



**2021 - 2022**

# SAN MATEO COUNTY **PROBATION DEPARTMENT**

YMCA OF SAN FRANCISCO  
ANNUAL EVALUATION



*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

San Mateo County Probation Department (Probation) supports the Urban Services YMCA of San Francisco (YMCA) to provide two programs with Juvenile Probation Camp Funding (JPCF): School Safety Advocates (SSA) and Victim Impact Awareness (VIA).

SSA is a school-based violence prevention program that 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 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 that empower young people to work with a safe adult who can guide them through problem-solving and skill-building techniques designed to address challenges, both at 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 youths’ safety,
- change at-risk youths’ behaviors to increase 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 youths’ risk levels,
- measure the impacts of those developmental inputs as indicators of positive behavioral change.

In addition, YMCA hosted VIA classes. VIA is a trauma-informed, strengths-based educational program designed to teach empathy and greater awareness of the trauma caused by victimization. The curriculum includes activities, videos, discussions, and guest speakers, and all are meant to give participants a better perspective of what it is like to be a victim of the crimes in which they have been charged.

# Programmatic Challenges

The following programmatic challenges as reported by YMCF staff.

Fiscal year (FY) 2021-22 continued to be unprecedented as we returned to in person services on the school campuses in the midst of a COVID-19 surge. The beginning of the year was incredibly chaotic, as school administrators were overwhelmed with the challenges of managing contact tracing, staff shortages, and incoming sixth and seventh graders who had never been to the school before. We were fortunate to have all seasoned SSA staff, who had been in their positions for at least a year, and many who had been in their positions for three to four years. This meant that they already had relationships with the school teams and familiarity with many of the students and their families. The first couple of months were difficult as multiple staff and students had long absences due to the pandemic. There was also a high level of anxiety as everyone worked to adjust to being back on campus during an ongoing pandemic.

As our SSAs began the school year, we noticed a sharp increase in referrals. Staff noted that their caseloads were filled within the first month, something that often takes two to three months to happen. The level of need was higher as well. For students that were at baseline already challenged with mental health issues, they were presenting in crisis longer and more often. Students who we would normally check in with once a month were needing weekly check-ins and students who we normally wouldn't see, were being referred. We had to pivot our service delivery model and triage students in a way that meant those with non-crisis needs were less likely to have access to our services. SSAs were reporting back weekly that they were being asked to fit more students onto their caseloads as the schools were overwhelmed with students who were struggling.

All of YMCA's SSAs from FY 2020-21 continued to work as SSAs in FY 2021-22; this was notable in terms of SSA retention because it was the first time in the last seven years that this has happened. YMCA feels that the improvements in the program and the support given to staff are a strong contributing factor to SSAs' desire to remain in their positions. This year we have a couple of our long time SSAs leaving for other opportunities or positions in the YMCA, and the two-remaining long-term SSAs have been moved into leadership positions that they will do in combination with their school placements. The three new SSAs are all trainees who worked with SSAs at the schools last year, two will be remaining at the schools that they were in last year. This is the best-case scenario as it means that they already have familiarity with the positions and the schools.

We experienced some challenges at two of our school sites. We had to move our SSA program to a new school because of the refusal of the staff at the school to work through the issues that arose last year with the mistreatment of our SSA. Even after experiencing racial microaggressions at the site, our staff had hoped to return but the school refused services. We were able to find a new site for the program at Parkside Intermediate in San Bruno. This school has a lot of need and faced a lot of challenges this year. We almost were unable to start there because we were unable to get school administrators to find time to meet with us at the beginning of the school year. This meant that we got started much later in the school year than we normally do. The counseling staff there was extremely welcoming but overwhelmed and they and the school found it really challenging to figure out how to integrate the new program into the services that they were already providing. The students were also unsure about the services and we struggled to get them engaged in groups or individual services. Halfway through the year the school got a new principal and the head of counseling returned and this



helped to get some of our challenges addressed. We had a meeting with everyone before the end of the school year and strategized about ways to make improvements for the upcoming school year. The service is definitely appreciated and needed at the site and we hope to be able to engage more students this year.

