

San Mateo Probation

StarVista Strengthen Our Youth Program Annual Evaluation

FISCAL YEAR 2018-2019



Helping People
Build Better Communities

About the Researcher

Applied Survey Research (ASR) is a social research firm dedicated to helping people build better communities by collecting meaningful data, facilitating information-based planning, and developing custom strategies. The firm was founded on the principle that community improvement, initiative sustainability, and program success are closely tied to assessment needs, evaluation of community goals, and development of appropriate responses.

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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 three high schools and two middle schools 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 and substance use 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.

Programmatic Challenges in Fiscal Year 2018-19

The following summary describes the challenges reported by staff and program managers.

The greatest challenge this year was related to staffing. Three of the five SOY clinicians were new to the program (though not new to the agency), and one clinician left the agency halfway through the year, leaving a slight gap in services at one school. While being new to the team and agency undoubtedly contributed to some minor errors in reporting, the team became incredibly cohesive and worked well together, often helping each other during the year. It is expected that the majority of them will be returning in the upcoming year.

Another challenge the SOY program experienced was related to its integration into StarVista's family of programs during this past year. While the changes were not as drastic as those in the previous year, shifts in administrative processes further streamlined the work. As such, the long-term benefits to the team outweighed any challenges experienced related to administrative shifts.

Due to challenges related to obtaining consistent clients to provide Alcohol and Other Drug (AOD) services last year, SOY staff took on a more pro-active approach this year. Several clinicians implemented psychoeducation and prevention curriculum within individual and/or group sessions. At one school, the clinician was able to successfully advocate for the use of AOD group sessions as a short-term Alternative to Suspension (ATS) program. Due to the success of this program, it is anticipated that this will continue to be a model utilized at this school, as well as potentially at other SOY schools in the upcoming year.

Evaluation Methods

SOY is funded by San Mateo County Juvenile Probation's (Probation) Juvenile Probation Camps Funding stream. SOY 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, ASR requested in FY 2017-18 and FY 2018-19 that each program provide a catalogue of their practices. ASR then ran any new catalogued practices reported in FY 2018-19 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 FY 2018-19.

Evaluation Findings

Fiscal Year 2018-19 Highlights

- The number of clients increased 19%: from 189 in 2017-18 to 224 clients in 2018-19; however, the average number of hours of service declined from 7.5 to 5.8 hours, a 23% decrease.
- SOY primarily served clients with lower criminogenic risk. Eighty-eight percent (88%) scored Low on the JAIS assessment.
- A high percentage of youth who completed pre CANS assessments had at least one actionable need in the area of Youth Strengths (98%).

Profile of Clients Served

Fifty-five percent (55%) of the 224 participants were female, and the average age of clients was 15.3 years old. Ninety-two percent of youth reported their race/ethnicity. Of these, 40% identified as Latino/Hispanic, followed by 34% Asian/Pacific Islander, 10% multi-racial, and 7% White/Caucasian.

Service data were available for all youth, with youth receiving an average of 5.8 hours of service during an average of 3.5 months in the program. Over half (54%) of services to youth were individual counseling, and 14% of services were for behavioral health assessments.

Table 1. 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	FY 18-19
Number of clients served	298	209	185	224	102	189	224
Average number of hours served	9.7	11.0	9.6	12.4	12.8	7.5	5.8
Average time in the program (months)	4	4	6	4.8	3.7	4.6	3.5

Risk Indicators

In FY 2018-19, SOY served clients at the low end of the criminogenic risk spectrum. As would be expected for a prevention-based service, 88% of the 64 participants assessed with the JAIS assessment scored low and 11% scored medium.

