the course of transitioning to distance learning and telehealth. Chief among these were students' general disengagement from school and everything associated with it (including counseling), difficulty reaching students once they were sheltered in place, and students having difficulties finding private, confidential space in their homes to take counseling calls or videoconferencing. Most students do not have their own cell phone numbers, and many do not have Wi-Fi access at home, which posed significant challenges for outreach. For some, contact was impossible to establish, let alone maintain.

Clinicians maintained close communication with the schools and organizations in which they had been embedded, letting them know their availability to provide student support in any way needed. All clinicians reached out to their clients each week to provide, as one clinician described it, "a heartbeat of connection, letting the client know that the therapist is thinking of them and if and when they are ready, the therapist is available". Providing this consistent presence was important, regardless of whether clients responded to these attempts to reach out. An increased incidence of no-shows to scheduled phone or online meetings also arose during this time and posed additional challenges for service delivery.

From a clinical perspective, clinicians expressed difficulty providing counseling over the phone, as physical cues in body language and facial expressions were unavailable to them, thereby limiting their ability to connect with and respond to their clients' needs. Indeed, to manage the lack of confidential space that some students experience, some clinicians turned to sharing Google docs to communicate silently with their clients, affording some audio privacy. Clients too, were deprived of the ability to read non-verbal cues, and they experienced the clinical relationship in less-than-ideal circumstances. Thus, the SIP dynamics significantly challenged the ability to maintain a sense of connectedness and trust. Many students' families struggled with job loss and increased stresses associated with financial strain and lack of basic needs. Family members sheltering in place together in often cramped housing situations added to the strain and raised clinicians' concerns about existing family violence issues, students' exposure to community violence, and student anxiety, depression, and self-medicating behaviors. However, in some cases, clinicians assisted families by referring them to resources and helping them access needed goods and services.

Clinicians noted that the SIP created a lack of structure that was extremely unsettling for many students who lean on consistent routines to help manage their past trauma. That consistency allows them to focus on their schoolwork, which leads to increased self-efficacy and self-esteem. Without that structure, past traumas were often triggered, and students were left feeling untethered and anxious. Clinicians helped students create their own new routines at home and instituted regular phone check-in meetings with their students.

A final consequence of the pandemic was a drastic reduction in counseling referrals this year. Identifying and referring students who need counseling essentially came to a halt when schools closed. As a result, CCP clinicians saw fewer students this year. Moreover, fewer students received follow-up care, which has resulted in fewer matched pre/post-tests, fewer Student Exit surveys, and fewer responses to the measures typically administered in the CCP evaluation overall. Lastly, the school closings also negatively impacted available data for

students because clinicians and staff had only restricted access to the data held at schools. This restriction led to small sample sizes for some outcome measures. The silver linings expressed by clinicians centered around their own growth as clinicians in terms of the increased availability they had to connect with fellow CCP clinical staff. This allowed them to consult with one another, creatively problem-solve, and share information and clinical approaches to the work and to telehealth in particular. As one clinician shared, "being able to meet on a weekly basis over Zoom with everyone on the CCP team is such a luxury. We are able to have rich clinical discussions, as well as support each other in this difficult time. I am so grateful for this, as it has helped me feel more connected to the team and better able to serve my clients."

One clinician noted another unexpected positive outcome of the pandemic—that CCP clinical staff were able to "pursue professional development virtual seminars and workshops to keep up-to-date with legal, ethical, and practice issues around telehealth, as well as enriching clinical practice methods and knowledge". This included learning about new approaches to suicide prevention, new discoveries in neuropsychiatry and applications to treatment, continued growth and understanding in the field of cultural humility, and treatment of culturally diverse clients, to name a few.

Evaluation Methods

Programs provided by Acknowledge Alliance are funded by San Mateo County Juvenile Probation's (Probation) Juvenile Justice Crime Prevention Act (JJCPA). Acknowledge Alliance monitors their programs and report client, service, and outcome data to Probation and its evaluator, Applied Survey Research (ASR). The methods and tools used to collect these data are:

Participants 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 participants. 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, the Juvenile Assessment and Intervention System (**JAIS)** and the Child Adolescent Needs and Strengths (**CANS**) assessment, to provide a standard measure of risk, life functioning, and areas of strength and need for youths:

- **JAIS:** This is a widely used criminogenic risk, strengths, and needs assessment tool that assists in the effective and efficient supervision of youths, both in institutional settings and in the community. The JAIS has been validated across ethnic and gender groups. It consists of a brief prescreen assessment (JAIS Risk), in addition to full assessment and reassessment components (JAIS Assessment and JAIS Reassessment). Each assessment has two form options based on the youth's gender. Probation has elected to administer the JAIS to all youths in institutions as well as in community programs. The JAIS Girls Risk consists of eight items, and the JAIS Boys Risk consists of ten items; each assessment yields an overall risk level of low, moderate, or high.