At another one of our sites, our SSA was unable to provide services on campus due to needs that fell under ADA requirements for us. We worked with the school for the first couple of months to try to accommodate this staff's need to primarily work from home providing virtual services. The school was unable to accommodate this need so we promoted the trainee at that site to a hybrid SSA position that she shared with the original SSA. Because of this hybrid position, we were not able to serve as many youths as we hoped. The school was also not willing to have us provide groups in person on campus during the first semester due to their concerns about safety. This also impacted our ability to provide the amount of services we wanted to provide.

This incident and the incident from last year continue to raise questions about how YMCA can support and protect their staff at the school sites. We continue to have staff members experience racial and gender identity microaggressions at some of their placements. YMCA is working on internal racial equity and decolonizing work and creating improved policies and procedures to address harm internally. A much more transparent and collaborative work culture has been created where staff have a voice in the changes. We want our staff to be valued and respected where they work. We addressed these concerns in our beginning of the year meetings with the leadership at school sites where the YMCA staff are placed and asked that school staff practice or at least respect the same Trauma-Informed System principles that YMCA adheres to. Our staff have reported mixed results from different school administrations. There are definitely some schools that fully integrate our staff into the team and are open to adjusting their approach toward responding to youth who are exhibiting problem behaviors. We are hoping to continue to influence the schools' move to increased trauma-informed and healing-centered practices.

YMCA is looking forward to providing needed services on campus this upcoming year (FY 2022-23). We are excited to become even more proficient in using the outcome measurement scale, Partners for Change Outcome Management System (PCOMS), to help increase engagement with services and obtain improved data about program impacts on the youths involved. We have also promoted one of our longtime SSAs to a leadership position that is focused on providing training and support for newer school-based staff. We hope that this will help build a greater culture of support and assist newer staff in understanding their roles.

YMCA is also continuing our racial equity work. We completed Phase Two with our consultants. In Phase One we were given four specific growth areas to focus on: evaluations, compensation, communication, and training. At the beginning of Phase Two, we gave everyone a significant raise, even though we have not received increased funding from this grant or from most of our other contracts. We are hoping that this and improvements that we have made in the other areas will help us to retain and attract staff, which ultimately benefits the youths that YMCA serves. YMCA is dedicated to hiring staff with whom the youths can identify. This can also increase engagement and self-esteem for youths from traditionally marginalized Black, Indigenous, People of Color (BIPOC) communities. Supporting these staff members means that YMCA must commit to racial equity in the workplace. We have received a lot of feedback this year that the culture we have created is one of the main reasons that they are returning. Even the staff who are leaving this year, reported distress about leaving the agency because of all the support they have felt here. We are waiting on a grant from the county to be able to continue our work with our consultants into Phase Three.

Staff continue to struggle with burnout and overwhelm. The staff, like everyone else, are personally impacted by the pandemic and the racial injustice that it highlighted. They also found it challenging to return to campus, especially those first couple of months when everyone was trying to manage exposures and getting sick. Trying to support others with something that you are also experiencing is an atypical and extreme challenge. The staff who are also parents have also faced the additional challenge of managing their children's exposures and illnesses. Even though almost all of our staff returned to work on campus, the agency itself has remained virtual in all of our meetings with each other, leading to a different quality of relationship with in-person and virtual coworkers.

As our staff face the return to the schools, there is concern about repeating the chaos of the last year within overburdened and understaffed systems. We have a number of new staff who were with us last year as trainees, who are entering this year with new responsibilities and roles. About half of the SSAs took advantage of working at some YMCA campsites this summer and have been adjusting to the level of need of the youth in the camps. Youth are struggling at the camps with multiple crisis situations and behavior issues and again we feel that this is a preview of the continued increased need for mental health support the staff will face when school starts this fall.