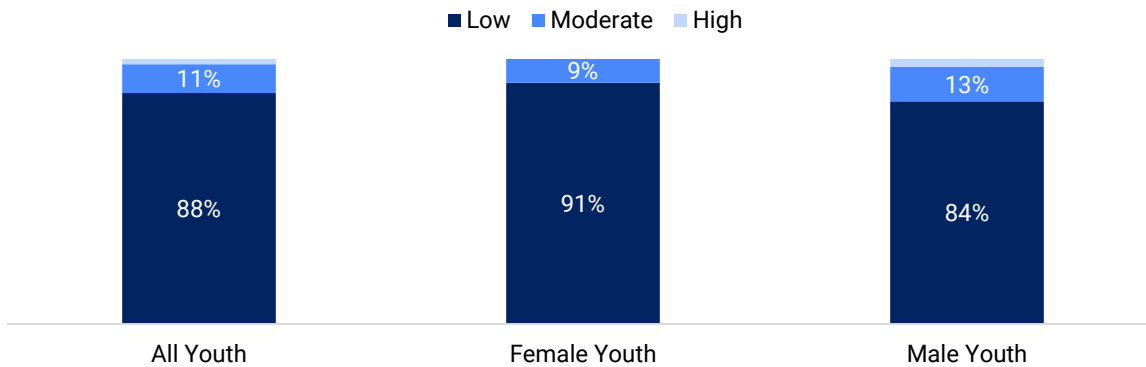
Table 2. Table 2. JAIS Risk Levels

JAIS RISK LEVEL	FY 15-16	FY 16-17	FY 17-18	FY 18-19
Low	98%	95%	94%	88%
Moderate	2%	4%	6%	11%
High	0%	<1%	0%	2%

n=64 in 2018-19.

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

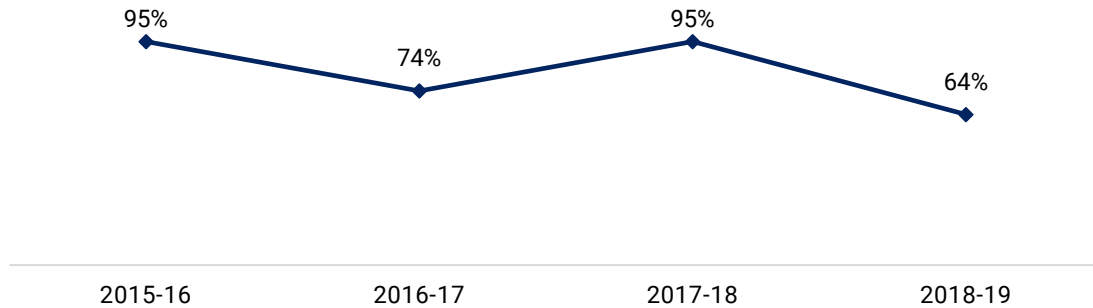


All Youth n=64; Female Youth n=33; Male Youth n=31. Percentages lower than 5% are not shown.

Life Functioning and Needs

In total, the CANS assessment was conducted with 38% of youth who received services during FY 2018-19. As seen in the figure below, 64% of assessed youth had actionable needs on three or more items, a substantial decrease over FY 2017-18 and the lowest during the past four years.

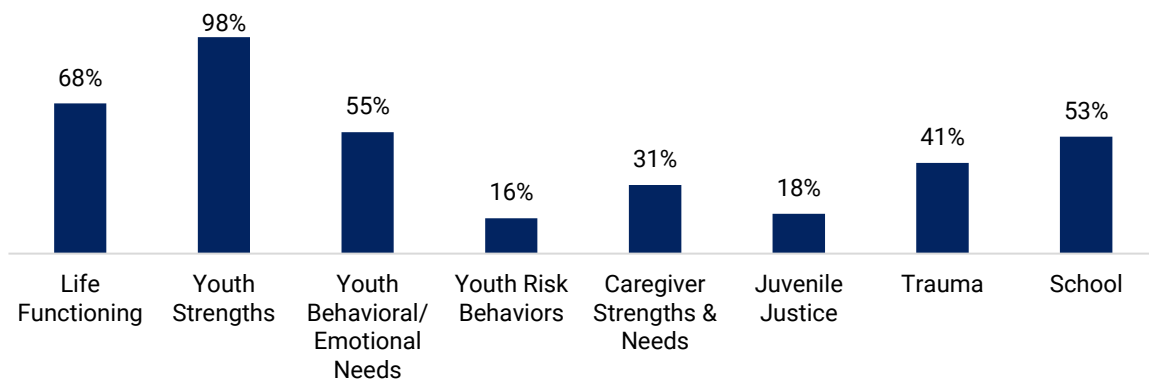
Figure 2. Clients with Three or More Actionable Needs on the CANS



n=85 clients with Pre CANS assessment data.

