

San Mateo Probation

YMCA of San Francisco Annual Evaluation

Fiscal Year 2017-2018



Contents

- Program Description..... 2
 - Programmatic Challenges in Fiscal Year 2017-18 3
- Evaluation Methods 4
- Evaluation Findings..... 6
 - Fiscal Year 2017-18 Highlights 6
 - Profile of Clients Served..... 6
 - Risk Indicators 7
 - Functioning and Service Needs 8
 - Program Specific Outcomes..... 10
 - Evidence-Based Practices..... 11
 - Client Story 15

Program Description

San Mateo Juvenile Probation (Probation) supports the YMCA of San Francisco (YMCA) to provide a school-based violence prevention program with Juvenile Probation Camps Funding (JPCF). The program, called School Safety Advocates (SSA), provides the following services in five middle school sites across San Mateo County:

- Crisis intervention and mediation
- Risk and mental health assessment
- On-campus anger management “CALM groups,” based upon Aggression Replacement Therapy
- On-campus Girls United empowerment groups
- On-campus First Stop groups, using Mindfulness-Based Substance Abuse Treatment
- Referrals for further individual and family counseling at the Youth Service Bureaus/YMCA clinics or with other appropriate services in the county
- Family case management, including parent support and psycho-education.

Additionally, SSA staff provide broader outreach and education activities with schools to enhance strategies for reducing school violence, criminal justice involvement, and risk factors through “lunch box” discussions with students and SSA staff, classroom bullying workshops, and parent workshops.

The purpose of the SSA program is to keep young people out of the criminal justice system by addressing critical safety concerns. SSA staff work in partnership with school personnel to create safe environments on campuses by intervening to stop fights, mediating conflicts through restorative justice techniques, and preempting potential bullying, self-harm, suicide, and substance abuse. SSA’s therapeutic program model enables staff to establish relationships with youth that empowers young people to work with a safe adult who can guide them through problem-solving and skill-building techniques designed to address challenges, both in the school and at home. The overarching goals of the program are to:

- Reduce youth violence, gang participation, substance abuse, and involvement in the criminal justice system
- Identify any risk to self or others, and secure appropriate services to ensure youth safety
- Change at-risk youth behaviors to increased personal responsibility, risk avoidance, protective behaviors, and resiliency
- Provide the following developmental inputs to promote positive behavioral change: safe environments, supportive adults, and a variety of programs and interventions matched to youth risk levels
- Measure the impacts of those developmental inputs as indicators of positive behavioral change.

Programmatic Challenges in Fiscal Year 2017-18

As in past years, School Safety Advocates struggled to adequately meet the demands of the high number of referrals at each school site due to limited funding of SSA staff positions. This was especially true at schools that only funded SSA positions two days a week, yet school administrators shared that they cannot effectively address the needs of their students and families without greater assistance from the SSA program. In response, two of the participating schools have added extra days to the SSA program to attempt to rectify this issue, but not all schools could afford this expansion to meet student demand.

An additional challenge was staff capacity to meet the high severity of needs of SSA clients. Students that met with staff displayed high levels of needs and risks (e.g., victims of abuse, self-injurious behavior, domestic violence, substance use, psychosis, and suicidal ideation). This created a great need for one-on-one time with staff, and more case management to find and obtain clinically appropriate referrals and follow-through for the client and/or family.

Staff also experienced challenges to obtaining requisite referrals for group programs, especially for the First Stop Mindfulness-Based Substance Abuse Treatment group. SSA program staff believed there were additional youth who would benefit from group services who were not referred, and cited the challenge of not having enough time to address these issues due to staff capacity, which ultimately resulted in staff not meeting student demand for services at the school sites.

Evaluation Methods

JPCF-funded Probation programs monitor and report client, service, and outcome data to the department and its evaluator, Applied Survey Research (ASR). The methods and tools used to collect this 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 workers to effectively and efficiently supervise youth, 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 yield 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, to facilitate quality improvement initiatives, and to 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 assessment is grouped into the following stand-alone modules: Risk Behaviors, Strengths, Behavioral/Emotional Needs, and Trauma. Each grantee completed a different set of CANS modules according to the makeup of their client population.

