



# SAN MATEO COUNTY PROBATION DEPARTMENT



## StarVista Strengthen Our Youth Program Annual Evaluation 2019-2020

## About the Researcher

Applied Survey Research (ASR) is a nonprofit 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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## Contents

<b>Program Description</b> .....	<b>3</b>
Programmatic Challenges in Fiscal Year 2019-20.....	3
<b>Evaluation Methods</b> .....	<b>4</b>
<b>Evaluation Findings</b> .....	<b>5</b>
Fiscal Year 2019-20 Highlights.....	5
Profile of Youths Served.....	5
Risk Indicators .....	6
Life Functioning and Needs .....	6
Program-Specific Outcomes .....	10
Evidence-Based Practices .....	10
Client Story .....	12

## 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, California. 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 youths, including individual and group sessions provided by clinicians. In addition, one parent night provided additional information on prevention and early intervention for youths 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 2019-20

There were several challenges reported by staff and program managers at SOY. One challenge was related to staffing. One clinician left the agency in the beginning of December, and while a replacement was found a short while later, the new clinician could be on site only one day a week as opposed to the previous four days a week. Additionally, it was difficult to coordinate with the staff at Half Moon Bay High School at the beginning of the school year due to their front staff's high turnover rate last summer, meaning the clinician was not able to start there until October.

### COVID-19 Impact and Response

The greatest challenges the SOY program faced this year were related to the COVID-19 pandemic, which presented several difficulties during this time. The first difficulty was that schools were not quickly prepared to receive mental health referrals online from parents and students, which in turn meant fewer referrals to the SOY clinicians during distance learning from March-June. The second difficulty was engaging previous clients as well as new referrals in ongoing mental health services. This resulted from a combination of factors, such as lack of technology in the students' homes, students not having a private place to talk with the clinician in their homes, and consistent cancellations and rescheduling of mental health sessions due to changes in their schedule or parent's work schedules. A clinician still could run a successful virtual therapy group, and some referrals did continue to trickle in from some of the school sites. Other school sites provided no referrals from the moment students transitioned to distance learning through the end of the school year.

## Evaluation Methods

Programs provided by SOY are funded by San Mateo County Juvenile Probation's (Probation) Juvenile Probation and Camp Funding (JPCF). SOY monitors programs and reports client, service, and outcome data to Probation and its evaluator, Applied Survey Research (ASR). The methods and tools used to collect this 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 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, 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:** SOY collects four program-specific outcome measures to track progress toward improving youths' 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. 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 several clearinghouses to determine whether the practices were:<sup>1</sup>

- 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)

## Evaluation Findings

### Fiscal Year 2019-20 Highlights

- The number of youths served decreased by 62% to 86 youths in FY 2019-20. However, among youths served, the average number of service hours and time spent in the program increased substantially compared with FY 2018-19.
- SOY primarily served youths with lower criminogenic risk. Nearly nine out of 10 youths (89%) scored Low on the JAIS Risk assessment.
- SOY assessed 94% of the youths using the CANS. Of youths assessed at baseline, 50% had three or more actionable needs when they entered the program, primarily in Life-Functioning and Behavioral and Emotional Needs. The number of youths with needs around adjustment to trauma significantly declined on follow-up assessments compared to baseline.

### Profile of Youths Served

In FY 2019-20, SOY served 86 youths, with race/ethnicity and gender data available for 86% and 84% of youths, respectively. Of youths with available data, 61% identified as female and 6% identified as transgender/other. The average age of youths was 16.4 years old. Forty-six percent of youths identified as Hispanic/Latino, followed by 32% as Asian/Pacific Islander, 12% as White/Caucasian, and 5% as Multi-Racial/Ethnic. Youths received an average of 19.5 hours of service and spent an average of 7.2 months in the program, a substantial increase from FY 2018-19 (Table 1).