- **CANS:** This is a multi-purpose tool developed for children's services to support decision-making in determining level of care and service planning, to facilitate quality improvement initiatives, and to allow outcome monitoring. The CANS consists of items scored on a 4-point scale of 0-3, with a score of two or three indicating an actionable need. The assessment groups items into several core modules, including Youth Strengths, Risk Behaviors, Behavioral/Emotional Needs, Life Functioning, Caregiver Strengths and Needs, and Acculturation. Secondary modules that can be triggered by answers to specific core module items include School, Trauma, Substance Use, and Juvenile Justice.

Outcomes: Like all Juvenile Justice Crime Prevention Act (JJCPA) funded programs, Acknowledge Alliance collects data for several justice-related outcomes for program participants. Probation has elected to report these outcomes at 180 days post entry. The reference or comparison group reflects the past year's cohort of program participants to interpret FY 2019-20 outcomes. In FY 2019-20, Acknowledge Alliance collected the following outcome measures:

- Arrests
- Detentions
- Probation violations
- Probation completions
- Court-ordered restitution completion
- Court-ordered community service completion

In addition to the required justice-related outcomes, Acknowledge Alliance also collected two program-specific outcome measures to track progress toward helping participants express their emotions constructively and make positive choices for themselves. Acknowledge Alliance also administers The Children's Global Assessment Functioning (GAF) pre- and post-tests to measure its clients' psychological, social, and school functioning.

Evidence-Based Practices: JJCPA-funded programs are encouraged to follow evidence-based practices. To augment Probation's knowledge of which programs are being implemented by funded partners, each funded program has provided a catalogue of its practices since the FY 2017-18 evaluation period. After receiving this information, ASR runs any new catalogued practices reported 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).

[1] *For the full list of evidence-based practice clearinghouses used to evaluate programs, please see the JJCPA/JPCF Comprehensive Report for fiscal year 2019-20.*

Evaluation Findings

Fiscal Year 2019-20 Highlights

- Acknowledge Alliance served 312 youths this year, 25% more than the last fiscal year. Average hours spent with youths increased 57% from FY 2018-19.
- Acknowledge Alliance served youths across the risk spectrum: 61% scored Low and 39% scored Moderate on the JAIS Boys or Girls Risk assessment.
- Acknowledge Alliance assessed over one-half (54%) of the youths using the CANS. Results for the 145 youths with baseline assessments indicate 76% had three or more actionable needs when they entered the program. The number of youths with needs at follow-up decreased when compared to baseline in most areas.
- The percentage of youths entering the program who had an alcohol or drug problem, an attendance problem, or suspended/expelled decreased from the prior fiscal year.
- Participants showed improvements in scores on the Global Assessment of Functioning (GAF) scale.

Profile of Youths Served

In FY 2019-20, Acknowledge Alliance served 312 youths, with race/ethnicity and age data available for about 97% of youths. About one-half (51%) of youths were female, and 1% were transgender/other, with an average age of 16.8 years. Nearly three-quarters (73%) identified as Hispanic/Latino, 8% identified as White/Caucasian, 7% as Multi-Racial/Ethnic, and 6% as Asian/Pacific Islander.

The 312 youths served over FY 2019-20 spent an average of 4.1 months in the program and received 13.8 hours of services. Seventy-eight percent (78%) of services rendered were for individual counseling, 71% for case management, 21% for consultations, 24% for crisis intervention and prevention, and 10% for group counseling, respectively. Some of these data are shown in Table 1.

Table 1. Youth Services

YOUTH SERVICES	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Number of Youths Served	151	162	172	249	**312**
Average Number of Hours Served	13.6	8.9	11.8	8.8	**13.8**
Average Time in the Program (Months)	3.5	4.3	3.6	3.7	**4.1**

Acknowledge Alliance evaluated certain risk indicators upon entry, including if the youths had a drug or alcohol problem or a school attendance problem, and whether they had been suspended or expelled from school in the past year. However, the data in Table 2 represents a very small and limited subset of youths served in the program due to restricted access to the data held at schools during the SIP Order. Thus, the percentages should be interpreted cautiously. In FY 2019-20, 8% of youths had an alcohol or drug problem at entry, a substantial decrease from FY 2018-19. Those youths entering with an attendance problem slightly decreased from 49% to 42% in FY 2019-20, while those suspended or expelled in the past year decreased from 62% to 58% in FY 2019-20.