Outcomes: YMCA collected four additional program-specific outcome measures to track progress toward improving their clients' quality of life:

- Youth reporting a greater engagement in and connection to their school
- Youth reporting an improvement in their educational outcomes
- Youth participating in alcohol and drug prevention groups reported a decrease in substance use
- Youth reporting an improved understanding of the impact of their criminal behavior on victims and the community.

Evidence-Based Practices: JPCF-funded programs are encouraged to follow evidence-based practices. In 2012, ASR conducted an evaluation and concluded that funded programs were using a variety of carefully-crafted practices to respond to the needs of their clients, but that those practices spanned the range of what is considered evidence-based. Although the use of evidence-based practices was not emphasized in the 2016-2020 Local Action Plan, there was an underlying assumption that funded programs were providing services to youth that were aligned with evidence-based models.

In fiscal year (FY) 2017-18, ASR requested that each funded program provide a catalogue of their practices and curricula utilized. 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).

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 youth served this year decreased to 218 from 384 in FY 2016-17, but the average time in the program increased by 4% to 4.1 months.
- YMCA primarily served low-risk youth: 96% scored Low on the JAIS assessment.
- Seventy-nine percent (79%) of YMCA youth had three or more actionable needs on the CANS assessment at baseline, a 34% increase from FY 2016-17.

Profile of Clients Served

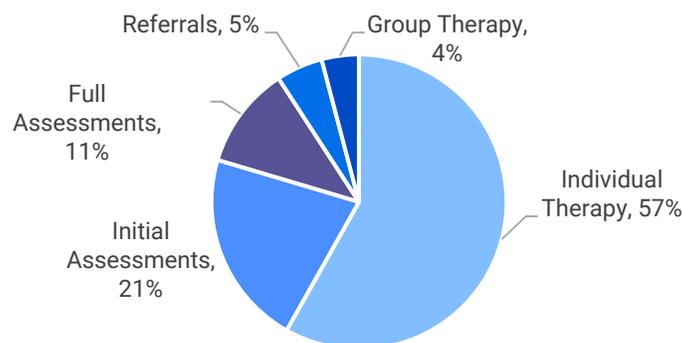
During FY 2017-18, YMCA served 218 youth, a notable decrease from FY 2016-17. Demographic data were provided for all youth. Slightly more than half (56%) of participants were female, and the average age of client was 12.7 years old. About half (51%) identified as Latino/Hispanic, and 26% identified as Asian/Pacific Islander. Youth spent an average of 4.1 months in the program.

Table 1. Client Services

| CLIENT SERVICES | FY 12-13 | FY 13-14 | FY 14-15 | FY 15-16 | FY 16-17 | FY 17-18 |
|--------------------------------------|----------|----------|----------|----------|----------|----------|
| Number of clients served | 430 | 560 | 483 | 328 | 384 | 218 |
| Average number of hours served | 13.5 | 9.9 | 9.1 | 10.1 | N/A | N/A |
| Average time in the program (months) | 6 | 4 | 4 | 3.0 | 3.9 | 4.1 |

As seen in the Figure 1, over half (57%) of time spent with youth was dedicated to individual therapy, while 21% of time was spent performing initial assessments with youth.

Figure 1. Percent of Time Spent with Youth



Risk Indicators

In FY 2017-18, YMCA served clients primarily on the lower end of the risk spectrum. Ninety-six percent (96%) of participants who received the JAIS assessment had low criminogenic risk levels, with 4% scoring moderate.