**Table 1. Youth Services**

<b>YOUTH SERVICES</b>	<b>FY 15-16</b>	<b>FY 16-17</b>	<b>FY 17-18</b>	<b>FY 18-19</b>	<b>FY 19-20</b>
<b>Number of youths served</b>	224	102	189	224	<b>86</b>
<b>Average number of hours served</b>	12.4	12.8	7.5	5.8	<b>19.5</b>
<b>Average time in the program (months)</b>	4.8	3.7	4.6	3.5	<b>7.2</b>

<sup>1</sup> 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.

## Risk Indicators

In FY 2019-20, SOY served youths at the low end of the criminogenic risk spectrum. As would be expected for a prevention-based service and similar to FY 2018-19, 89% of the 96 youths assessed with the JAIS Risk scored Low risk and 12% scored Moderate risk (Table 2).

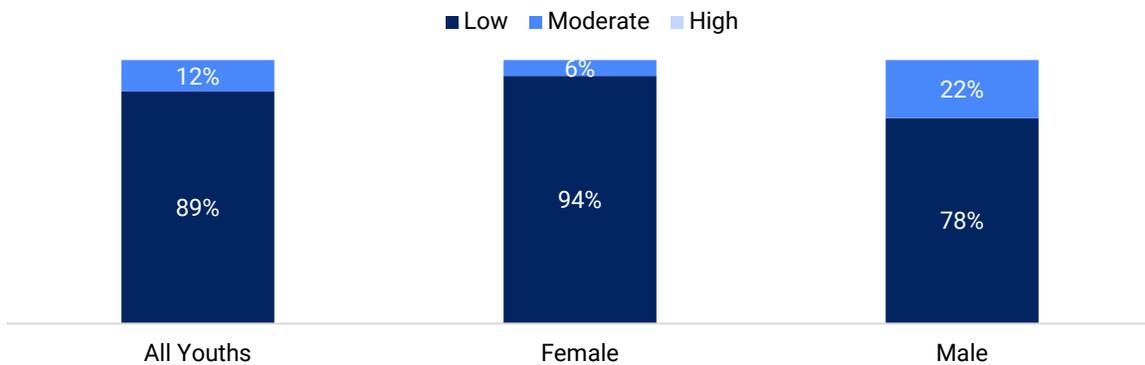
**Table 2.** Table 1. JAIS Risk Levels

JAIS RISK LEVEL	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Low	98%	95%	94%	88%	<b>89%</b>
Moderate	2%	4%	6%	11%	<b>12%</b>
High	0%	<1%	0%	2%	<b>0%</b>

*FY 2019-20 n = 96.*

Figure 1 shows that when the data were disaggregated by gender, fewer females than males scored as Moderate risk (6% vs. 22%, respectively).

**Figure 1.** Criminogenic Risk Level by Gender



*All Youths n=96, Female n=64, Male n=32. Percentages may not total 100 due to rounding.*

## Life Functioning and Needs

In FY 2019-20, SOY gathered CANS assessment data from 94% of the 86 participants served, using eight needs modules and one youth strengths module. A total of 70 youths had baseline assessments, and 51 youths had both a baseline and follow-up assessment within the fiscal year.