Table 2. Youth Risk Indicators at Program Entry

RISK INDICATORS	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Alcohol or drug problem	8%	17%	28%	28%	**8%**
Attendance problem	41%	48%	58%	49%	**42%**
Suspension/expulsion in past year	47%	48%	53%	62%	**58%**

FY 2019-20 n =12.

Risk Indicators

In FY 2019-20, Acknowledge Alliance served youths across the criminogenic risk spectrum. Of the 51 youths assessed with the JAIS Boys Risk or JAIS Girls Risk, 61% scored as Low risk, and 39% scored as Moderate risk (Table 3).

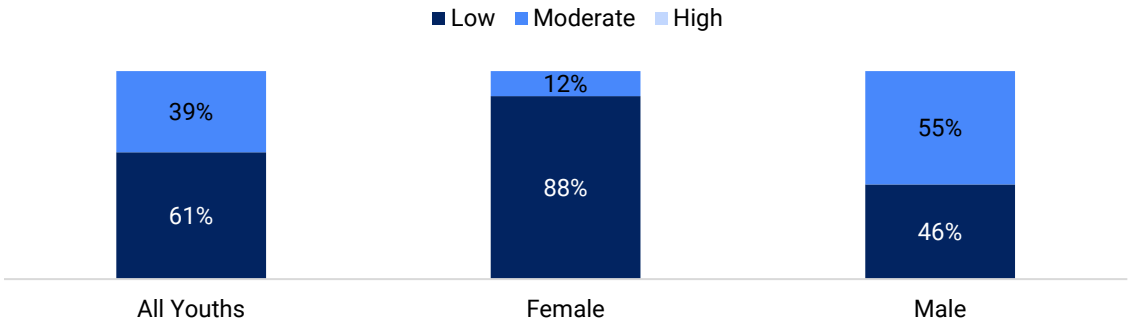
Table 3. JAIS Risk Levels

JAIS RISK LEVELS	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Low	44%	62%	58%	63%	**61%**
Moderate	34%	24%	27%	27%	**39%**
High	21%	14%	15%	10%	**0%**

FY 2019-20 n=51.

When disaggregated by gender, more male youths scored as Moderate risk (55%) than did female youths (12%).

Figure 1. Criminogenic Risk Level by Gender



All Youths n=51, Female n=17, Male n=33. Note: Percentages may not total to 100 due to rounding. 'All Youths' includes risk level for one youth who identified as gender fluid/non-binary. It is not reported separately to protect confidentiality.