The figure below shows the percentage of all clients with at least one actionable need at their pre CANS assessment. Results show nearly all participants had actionable needs in Youth Strengths (98%), and fewer but substantial number of clients had actionable needs in Life Functioning (68%), Youth Behavioral/Emotional Needs (55%), and School (53%). Relatively fewer number of clients showed actionable needs in Trauma (41%), Caregiver Strengths and Needs (31%), Juvenile Justice (18%), and Youth Risk Behaviors (16%). These results show youth were lacking important resources and supports in the areas of individual, family, peer, school, and community life functioning; behavioral and emotional challenges; and 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 Module on the Pre CANS assessment

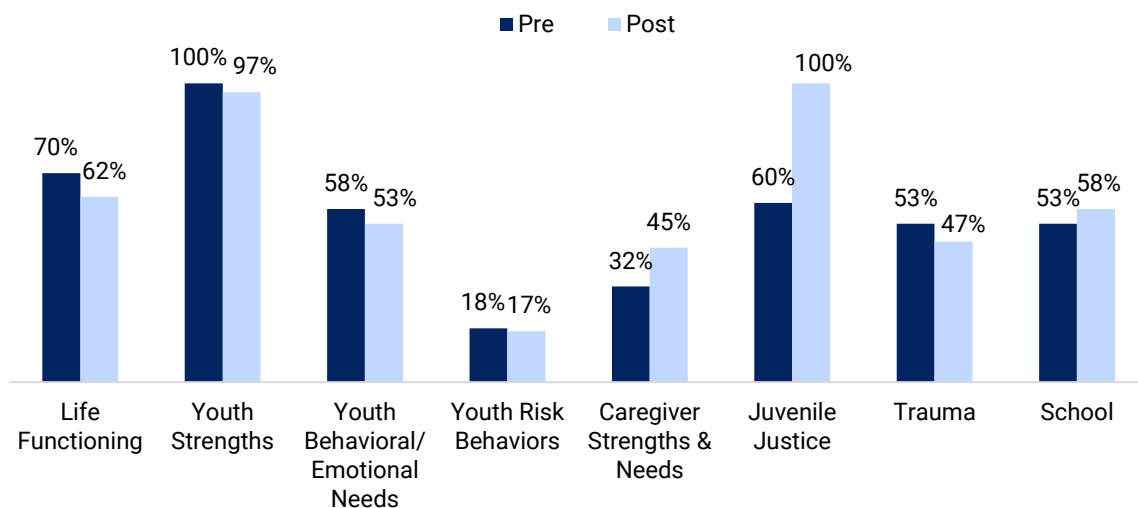


Life Functioning n=85; Youth Strengths n=85; Youth Behavioral/Emotional Needs n=85; Youth Risk Behaviors n=85; Caregiver Strengths and Needs n=85; Juvenile Justice n=17; Trauma n=34; School n=78.

Figure 4 shows the percent of clients with at least one actionable need at both pre and post CANS assessment. Only data from clients with matching pre and post CANS 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 pre to post CANS assessment on five CANS modules: Life Functioning decreased by 8 percentage points; Trauma decreased by 6 percentage points; Youth Behavioral/Emotional Needs decreased by 5 percentage points; Youth Strengths decreased by 3 percentage points; and Youth Risk Behaviors decreased by 1 percentage point. 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, and internal and social assets. However, clients showed more needs in School, Caregiver Strengths and Needs, and Juvenile Justice.