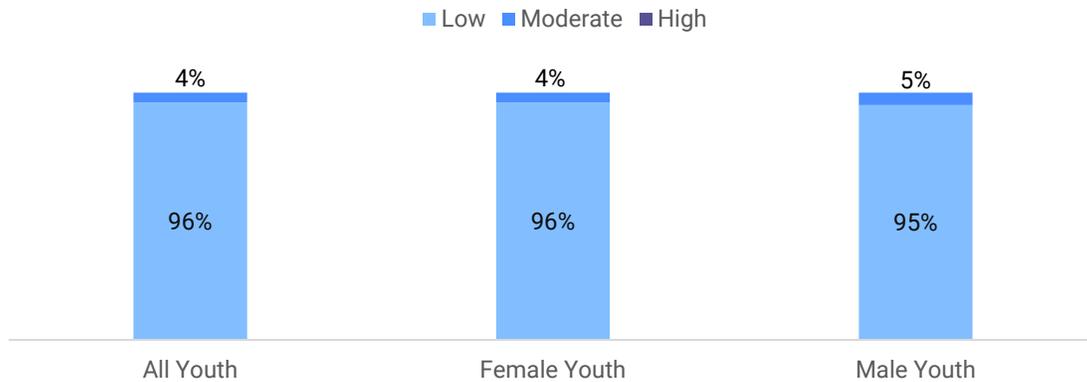
Table 2. JAIS Risk Levels

| JAIS RISK LEVELS | FY 16-17 | FY 17-18 |
|------------------|----------|----------|
| Low | 98% | 96% |
| Moderate | 2% | 4% |
| High | 0% | 0% |

n=138

When disaggregated by sex, female youth and male youth continued to have similar levels of criminogenic risk, as seen in the figure below.

Figure 2. Criminogenic Risk Level by Sex



All Youth n=138; Female Youth n=82; Male Youth n=56

Functioning and Service Needs

In total, YMCA provided CANS baseline assessment data for 65% of their clients in FY 2017-18. While YMCA’s population primarily had low-risk levels, 79% of students served had actionable needs on three or more items on the nine CANS modules. This was a significant increase from FY 2016-17.

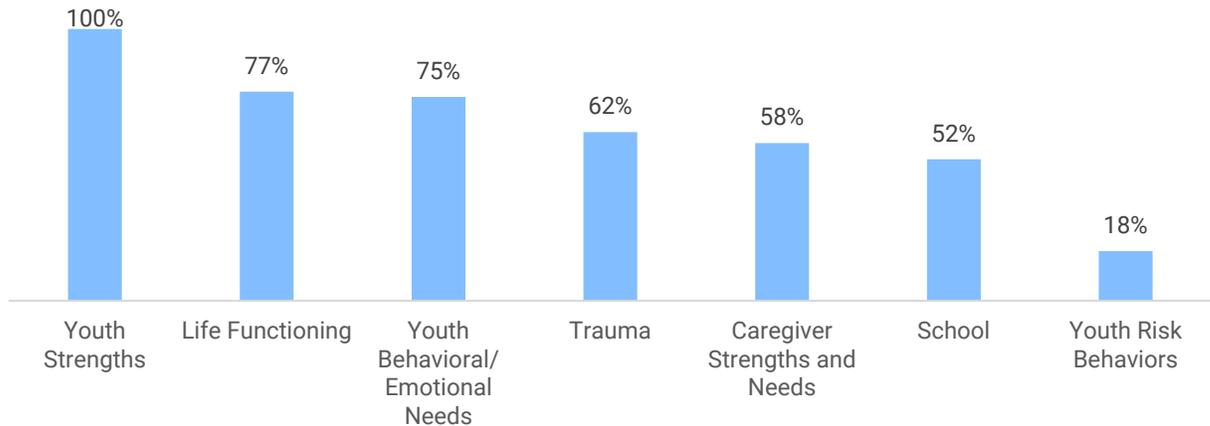
Table 3. Clients with Three or More Actionable Needs on the CANS

| CANS ITEMS | FY 16-17 | FY 17-18 |
|---|----------|----------|
| Clients with 3 or more actionable needs | 44% | 79% |

n=142

Figure 3 below presents the percentage of all clients with at least one moderate or significant actionable need on the CANS at the time of their baseline assessment. Several modules had high percentages of participants with actionable needs, including: Youth Strengths (100%), Life Functioning (77%), and Youth Behavioral/Emotional Needs (75%). These youth primarily lack 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. Youth served also displayed a need to improve functioning in the areas of individual, family, peer, school and community life, and behavioral/emotional needs.