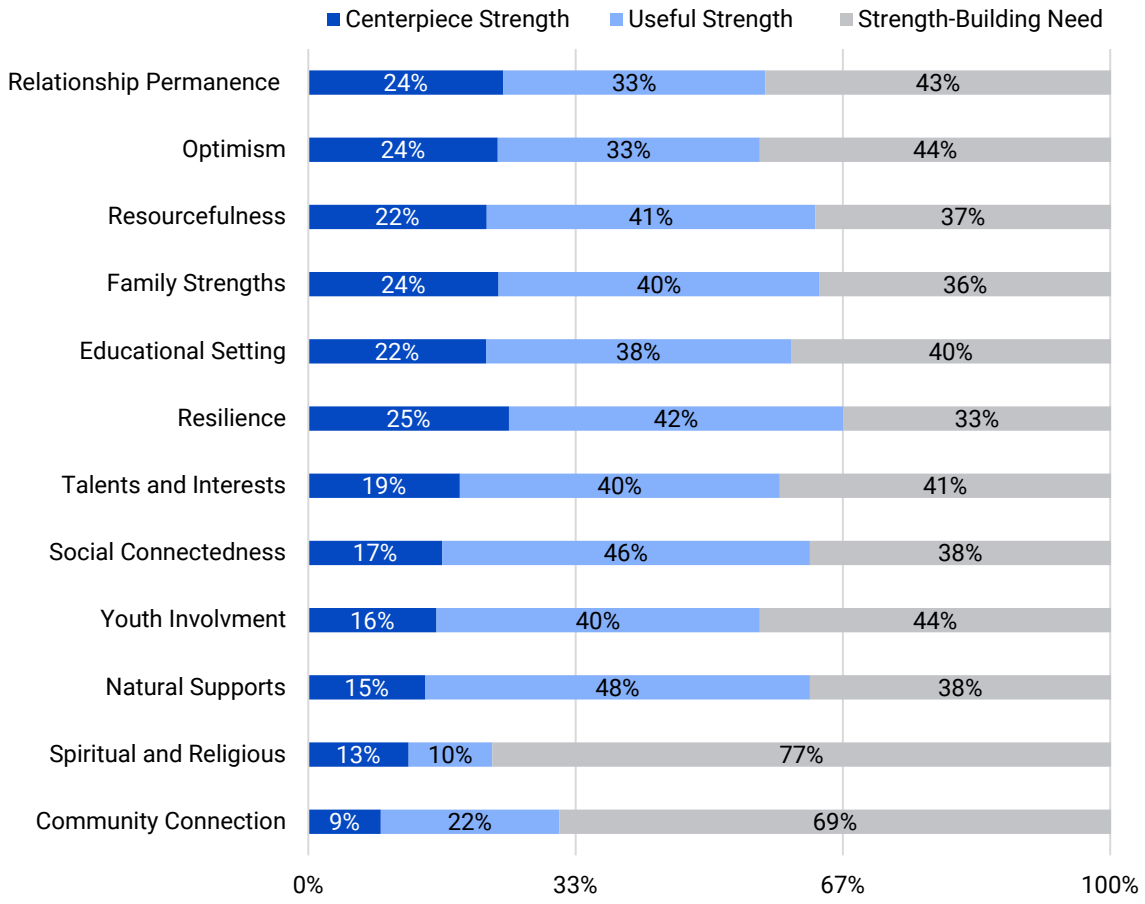
Youth Strengths and Service Needs

In FY 2019-20, Acknowledge Alliance gathered CANS assessment data from 170 (54%) of all youths served using seven needs modules and one youth strengths module. A total of 145 youths had a baseline assessment and 113 youths had both a baseline and follow-up assessment within the fiscal year.

Baseline Assessment

The average number of centerpiece or therapeutically useful strengths identified at baseline per youth was 6.3 out of 12, with 97% of youths identified with at least one strength. Acknowledge Alliance rated youths as possessing near the average number of strengths compared to all programs funded by San Mateo Probation, which averaged 6.1 strengths per youth and 93% of youths possessing at least one strength. Acknowledge Alliance youths were more often rated as having resilience as a centerpiece strength than other San Mateo Probation programs as a whole. However, strength-building needs were the same as for other San Mateo Probation-funded programs and included community connection (69%) and spiritual or religious (77%) strengths (Figure 2).

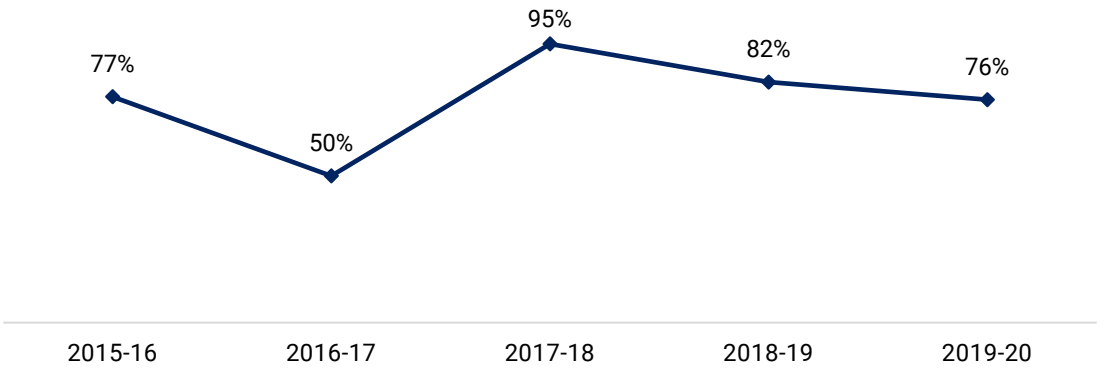
Figure 2. Percentage of Youths with Each Strength at Baseline



n=144. The order of items matches the San Mateo Probation Comprehensive Report.

Three out of four (76%) youths had actionable needs on three or more items, a slight decrease from 82% of clients in FY 2019-20.