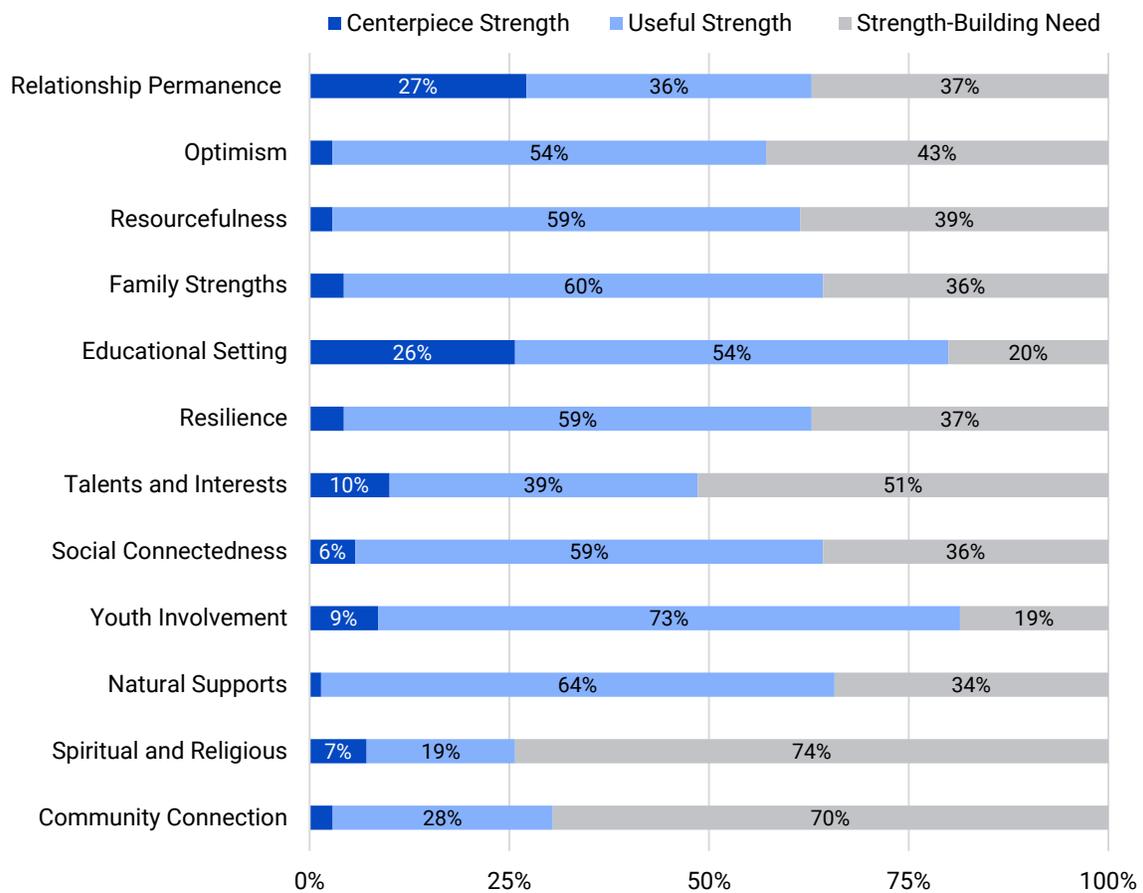
### Baseline Assessment

Figure 2 shows that the average number of centerpiece or therapeutically useful strengths identified at baseline per youth was 7.0 out of 12, with 99% of youths identified with at least one strength. SOY rated participants as possessing slightly more strengths than all programs funded by San Mateo Probation, which averaged 6.1 strengths per youth, and 93% of youths possessing at least one strength. However, relatively few of these strengths were identified as centerpiece strengths, indicating further support is needed to fully utilize them to further their positive growth and development, including using them to address identified needs. Of the centerpiece strengths identified, relationship stability and educational settings

were identified for one-quarter of youths. Around four-fifths of youths had their teachers or other educational supports (80%) and/or the youths’ interest in engaging in potentially transformational change (81%) identified as centerpiece or clinically advantageous strengths.

These data on youths’ strengths also suggest that support is needed in many areas to help youths build these assets in their lives. The youths served by the SOY program, similar to other grantee programs, presented with high needs for strength-building in finding connection through spiritual or religious involvement, if appropriate for the youths (74%), their community (70%), or identification of talents and interests (51%) to stoke purpose, meaning, and passion for life.

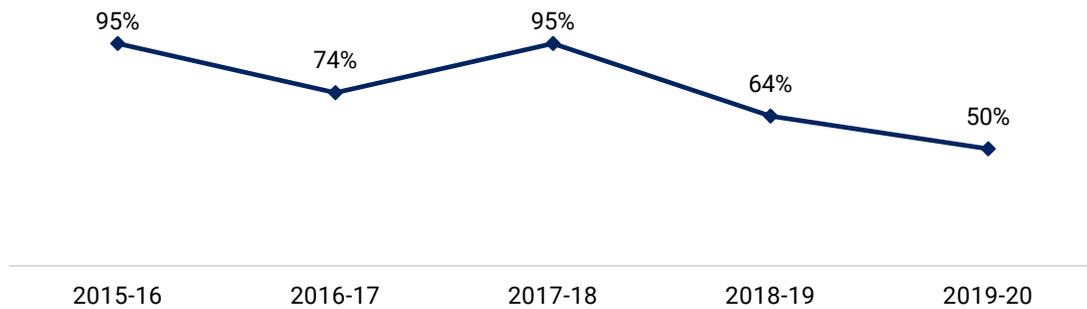
**Figure 2. Percentage of Youths with Each Strength at Baseline**