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



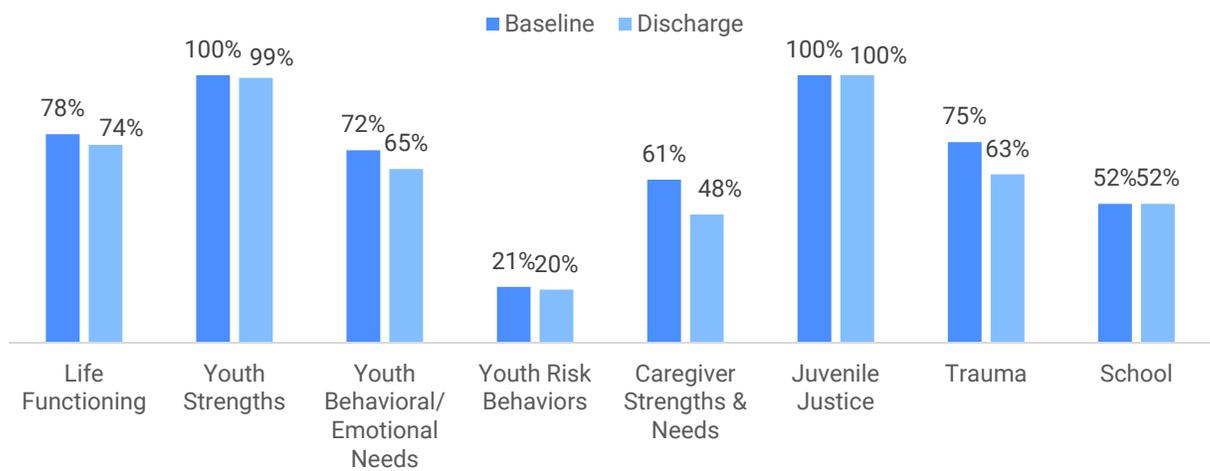
Youth Strengths n=142; Life Functioning n=142; Youth Behavioral/Emotional Needs n=142; Youth Risk Behaviors n=142; Caregiver Strength and Needs n=141; School n=142; Youth Risk Behaviors n=142; Trauma n=13.

Below, 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. In addition, YMCA had a high number of matching baseline and discharge

assessment data, which allowed for a more complete understanding of how the needs of their students changed over time.

Marked decreases occurred in the percent of youth reporting actionable needs from baseline to discharge on three modules: Caregiver Strengths and Needs decreased by 13%, Trauma decreased by 12%, and Youth Behavioral/Emotional Needs decreased by 7%. These results show that youth needs are being addressed in ways that enhance the strengths of caregivers, help youth cope with trauma, neglect, and abuse, and promote their behavioral and emotional health. No change occurred from baseline to discharge on the Youth Strengths or School modules. There was also no change on the Juvenile Justice (100%) module, though the small number of youth who reported on this module at baseline and discharge limited the interpretation of the result.

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



Life Functioning n=125; Youth Strengths n=125; Youth Behavioral/Emotional Needs n=125; Youth Risk Behaviors n=125; Caregiver Strengths and Needs n=124; Juvenile Justice n=2; Trauma n=8; School n=124.

Program Specific Outcomes

YMCA and Probation developed four additional measures specific to YMCA activities to further understand outcomes of youth in the program. YMCA achieved one of four FY 2017-18 targets: 85% of youth reported an improvement in understanding the impact of their criminal behavior on victims and the community. YMCA did not reach their FY 2017-18 targets for the remaining measures, which provides an opportunity to consider achievable goals for the upcoming fiscal year.

Table 4. Additional Outcomes

| PERFORMANCE MEASURE | FY 2017-18 TARGET | FY 2017-18 RESULTS |
|--|-------------------|--------------------|
| Percent of youth who will report a greater engagement in and connection to their respective school as a result of participating in the program | 85% | 50% |
| Percent of youth who will report an improvement in their educational outcomes as a result of participating in the program | 85% | 45% |
| Percent of youth who will participate in alcohol and drug prevention groups and report a decrease in substance use as a result of participating in the program | 85% | 80% |
| Percent of youth who report an improvement in understanding the impact of their criminal behavior on victims and the community | 85% | 85% |

Evidence-Based Practices

In FY 2017-18, JPCF-funded programs were asked to provide the practices employed in their programs. ASR then evaluated the given programs to determine whether they were evidence-based or promising practices by running them through a number of evidence-based practice clearinghouses. Although some programs have not been evaluated by a nationally recognized evidence-based clearinghouse and did not earn a rating of a promising or evidence-based practice, this does not mean they cannot have a measurable impact. The table below details the curricula and practices that YMCA utilized in its programs.