# Evaluation Methods

Programs provided by YMCA are funded by Probation’s JPCF funding. YMCA 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 participants. Program staff entered these data elements 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:** Grantee programs used the Juvenile Assessment and Intervention System (JAIS) to provide a standard measure of risk for youths. This individualized assessment 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. It has been validated across ethnic and gender groups. The JAIS consists of a brief initial assessment followed by full assessment and reassessment components (JAIS Full Assessment and JAIS Reassessment). The JAIS assessment has two unique form options based on the youth’s gender. Probation has elected to administer the JAIS to all youths receiving services in community programs for at-risk and juvenile justice involved youth. 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:** 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 with their school,
  - 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,
  - youth engaging in mediation and accomplish a plan of reparation with their victims.

- ***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 catalog of its practices since the FY 2017-18 evaluation period. After receiving this information, ASR runs the cataloged practices reported through several clearinghouses to determine whether each practice is an:<sup>1</sup>
  - evidence-based theory or premise
  - evidence-based model, shown by multiple experimental or quasi-experimental studies to be effective
  - evidence-based practice or modality shown to promote positive outcomes
  - evidence-based tool or instrument that has been validated (concurrent and predictive).

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<sup>1</sup> For the full list of evidence-based practice clearinghouses used to evaluate programs, please see the JJCPA/JPCF Comprehensive Report for FY 2021-22.

# Evaluation Findings

## FISCAL YEAR 2021-22 HIGHLIGHTS

- YMCA served the same number of youths compared with FY 2020-21. However, the number of service hours in the program were higher in FY 2021-22.
- YMCA primarily served youths with ‘low’ criminogenic risk, reflecting similar risk classifications to youths served year over year since FY 2017-18.
- YMCA assessed 68% of the youths using the CANS. Results indicate that 73% of youths assessed had at least one strength identified at baseline, and 11% of youth had three or more actionable needs when they entered the program, primarily in the Behavioral and Emotional Needs and Life-Functioning Modules. These needs declined for those having a baseline and follow-up assessment.

## PROFILE OF YOUTHS SERVED

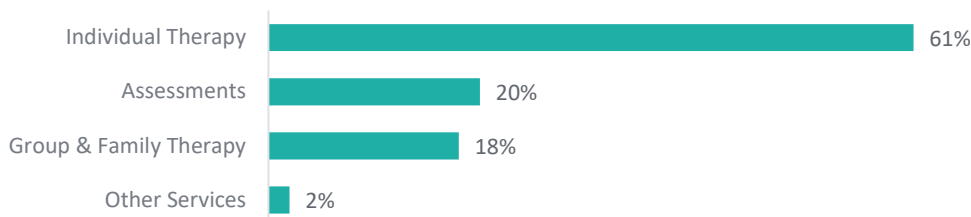
During FY 2021-22, YMCA’s SSA served 182 youths, with demographic data available for 97% of youths. More than half (54%) of youths were female, 41% identified as male, and 5% identified as transgender or another gender category. The average age of youths was 12.6 years old. Two-fifths (40%) of youths identified as Hispanic/Latino, 29% identified as another ethnicity (Other), 17% identified as Asian/Pacific Islander, 8% identified as White/Caucasian, 5% as multi-racial/multi-ethnic, and 1% as Black/African American. Youths spent an average of 4.6 months in the program and received an average of 5.1 hours of service (Exhibit 1).

**Exhibit 1. Youth Services – SSA**

YOUTH SERVICES	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22
Number of Youths Served	218	225	224	182	<b>182</b>
Average Number of Hours Served	N/A	3.1	63.6	4.2	<b>5.1</b>
Average Time in the Program (Months)	4.1	6.4	5.0	5.3	<b>4.6</b>

As seen in Exhibit 2, 61% of services rendered were for individual therapy, 20% for assessments, 18% for group and family therapy, and 2% for other services.

**Exhibit 2. Percentage of Time Spent with Youths**



VIA classes were offered four times a year. In FY 2021-22, 16 youths attended VIA (Exhibit 3).