Figure 3. Percentage of Youths with Three or More Actionable Needs at Baseline

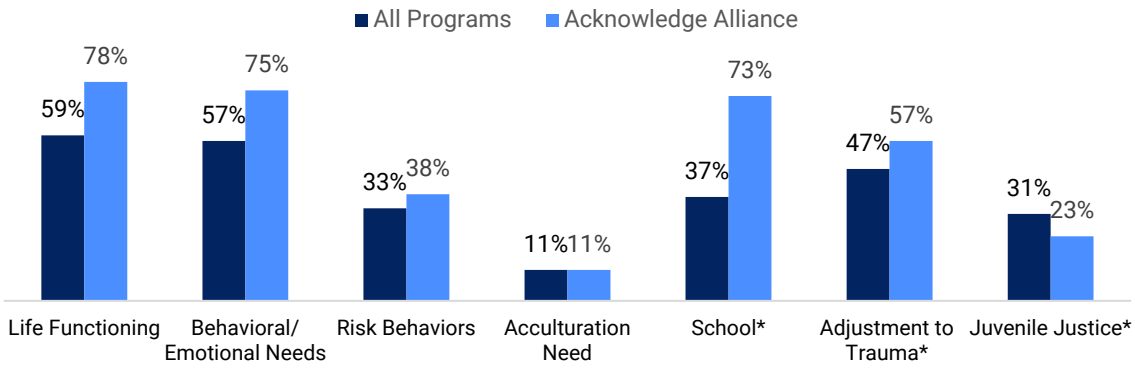


FY 2019-20 n=145.

Figure 4 presents the percentage of youths administered a baseline CANS assessment having at least one actionable need in that module. A high number of youths had actionable needs across many of the CANS core and secondary domains, including Life Functioning, Youth Behavioral/Emotional Needs, and School. More youths served by Acknowledge Alliance had these needs than youths served by all grantees.

The Life Functioning module, which assesses how youths function across individual, family, peer, school, and community realms, had the highest percentage of youths with actionable needs (78%). This was followed closely by the Youth Behavioral/Emotional Needs module, which indicates the need for follow-up action to support healthy behaviors and the emotional health of 75% of youths assessed at program start. The third-highest need this year was to address school needs for 73% of youths, including attendance, achievement, and behavior at school. Fewer youths appeared to have engaged in recent criminal behavior or status offenses at program intake this fiscal year than in the prior fiscal year (23% vs. 60%, respectively). The identified needs are aptly aligned with the school-based services provided by this organization.

Figure 4. Percentage of Youths with at Least One Moderate or Significant Need Per CANS Module at Baseline



*Acknowledge Alliance n=145, Life Functioning n=144, Youth Behavioral/Emotional Needs n=144, Youth Risk Behaviors n=144, Juvenile Justice n=145, Acculturation Need n=144, Adjustment to Trauma n=106; School n=123. Please see the San Mateo Probation Comprehensive Report for all programs. *Results include needs identified on core items or secondary modules.*

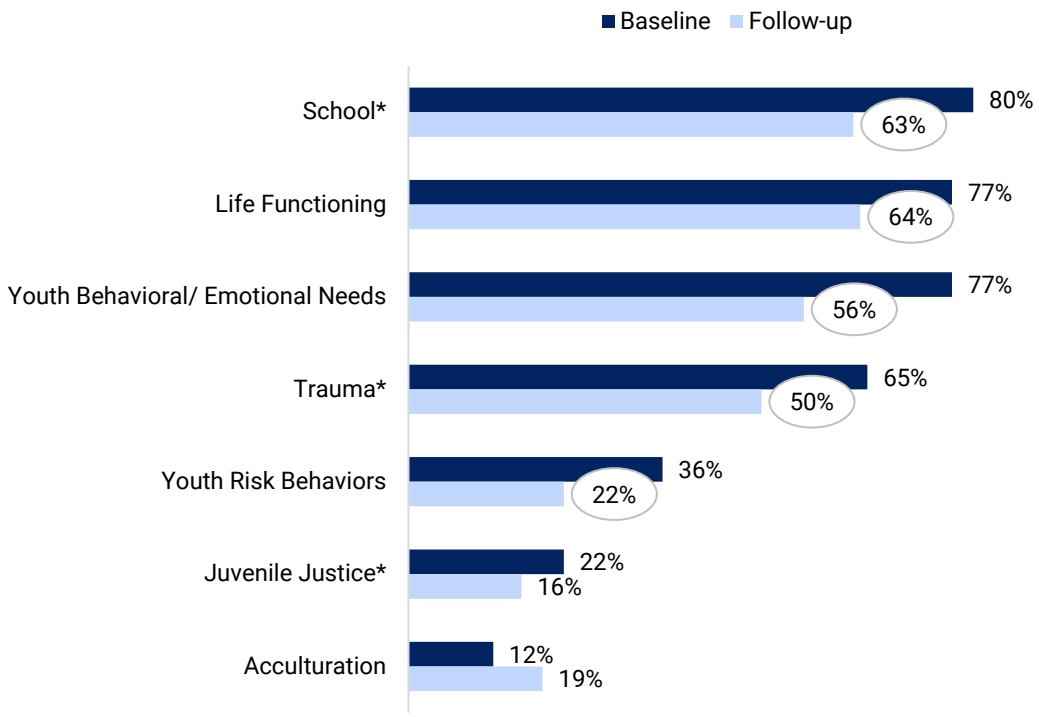
Change over Time

The 113 youths with both a baseline and follow-up assessments were analyzed. Only data from youths with at least one baseline and one follow-up assessment were included in the analysis to reflect more accurately the change in the number of youths with actionable needs over time. The number of matching assessments varied by module.