Table 5. Evidence-Based Practices

| PRACTICE | CURRICULUM IMPLEMENTATION | RATING |
|---|---|---|
| Mindfulness-Based Substance Abuse Treatment | This curriculum was used to for one group of students who were exhibiting signs of early substance use or risk factors. This curriculum was also used individually throughout the year both in the schools and in the clinics. The curriculum integrates practices of mindfulness. | Mindfulness-Based Substance Abuse Treatment is a promising practice based on empirical evidence. ² |
| Girls United | This curriculum was used for two groups during the year. The purpose of the group was to empower girls, build confidence/courage, encourage their talents/strengths, assist them in feeling better about themselves, become more responsible at school/home, and develop leadership, social, decision-making, conflict resolution, and communication skills. The students in the group determined the topics of most interest to them. This was by far the students' favorite group. This curriculum includes psycho-education and guided activities that assisted the girls to explore the chosen topics. | Girls United is not a nationally recognized evidence-based or promising practice. |
| CALM Communication | This curriculum is SSA's anger management curriculum, which was provided to two groups of students who | CALM as a whole is not a nationally recognized evidence-based or promising practice, but |

² Marcus, M. T., & Zgierska, A. (2009). *Mindfulness-Based Therapies for Substance Use Disorders: Part 1 (Editorial). Substance Abuse : Official Publication of the Association for Medical Education and Research in Substance Abuse*, 30(4), 263. <http://doi.org/10.1080/08897070903250027>

| PRACTICE | CURRICULUM IMPLEMENTATION | RATING |
|---|---|--|
| and Life Skills Management | were referred by the school for anger and aggression issues. The curriculum used Cognitive Behavioral Therapy and Aggression Replacement Treatment interventions. The curriculum integrates practices of Cognitive Behavioral Therapy and Aggression Replacement Treatment. Some clinicians also included mindfulness. | the Cognitive Behavioral Therapy and Aggression Replacement Treatment components of the program are nationally recognized evidence-based treatments. ^{3,4} |
| Dialectical Behavioral Therapy (DBT) | YMCA uses DBT skills with students who are in crisis or struggling. Mindfulness, Distress Tolerance, Emotional Regulation, and Interpersonal Effectiveness are effective in building healthy coping skills that help them improve their functioning in school and home. | Evidence-based therapeutic modality for borderline Personality Disorder and Substance Use Disorder according to empirical evidence ⁵ |
| Neurosequential Model of Therapeutics (NMT) | Youth in any of our programs have access to an assessment that measures Developmental Risk, Current Relational Health, Functional Brain Mapping, and functioning in Sensory Integration, Self-Regulation, and Cognitive Processing. The Neuroscience of Trauma and Neglect, taught through NMT, informs our clinicians' interventions and work with students. | Evidence-based model according to empirical evidence ⁶ |
| Seeking Safety | Many of the modules of this practice assist in building healthy coping skills for youth. For example, the Grounding module is especially helpful when a youth is in crisis and dysregulated, and is often taught when the student is struggling with self-harm behaviors or | Evidence-based practice according to The California Evidence-Based Clearinghouse for Child Welfare (CEBC), with a rating of 2 on a scale from 1 to 5 (with 1 as well-supported with evidence and 5 as concerning) ⁷ |

³ <https://www.mayoclinic.org/tests-procedures/cognitive-behavioral-therapy/about/pac-20384610>

⁴ <http://www.episcenter.psu.edu/ebp/ART>

⁵ 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

⁶ Perry, B.D. (2009). *Examining child maltreatment through a neurodevelopmental lens: Clinical application of the neurosequential model of therapeutics*. *Journal of Loss and Trauma*, 14, 240-255.