Figure 4. Percent of Clients with at Least One Moderate or Significant Need by Module at Pre and Post CANS Assessments



Life Functioning n=60; Youth Strengths n=60; Youth Behavioral/Emotional Needs n=60; Youth Risk Behaviors n=60; Caregiver Strengths and Needs n=60; Juvenile Justice n=5; Trauma n=15; School=57

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 pre and post CANS assessment data was only available for a proportion of those SOY clients who provided pre CANS assessment data and there is a significant amount of fluctuation in the number of youth reporting on each CANS module at pre and at post CANS assessments. In order to understand how to more effectively address the needs of all youth served by SOY, attention should be paid to ensuring that pre and post CANS assessments are provided for every youth on all required modules.

Program Specific Outcomes

Each year, SOY sets program goals for their clients. In FY 2018-19, SOY did not reach their target for the percentage of students who demonstrate a decrease in the life function domain, risk behaviors, and behavioral/emotional needs, and improvement in child strengths.

Table 3. SOY Program Outcomes

PERFORMANCE MEASURE: PERCENTAGE OF STUDENTS WHO DEMONSTRATE...	FY 2018-19 TARGET	FY 2018-19 ACHIEVEMENT
Decrease in needs in life function domains	75%	52%
Decrease in risk behaviors	70%	36%
Decrease in behavioral/emotional needs	80%	46%
Improvement in child strengths domains	75%	40%

Evidence-Based Practices

In FY 2018-2019, ASR asked all programs to provide a listing of their practices and curricula. ASR then evaluated the strength of the evidence supporting those activities according to evidence-based practice clearinghouses. The table below details the practices that SOY reported using in their programs along with their ratings.

Table 4. Evidence-Based Practices

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
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	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

² <http://www.cebc4cw.org/topic/substance-abuse-treatment-adult/>

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>

PRACTICE	PRACTICE IMPLEMENTATION	RATING
	behaviors, and build their capacities to find their innate value.	
Trauma-Informed Systems	The National Child Traumatic Stress Network (2016). A trauma-informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive.	Evidence-based practice according to SAMHSA. ⁶

⁶ SAMHSA. (2014). SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach, p10. Pub ID#: SMA14-4884. <https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

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 2018-19.

Name of Client	Marie (Pseudonym)
Age and Gender	16, female
Reason for Referral	The clinician received a call to meet with Marie immediately, as she had expressed emotional dysregulation due to being caught with a vape pen and was currently in in-house suspension, concerned about the consequences at home.
Client's Behavior, Affect, and Appearance When They First Started in the Program	The clinician met with Marie for the first session, where the clinician was able to build rapport and assist Marie in decreasing anxiety and developing a plan to cope with potential consequences from parents. At the end of the session, the clinician informed Marie that should she need any more support, she was welcome to come and talk to the clinician.
Activity Engagement and Consistency	Marie took advantage of the mental health support offered at Jefferson and dropped-in every week, on some weeks dropping in twice depending on the crisis she was currently experiencing. Marie verbalized familial issues and anxieties regarding possible uncertainty of her living situation and potential separation, adjusting to a new school environment, discussing peer conflicts, and interpersonal stressors.
Client's Behavior, Affect, and Appearance Toward the End of the Program	By the end of the program, Marie had become very outspoken. She would often come to sessions engaged and prepared to discuss everything. She was far more open to counseling, processing both emotions and solutions for any stressors. She would often leave sessions in a confident manner, with next steps to resolve anything that came her way.
What the Client Learned as a Result of the Program	The clinician assisted Marie in enhancing her abilities to problem-solve and develop tools for conflict resolution within interpersonal relationships, improve self-esteem, and overall creating a safe space for her to be able to process emotions, discuss stressors, and develop potential solutions.
What the Client is Doing Differently in Their Life Now as a Result of the Program	At the beginning of sessions, Marie had discussed stressors related to a romantic relationship, despite warnings from friends and family. As sessions progressed, she was more able to take into consideration what those who care about her may say, and was more open to receiving feedback from others.