**Exhibit 3. Youth Services – VIA**

YOUTH SERVICES	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Number of Youths Served	3	5	3	5

## RISK INDICATORS

Similar to that of the past fiscal years and consistent with JPCF funding, in FY 2021-22 YMCA’s SSA served youths primarily on the low end of the risk spectrum (Exhibit 4). Almost all 141 youths assessed with the JAIS scored ‘low’ risk. No youth served by YMCA has scored ‘high’ risk in the last five fiscal years.

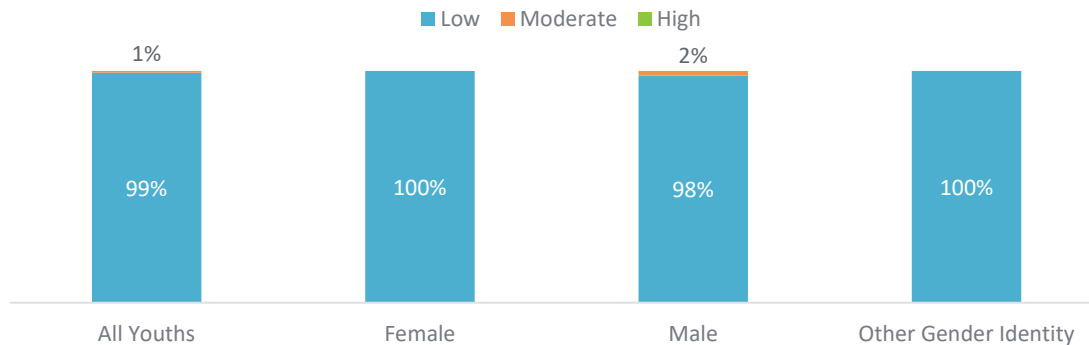
**Exhibit 4. JAIS Risk Levels**

JAIS RISK LEVELS	FY 17-18	FY 18-19	FY 19-20	FY 20-21	FY 21-22
Low	96%	97%	97%	99%	99%
Moderate	4%	3%	3%	1%	1%
High	0%	0%	0%	0%	0%

FY 2021-22 n=141.

When disaggregated by gender, almost all youths scored ‘low’ risk, as seen Exhibit 5.

**Exhibit 5. Criminogenic Risk Level by Gender**



All Youths n=141, Female n=86, Male n=50, Other Gender Identity n=5. Note: Risk scores for other gender identity combine risk scores for youths who did not self-identify exclusively as male or female, including transgender, gender fluid, gender nonconforming. Percentages may not total 100 due to rounding.

## YOUTH STRENGTHS AND SERVICE NEEDS

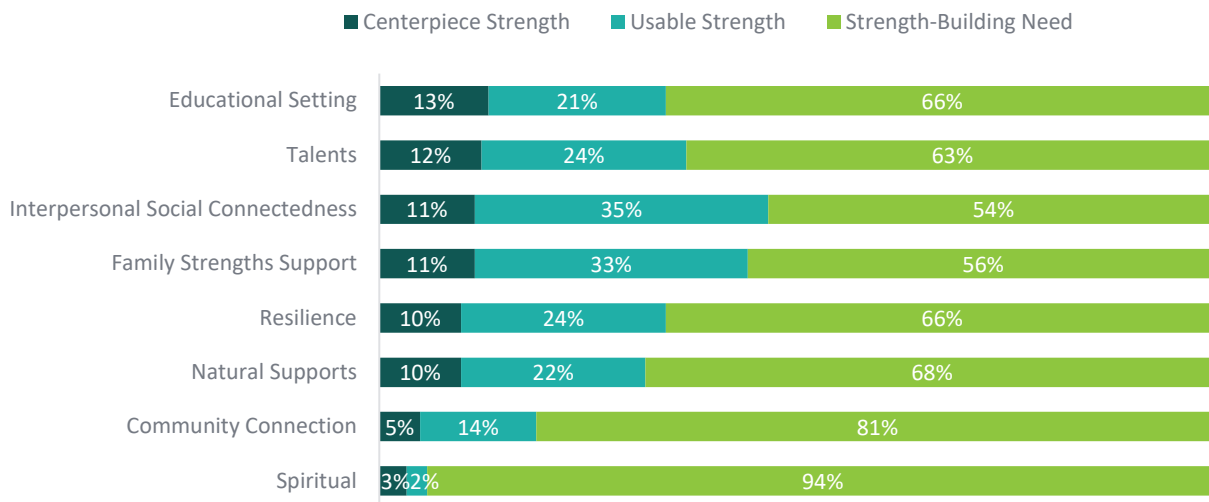
In FY 2021-22, YMCA SSA gathered CANS assessment data from 142 (78%) of the 182 participants served. A total of 123 youths had baseline assessments in the fiscal year, and 142 youths had a baseline (from any fiscal year) and a follow-up assessment in the fiscal year.