⁷ <http://www.cebc4cw.org/topic/substance-abuse-treatment-adult/>

| PRACTICE | CURRICULUM IMPLEMENTATION | RATING |
|-------------------------------|---|--|
| | re-experiencing associated with a trauma history. | |
| Art Therapy | Many YMCA clinicians are graduates in Art Therapy and use an assortment of these techniques to build rapport, assess needs, and assist in soothing and regulating youth in crisis. | Evidence-based practice according to empirical evidence ⁸ |
| Motivational Interviewing | Clinicians use these techniques to build rapport and motivation to change. This practice assists clinicians in engaging youth quickly so they can assess needs and resolve crisis situations. | Motivational interviewing is an evidence-based practice according to the Center for Evidence-Based Practices ⁹ |
| Trauma-Informed System | We are a Trauma Informed System, partnered with and trained by Trauma Transformed. We are one of the first CBOs to pilot TIS, which includes a commitment to Cultural Humility and Racial Equity within the organization as well as with our clients. | Evidence-based practice according to SAMHSA ¹⁰ |
| Internal Family Systems (IFS) | IFS is used with longer term clients to address trauma and self-destructive behaviors. | The Center for Self Leadership & Foundation for Self Leadership reported that IFS was an evidence-based practice listed on the now defunct National Registry of Evidence-Based Programs and Practices, but the evidence-base could not be confirmed elsewhere and is no longer available through SAMHSA. |
| Attachment, Regulation, and | YMCA uses this practice with parents to teach them co-regulation skills so they | ARC is not yet rated by the CEBC as there is not enough peer- |

⁸ Uttley L, Scope A, Stevenson M, et al. *Systematic review and economic modelling of the clinical effectiveness and cost-effectiveness of art therapy among people with non-psychotic mental health disorders*. Southampton (UK): NIHR Journals Library; 2015 Mar. (Health Technology Assessment, No. 19.18.) Chapter 2, Clinical effectiveness of art therapy: quantitative systematic review. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK279641/>

⁹ Center for Evidence-Based Practices (2018). *Motivational Interviewing*. Case Western Reserve University. Retrieved from <https://www.centerforebp.case.edu/practices/mi>

¹⁰ 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>

| PRACTICE | CURRICULUM IMPLEMENTATION | RATING |
|-------------------------------------|--|--|
| Competency (ARC) | can regulate their children when they are in crisis. | reviewed evidence to make an informed judgement ¹¹ |
| Acceptance Commitment Therapy (ACT) | ACT is used in YMCA's anger management work with youth, specifically in the CALM groups. | Rated as Effective by the National Institute of Justice partner violence for those aged 19 to 67. ¹² The practice has not been evaluated for juveniles, although it appears on the Office for Juvenile Justice and Delinquency Prevention's Model Programs Guide. ¹³ |

¹¹ <http://www.cebc4cw.org/program/attachment-regulation-and-competency-arc-system/detailed>

¹² <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=592>

¹³ <https://www.ojjdp.gov/mpg/Program>

Client Story

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

| | |
|--|--|
| Name of client | Jackie (pseudonym) |
| Age and gender | 14, female |
| Reason for referral | Jackie joined the program toward the end of the 2016-2017 academic year due to academic underachievement, verbal/physical aggression towards others, conflict with others, and getting suspended. This staff followed up with Jackie at the beginning of the 2017-2018 academic year. |
| Client's behavior, affect, and appearance when they first started in the program | Jackie presented with anxious and depressed affect. Jackie verbalized depressed mood and voiced past suicidal ideation. Jackie reported anxiety around academic performance. |
| Activity engagement and consistency | Staff met with Jackie on a weekly basis until Jackie began individual therapy outside of the school. Jackie participated in check-ins, created safety plans, and was placed on a voluntary 5150 hold during the academic year. Jackie engaged in therapeutic interventions, such as creation of a timeline and use of coping skills discussed, and attended a girl support group on campus in addition to weekly check-ins with staff. Staff maintained communication with Jackie's mother, school counselor, and teachers. Staff helped family get connected to outside services. |
| Client's behavior, affect, and appearance toward the end of the program | At the end of the school year, Jackie presented with happy affect and a reported happy mood. Jackie was connected to an individual therapist and had also been placed on psychotropic medication by a psychiatrist. Jackie was more open to talking to a mental health professional about her struggle. |
| What the client learned as a result of the program | Jackie learned to communicate more openly with her mother about her emotions, she learned her triggers and what healthy coping skills she could access to help regulate her emotions, and continued to participate and engage in services that she found helpful. |
| What the client is doing differently in their life now as a result of the program | Jackie will reach out to adults and to her mother when feeling overwhelmed and continues to address issues in therapy. |
| The value of the program in the client's words | Jackie shared with staff that she is grateful that she has identified and worked to address her symptoms, because she now feels hopeful about the future. |