The number of centerpiece strengths identified for youths served by Acknowledge Alliance significantly increased over time, from 59% to 75%.[2] This suggests that the program helped cultivate strengths among youths.

Figure 5 shows the percentage of youths with at least one actionable need at baseline and follow-up. The results show a 17 percentage point decrease in youths with school needs, 13 percentage point decrease in youths with life functioning needs, 21 percentage point decrease in youths with behavioral/emotional needs, 15 percentage point decrease in youths with trauma needs, and a 14 percentage point decrease in youths risk behavior needs. There was no change in the number of youths with actionable needs regarding juvenile justice or acculturation needs.

Figure 5. Decrease in Percentage of Youths with CANS Actionable Needs Over Time



*School n=113, Life Functioning n=113, Youth Behavioral/Emotional Needs n=113, Trauma n=80, Youth Risk Behaviors n=113, Juvenile Justice n=113, Acculturation n=113. Note: Circles indicate statistically significant decreases from baseline to follow-up assessment using paired T-tests, p < .05. *Results include needs identified on core items or secondary modules.*

Although the results of the follow-up CANS indicate that many youths still needed support for most areas, the noticeable decreases in the number of youths with these needs indicate that some youths experienced a resolution of specific needs during their participation in Acknowledge Alliance programs. This was especially true in their establishment of strengths, life skills and functioning, behavioral or emotional symptoms, control over their aggressive and risky behaviors, and traumatic symptoms.

[2] *Paired T-test, p < .01.*

In the prior fiscal year, matching baseline and follow-up assessment data were available only for 54% of Acknowledge Alliance youths. This past year, the program had CANS assessments for 78%— a vast improvement despite challenges from the COVID-19 pandemic. To effectively address the needs of all youths served and to help inform the stakeholders of the strengths and needs of youths, continued attention should be paid to ensuring all youths are assessed with fidelity, and that data are entered into the data entry platform on all required modules.

Justice Outcomes

In Figure 6, all data are suppressed for youths served by Acknowledge Alliance in FY 2019-20 due to an extremely small sample size (n=2). This was due to restricted access to data held at schools during the COVID-19 pandemic.

Table 4. Justice Outcomes (Six Months After Entry)

JUSTICE OUTCOMES	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Youths Arrested for a New Law Violation	9%	N/A	13%	16%	*
Youths with Detentions	13%	26%	28%	22%	*
Youths with Probation Violations	N/A	N/A	9%	14%	*
Completion of Probation at 180 Days	2%	13%	36%	5%	*
Completion of Restitution	0%	*	*	*	*
Completion of Community Service	14%	*	30%	29%	*

FY 2019-20 Youths Arrested for a New Law Violation n=2, Youths with Detentions n=2, Youths with Probation Violations n=0, Completion of Probation at 180 Days n=0, Completion of Restitution n=0, Completion of Community Service n=0.
**Indicates that no youths were in that category in the fiscal year or data were suppressed due to a sample size below five.*

Program-Specific Outcomes

Acknowledge Alliance tracks and reports on two important factors in youth's success: school attendance and absenteeism (Table 4). However, reporting on these two measures this year was suppressed due to incomplete data and a small sample size (n=2).

Table 5. Program-Specific Outcomes

PROGRAM-SPECIFIC OUTCOMES	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Percentage of School Days Attended	85%	86%	82%	81%	*
Chronically Absent Clients	46%	35%	58%	57%	*

FY 2019-20 n=2.

In addition to the CANS assessment, Acknowledge Alliance staff and interns measure progress made by each youth using the Global Assessment of Functioning (GAF) scale. The GAF is a 100-point scale used by mental health clinicians to measure psychological, social, and school functioning for children ages six to 17. The children's version of the GAF was adapted from the Adult Global Assessment of Functioning Scale and is a valid and reliable tool for rating a child's general level of functioning on a health-to-illness continuum. With guidance and oversight from their clinical supervisors, CCSC Program interns determined GAF scores at pre- and post-test for youths who had been seen more than three times.