**Baseline Assessment**

The average number of centerpiece or therapeutically useful strengths identified at baseline per youth was 2.5 of 8 (31%), with 73% of youths identified with at least one strength. YMCA rated participants as possessing fewer strengths at baseline than all programs funded by San Mateo Probation, which averaged 6.1 of 12 (52%) strengths per youth and 88% of youths possessing at least one strength. Exhibit 6 shows that around one-half of YMCA youths began services with interpersonal social connectedness (46%) and family support (44%) as strengths. Just over one-third of youths had identified strengths related to their Talents and Interests (36%) Education Setting (34%), and Resilience (34%).

These data on youths’ strengths also suggest that over half of youths come to YMCA with no significant internal or external resources, which suggests a high need for support to help youths build these assets in their lives. Almost all youths served at YMCA presented with particularly high needs for strength-building in finding connection through spiritual or religious involvement if appropriate (94%), and 81% of youths reported high needs in developing connection with their communities.

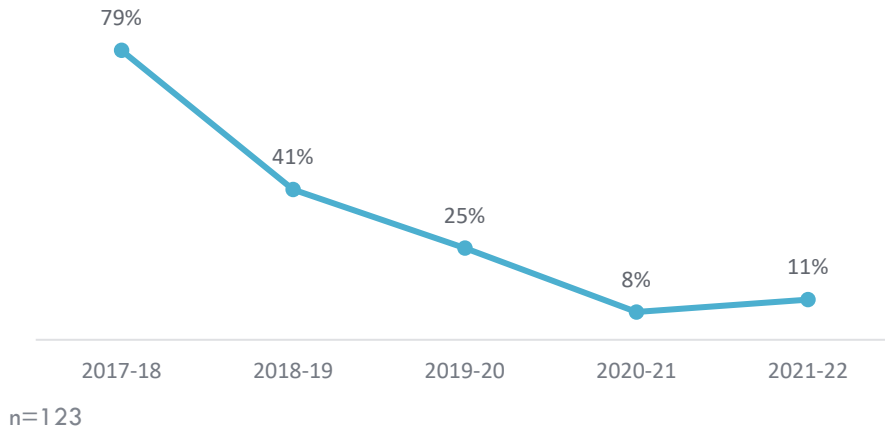
**Exhibit 6. Percentage of Youths with Each Strength at Baseline**



n=123. Data was not available for Relationship Permanence, Optimism, Resourcefulness, and Youth Involvement CANS items. Percentages may not add up to 100 due to rounding.

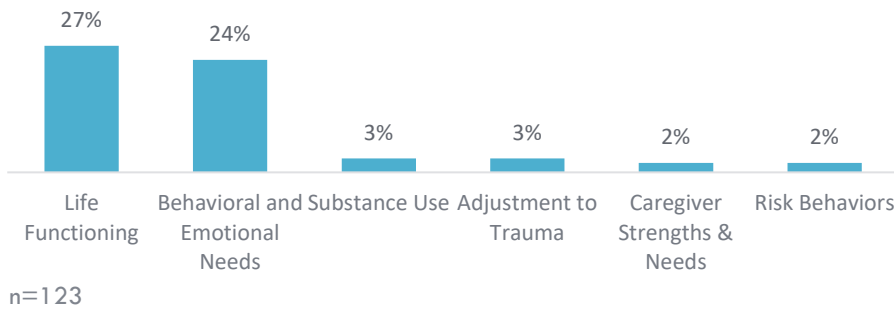
On baseline assessments, 11% of youths had three or more actionable needs, a 3% increase from the previous fiscal year.