*n=69-70. The order of items matches the San Mateo Probation Comprehensive Report. Percentages under five percent are not labeled.*

On baseline assessments (Figure 3), 50% of youths had three or more actionable needs, lower than all prior fiscal years.

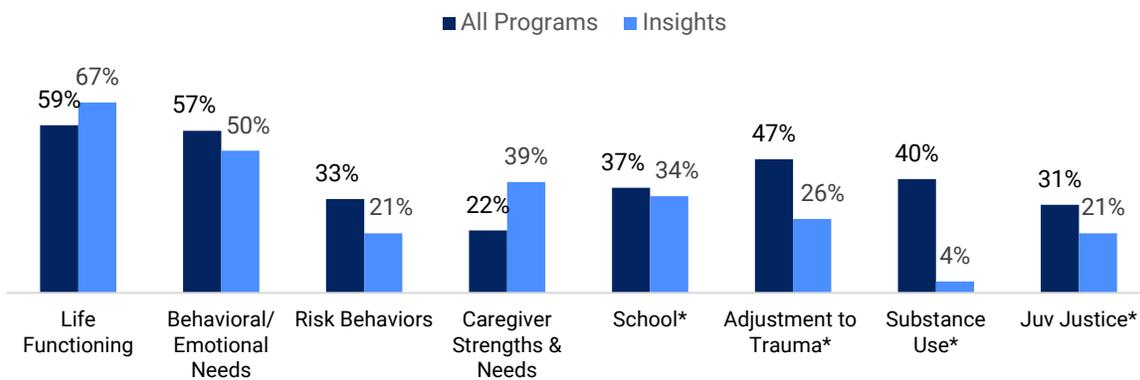
**Figure 3. Percentage of Youths with Three or More Actionable Needs at Baseline**



n=70.

Figure 4 presents the percentage of youths administered a baseline CANS assessment having at least one actionable need in that module. Over one-half of the youths had actionable needs in CANS core domains of Life Functioning (67%), and Behavioral and Emotional Needs (50%). Except for Life Functioning and Caregiver Strengths and Needs, youths served by SOY had fewer needs in all other domains and secondary modules than youths served by all grantees, particularly Substance Use.

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



*Life Functioning n=64, Behavioral/Emotional Needs n=70, Risk Behaviors n=70, Caregiver Strengths and Needs n=70, School n=61, Adjustment to Trauma n=70, Substance Use n=70, Juvenile Justice n=70. \*Results include needs identified on core items or secondary modules.*

Although two-thirds of SOY youths had actionable needs in Life Functioning, very few needs were noted around Substance Use at baseline. These results indicate that many youths needed to take action to improve how they were functioning across individual, family, peer, school, and community realms. Many also needed to address experiences and behavior impacting their behavioral and emotional health.