The GAF was administered to youths in both the CCSC Program and the Transition Program. As seen in Table 5, the 15 CCSC youths with data submitted had an average 1.2% increase in GAF scores from pre- to post-test overall. Although the percent of change differed by school, the very limited sample size does not permit any conclusion regarding performance or differential outcomes for these sites.

Table 6. Court and Community Schools Program GAF Pre- and Post-Test Scores by School

COURT AND COMMUNITY SCHOOL	PRE-TEST MEAN GAF SCORES	POST-TEST MEAN GAF SCORES	PERCENT CHANGE FROM PRE- TO POST-TEST
Gateway	48.3	52.0	**7.2%**
Hillcrest	46.8	45.0	**-3.9%**
TOTAL	**47.5**	**48.3**	**1.2%**

Gateway n=8, Hillcrest n=7. Note: Acknowledge Alliance provided aggregate GAF data in FY 2019-20.

The 105 Transition Program youths assessed had noteworthy increases from pre- to post-test, with an average 23.9% increase across all sites.

Table 7. Transition Program GAF Pre- and Post-Test Scores by School

TRANSITION PROGRAM SCHOOL	PRE-TEST MEAN GAF SCORES	POST-TEST MEAN GAF SCORES	PERCENT CHANGE FROM PRE- TO POST-TEST
Carlmont	54.8	60.3	**10.3%**
Menlo-Atherton	45.8	51.2	**13.5%**
Redwood	47.5	58.7	**32.4%**
Sequoia	52.1	60.5	**16.8%**
Woodside	58.8	59.4	**27.6%**
TIDE	49.2	60.3	**22.4%**
TOTAL	**49.2**	**58.6**	**23.9%**

Carlmont n=9, Menlo-Atherton=18, Redwood n=48, Sequoia n=17, Woodside n=7, TIDE n=6. Note: Acknowledge Alliance provided aggregate GAF data in FY 2019-20.

In addition to measuring its youth' progress with GAF scores, Acknowledge Alliance set two additional program goals for its CCSC Program and Transition Program over the course of the fiscal year: 1) improvement in expressing emotions constructively, and 2) increase in youths making positive choices for themselves. Acknowledge Alliance exceeded its performance measure targets in reporting that counseling helped youths to make positive choices for themselves for its Transition Program but not for the CCSC program (Table 7). Both programs fell short in their goal to have youths report that counseling helped them express their emotions constructively. However, missing data and unusual circumstances due to COVID-19 limit the interpretation of these data this fiscal year.

Table 8. Performance Measures

PERFORMANCE MEASURE	FY 18-19	FY 19-20 TARGET	FY 19-20 RESULTS
Court and Community Schools Program			
Percent of youth who report that counseling helped them to express their emotions constructively	89%	90%	**67%**
Percent of youth who report that counseling helped them to make positive choices for themselves	73%	75%	**44%**
Transition Program			
Percent of youth who report that counseling helped them to express their emotions constructively	89%	90%	**80%**
Percent of youth who report that counseling helped them to make positive choices for themselves	78%	75%	**80%**

Court and Community Schools Program n=8-9; Transition Program n=5.

Evidence-Based Practices

In FY 2019-20, funded programs were asked to provide the practices and curricula employed in their programs. ASR then evaluated the given programs to determine whether they were evidence-based or promising practices through a thorough search of evidence-based practice clearinghouses. Table 8 details the practices that Acknowledge Alliance reported and the evidence base for each practice.

Table 9. Evidence-Based Practices

PRACTICE	PRACTICE IMPLEMENTATION	RATING
Psychodynamic Psychotherapy	Weekly hour-long individual and group therapy sessions (no time limit – clients may attend as long as needed).	Evidence-based practice according to empirical evidence.[3]
Trauma-Informed Practice	Therapists are trained in understanding the impact of complex trauma on the youth and effective ways to address this as an integral part of the therapy.	Evidence-based practice according to SAMHSA.[4]
Cultural Sensitivity	Therapists are trained to explore and factor in cultural influences and norms in their work with clients.	Although cultural sensitivity is not recognized as an evidence-based or promising practice on its own, it is recognized as an important factor for Social-Emotional learning in school-age environments.[5]

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 Acknowledge Alliance for FY 2019-20 to help illustrate an example of gains made in weekly therapy.