**Exhibit 7. Percentage of Youths with Three or More Actionable Needs at Baseline**



Although a relatively small portion of youths served by YMCA had actionable needs, the most prevalent areas of need included Life Functioning (27%) and Behavioral and Emotional Needs (24%). These results indicate that some youths presented with needs to improve how they were functioning across individual, family, peer, school, and community realms as well as how they were managing their inner emotional states and experiences.

**Exhibit 8. Percent of Youths with at Least One Moderate or Significant Need Per CANS Module at Baseline**



**Change Over Time**

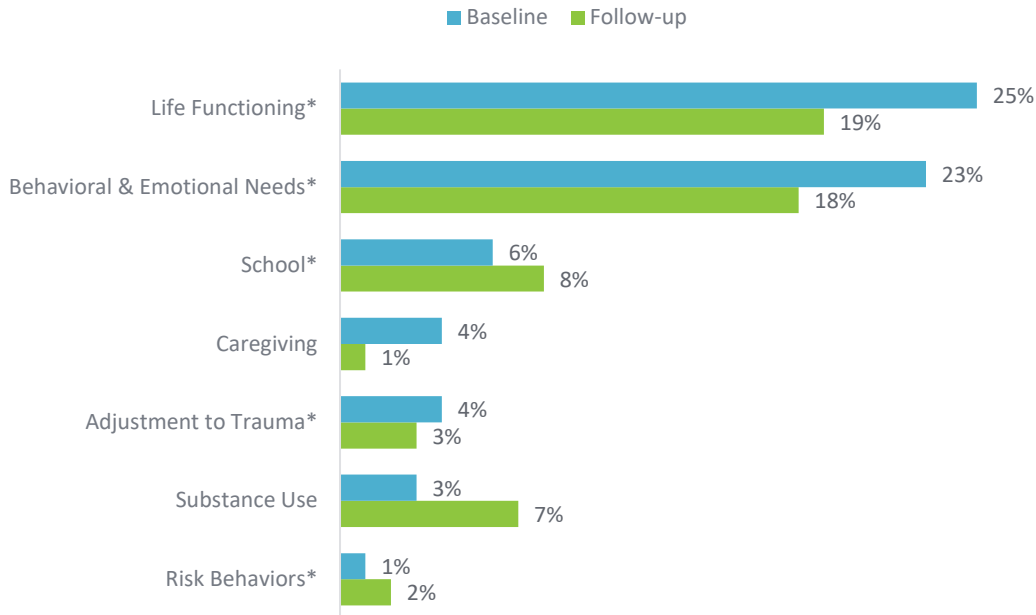
The 142 youths with both a baseline and follow-up assessment were analyzed to reflect most accurately the change in the number of youths with actionable needs over time. The number of matching assessments varied by module.

The percentage of youths with centerpiece strengths served by YMCA increased slightly from 33% at baseline to 34% at follow-up.

Exhibit 9 shows the change in percentage of youths with CANS actionable needs from baseline to follow-up. The results show a 6-percentage point decrease in the number of youths with Life Functioning needs and a 5-percentage point decrease in Behavioral/Emotional Needs. Substance Use needs, however, increased by 4-percentage points, suggesting a need for additional resources to help youth with substance use issues. All other

needs occurred relatively infrequently among YMCA youths at both baseline and follow-up. These results indicate that several youths experienced a decrease in need for support of behavioral and emotional health concerns and an increase in life functioning with family and peers at home, school, and in their broader communities.

**Exhibit 9. Decrease in Percentage of Youths with CANS Actionable Needs Over Time**



n=138-142 for CANS core modules and items. \*Results include needs identified on core items or secondary modules.