**Change over Time**

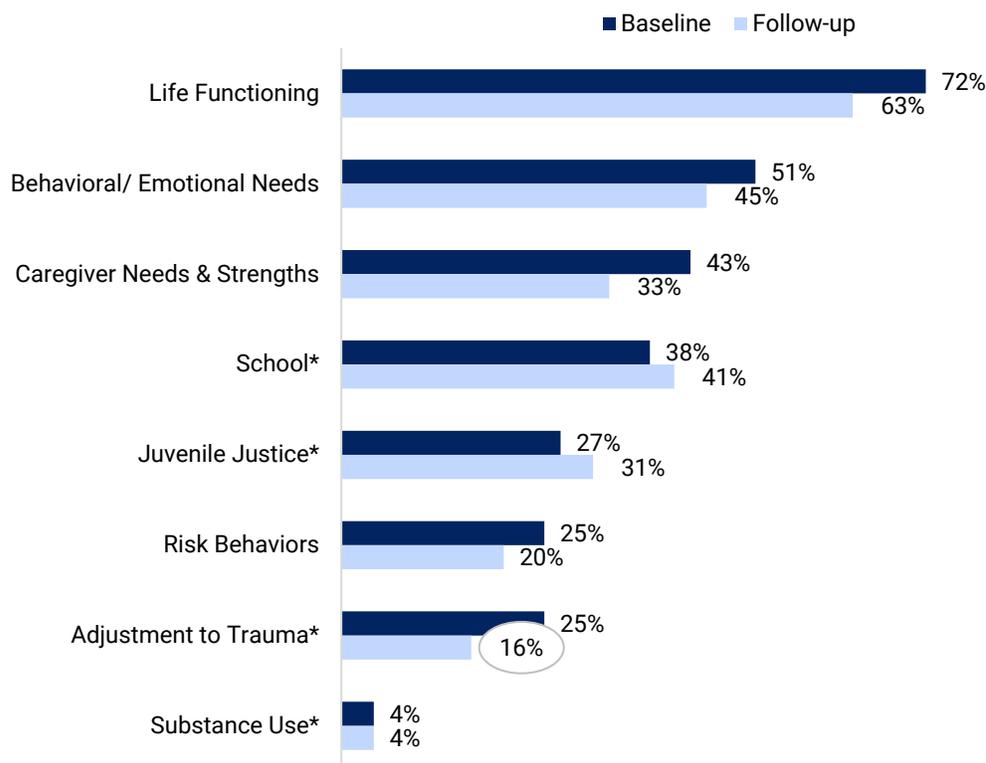
The 51 youths with both a baseline and follow-up assessment were analyzed. Only data from youths with at least one baseline and one follow-up assessment were included in the

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 youths with centerpiece strengths identified significantly dropped over time, from 59% to 37%.<sup>2</sup> Further exploration is needed, but this suggests that youths lost important anchors of stability and support over the fiscal year. Changes due to COVID-19 shutdowns identified by SOY likely contributed to declines in internal and external resources available to youths.

Figure 5 shows the percentage of youths with at least one actionable need at baseline and follow-up. The results show generally small decreases in the number of youths with needs in each domain, and some increases in needs as well (School and Juvenile Justice). One significant decrease occurred for Adjustment to Trauma symptoms which experienced a nine-percentage point decline in youths with actionable needs.

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



*Life Functioning n=46, Behavioral/Emotional Needs n=51, Caregiver Strengths and Needs n=51, School n=37, Juvenile Justice Delinquency n=51, Risk Behaviors n=51, Adjustment to Trauma n=51, Substance Use=51. 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 several reasons can explain why many of the youths in SOY’s care likely experienced additional stressors during this fiscal year, it is important to note that an increase in needs does not necessarily indicate that youths are experiencing negative

<sup>2</sup>Paired T-test,  $p < .05$ .

outcomes. Youths may feel more comfortable communicating openly with staff about their needs, or additional needs arose during the youth’s tenure in the program. To effectively address the needs of all youths served by Insights 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.

### Program-Specific Outcomes

Each year, SOY sets program goals for its students. In FY 2019-20, SOY did not reach its 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).

**Table 3. SOY Program Outcomes**

PERFORMANCE MEASURE: PERCENTAGE OF STUDENTS WHO DEMONSTRATE...	FY 18-19	FY 19-20 TARGET	FY 19-20 RESULTS
Decrease in needs in life function domains	52%	75%	31%
Decrease in risk behaviors	36%	70%	8%
Decrease in behavioral/emotional needs	46%	80%	24%
Improvement in child strengths domains	40%	75%	35%

### 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 4 details the practices that SOY reported and the evidence base for each practice.