Name of Client	Jim
Age and Gender	17, male
Reason for Referral	Jim referred himself to therapy. He knocked on the office door a few days after I had started and asked if I was the new therapist. He then shared that he had always wanted to try therapy, so we sat down, explored what he

[3] *Shedler, J. (2010). American Psychological Association 0003-066X/10/. Vol. 65, No. 2, 98 –109 DOI: 10.1037/a0018378. https://www.apa.org/pubs/journals/releases/amp-65-2-98.pdf.*
[4] *SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (2014), p10. Pub ID#: SMA14-4884.) https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf*
[5] *Barnes, T.; McCallops, K. (2018). The Importance of Cultural Competence in Teaching Social and Emotional Skills. Retrieved from http://rwjf-newconnections.org/blog/importance-of-cultural-competence-in-teaching-social-and-emotional-skills/*

	was looking for, and set a weekly time to meet. Our meeting has been once a week since mid-January 2018.
Client's Behavior, Affect, and Appearance When They First Started in the Program	Jim initially presented as very anxious. The thought of spending an hour devoted to himself made him uncomfortable. To illustrate this point, it was often difficult for him to stay seated throughout session. In many of his early sessions with his therapist, he paced around the room, sharing bits and pieces of himself. Although Jim was unsure of the world and of his therapist, he displayed an earnest desire for things to be different. It was clear to his therapist that he wanted a change and he worked hard in therapy. He bravely and strategically shared vulnerabilities, struggles, and questions. To keep himself safe, he would share something meaningful and quickly change the subject. It was in one of these moments that Jim revealed the pain of his experience growing up with an alcoholic mother. A mother who was inconsistent and unreliable, early in his childhood she was in and out jail on different charges. Jim felt responsible for his mother's affliction and spent his days thinking of how he could help his mother. He was consumed by a sense of helplessness and often thought, "If I could just be better, my mother wouldn't drink anymore..." At the start of therapy, Jim did not have any meaningful relationships and preferred to be alone. Jim's outlook was gloomy, dark, and hopeless. Jim's choice of clothing was congruent with his inner world: gloomy, dark, and hopeless. He dressed in all black, all the time. His choice in music often expressed the feelings he couldn't. He even once wore a shirt that said, "people suck." It was evident that his nihilistic view of the world was reinforced by his experiences with others. Jim struggled academically. He was diagnosed with ADHD at a very young age. He would often cut class to be alone, since the attention he received in class was mostly negative. He would frequent the library and coffee shops to "people watch" and read. He sometimes enjoyed being rebellious by getting himself kicked out of class.
Activity Engagement and Consistency	Jim would leave his house late at night or early in the morning to go on walks while listening to music. He shared that this was the only time he felt he could be himself without being bothered. Jim experimented with marijuana and alcohol. He frequented the Boys and Girls Club after school. During his time at the Boys and Girls Club, he took a cooking class and displayed diligence in his participation and involvement. He also received tutoring support with the Academic Success Team. He later went on to receive music lessons; he also joined the Future Grads program, which allowed him to attend various field trips.

Client's Behavior, Affect, and Appearance Toward the End of the Program	Jim no longer blames himself for his mother's behavior. In a recent session, Jim arrived at the insight that his mother's vulnerability to alcohol trumps her responsibility as a parent. This insight has helped him understand his mother's capacity to parent which has freed him from the disappointment of unmet expectations. He has shared feeling more connected to his mother now that he no longer blames himself for his mother's alcoholism. Jim no longer wears all black. He dresses in jeans and tee's and sometimes even participates in spirit days at his school. He now sits comfortably in his sessions with his therapist, trusts in others, and asks for help when needed. His outlook is positive, he has friends, and even had a romantic relationship! Sadly, the relationship ended, but Jim was able to work through the break-up with resilience and courage. A few sessions ago, he shared feeling proud of the changes he has made. His goal is to go to college, then law school, and finally, become a prosecutor to fight for others.
What the Client Learned as a Result of the Program	Jim learned many things about himself throughout therapy, but perhaps one of the most important things he has learned is that he is not responsible for his mother's alcoholism. He has learned how to be a teenager and not a parent. As a result of these insights, his relationship with his mother has changed. Jim learned he can live a life different from the one handed to him.
What the Client is Doing Differently in Their Life Now as a Result of the Program	Jim is no longer pushing others away. He has meaningful relationships with peers and adults. Jim raised his GPA, no longer cuts class, and completed a criminal justice course at a local community college. He is engaging in activities he enjoys and has begun to look for a part-time job. Jim's self-talk has shifted from one of blame to one of compassion and understanding, which has helped him live a more integrated life.
The Value of the Program in the Client's Words	"Therapy is my 50-minute home…"