**Table 4. Evidence-Based Practices**

PRACTICE	PRACTICE IMPLEMENTATION	RATING
<b>Seeking Safety</b>	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	Promising research evidence according to The California Evidence-Based Clearinghouse for Child Welfare, with a rating of 3 on a scale from 1 to 5 (with 1 as well-supported with evidence and 5 as concerning). <sup>3</sup>

<sup>3</sup> <https://www.cebc4cw.org/program/seeking-safety-for-adolescents/>

PRACTICE	PRACTICE IMPLEMENTATION	RATING
	interpersonal content; and attention to clinician processes.	
<b>Dialectical Behavior Therapy (DBT)</b>	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 <sup>4</sup>
<b>Girls Circle</b>	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 and is currently being evaluated. The program incorporates some evidence-based practices such as Cognitive Behavioral Therapy and Motivational Interviewing. <sup>5</sup>
<b>The Council for Boys and Young Men</b>	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 as research-based with promising findings and is currently undergoing evaluation. The program incorporates some evidence-based practices such as Cognitive Behavioral Therapy and Motivational Interviewing. <sup>6</sup>
<b>Trauma-Informed Systems</b>	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	Evidence-based practice according to SAMHSA. <sup>7</sup>

<sup>4</sup> 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](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2963469/pdf/PE_3_9_62.pdf)

<sup>5</sup> <https://onecirclefoundation.org/Programs.aspx>

<sup>6</sup> <https://onecirclefoundation.org/Programs.aspx>

<sup>7</sup> 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>

PRACTICE	PRACTICE IMPLEMENTATION	RATING
	physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive.	

### 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 2019-20.

<b>Name of Client</b>	Larissa
<b>Age and Gender</b>	17, female
<b>Reason for Referral</b>	Larissa sought counseling services due to domestic violence in the home environment with presenting issues of chronic stress and fatigue as a by-product of the discord in the home environment. Larissa had many symptoms of Post-traumatic Stress Disorder (PTSD).
<b>Client’s Behavior, Affect, and Appearance When They First Started in the Program</b>	Larissa’s appearance was always neat, she consistently presented with normal affect, but mood was often frustrated, confused, and agitated, and behavior would often be lethargic and fatigued. However, Larissa still engaged in services.
<b>Activity Engagement and Consistency</b>	Counselor utilized trauma-informed care and offered extended counseling sessions while school was in session. This allotted extra time gave her the opportunity to rest, as she would often be drawn into conflict at night and not be able to decompress enough for healthy sleep hygiene. Extended sessions were necessary during Shelter-In-Place, as Larissa was nearing the end of the school year with many academic assignments left incomplete due to cognitive difficulties associated with chronic stress. Larissa’s participation in treatment was consistent, and she would often use the time to process emotions tied to her parents’ ongoing divorce, grief over the loss of the family unit, her family being displaced from their home during shelter-in-place, and issues with friendship.
<b>Client’s Behavior, Affect, and Appearance Toward the End of the Program</b>	Toward the end of treatment, Larissa displayed a greater sense of agency and confidence in completing tasks needed for transition from high school to college. Although at times she struggled with anxiety and procrastination, she gained a sense of accomplishment at each small step completed which elevated her self-view of being competent and able to handle newly learned life-skills.
<b>What the Client Learned as a Result of the Program</b>	Larissa was also responsible for completing applications for scholarships, registering herself for community college, and navigating bureaucratic systems in order to set herself up for summer and fall semester. Counselor provided psychoeducation around life-skills needed to manage her growing list of priorities and responsibilities.

<b>What the Client is Doing Differently in Their Life Now as a Result of the Program</b>	Larissa actively seeks out self-care techniques to handle ongoing stress and has incorporated many skills learned during treatment to foster healthy communication with family member and friends, she has learned to set healthy boundaries with others and actively works towards incorporating those skills in her daily life.
<b>The Value of the Program in the Client's Words</b>	Larissa has stated that she never thought using mental health services would help to the extent that it did. She has said she would recommend to friends who are struggling to seek out help and be open to learn new ways of handling problems and challenges.