YMCA completion of follow-up assessments of youths with baseline assessments in the fiscal year was excellent at 100%, allowing for a much clearer understanding of change among these participants. However, continued attention should be paid to increasing the percentage of all youths assessed (68% this year), that they are assessed with fidelity by a certified assessor, and that data are entered into the data entry platform on all modules to continue to gather understanding of the needs of youths within and across all funded programs.

## PROGRAM-SPECIFIC OUTCOMES

The YMCA goal for CANS completion rate for the youth participants was 95%. They fell short of that goal, at 68% (123 of 182). YMCA was also to have all users and trainers maintain current certification, but YMCA fell 15% short of reaching their goal (Exhibit 10).

**Exhibit 10. Program-Specific Outcomes**

CANS DATA COLLECTION	FY 21-22 TARGET	FY 21-22 RESULTS
CANS Completion Rate	95%	68%
CANS Users/Trainers Current with (Re)Certification	100%	85%



YMCA and Probation developed four additional measures specific to YMCA activities to further understand outcomes of youths in the program (Exhibit 11). This fiscal year, YMCA exceeded the VIA target outcomes of increase in understanding the impact of their criminal behavior (88%) and engagement in mediation and reparation plan (100%). YMCA came close to achieving its SSA objective for the percentage of youths reporting greater engagement (83%) and did not have enough youths engaging in alcohol and drug prevention groups.

**Exhibit 11. Performance Measures**

PERFORMANCE MEASURE	FY 18-19	FY 19-20	FY 20-21	FY 21-22 TARGET	FY 21-22 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 (SSA)	69%	71%	82%	85%	83%
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 (SSA)	82%	65%	N/A	85%	*
Percent of youth who report an increase in understanding the impact of their criminal behavior on victims and the community (VIA)	82%	67%	94%	85%	88%
Percent of youth who engage in mediation and accomplish a plan of reparation with their victims (VIA)	N/A	N/A	87%	35%	100%

\*In FY 2021-22, SSA only had 10 participants in this program due to COVID-19 precautions.

## EVIDENCE-BASED PRACTICES

In FY 2021-22, JPCF programs were asked to provide the curricula or practices 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. Exhibit 12 details the practices that YMCA reported and the evidence base for each practice.

**Exhibit 12. Evidence-Based Practices**

PERFORMANCE MEASURE	CURRICULUM IMPLEMENTATION	RATING
<b>Acceptance Commitment Therapy (ACT)</b>	ACT is used in YMCA’s anger management work with youths, specifically in the CALM groups.	Research-based practice based on empirical evidence for children with anxiety or depression. <sup>2</sup>
<b>Art Therapy</b>	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 youths in crisis. The fulltime Clinical Supervisor is an Art Therapist and held monthly Art Therapy Consultation Groups open to all staff to teach these techniques.	Promising practice according to empirical evidence. Four RCTs included were of children or adolescents; two studies showed some significant positive effects and two showed improvement from baseline but no significant differences between groups. <sup>3</sup>
<b>Attachment, Regulation, and Competency (ARC)</b>	Youth Service Bureaus clinicians use this practice with parents to teach co-regulation skills to regulate their children when their children are in crisis.	Not yet rated by the CEBC, as there is not enough peer-reviewed evidence to make an informed judgment. <sup>4</sup>
<b>CALM Communication and Life Skills Management</b>	<p>This curriculum is SSA’s anger management curriculum, provided to two groups of students referred by the school for anger and aggression issues.</p> <p>The curriculum integrates cognitive behavioral therapy practices and aggression replacement treatment practices. Some clinicians also include mindfulness.</p>	Not a nationally recognized evidence-based or promising practice, but the cognitive behavioral therapy (CBT) and aggression replacement treatment components of the program are recognized evidence-based treatments. CBT is evidence-based for child trauma and anxiety, research based for children with depression prodromal psychosis, but not statistically significant for relevant outcomes for court-involved youth and children with ADHD. <sup>5,6</sup>

<sup>2</sup> Washington State Institute for Public Policy. (2020). Updated Inventory of Evidence-Based, Research-Based, and Promising Practices: For Prevention and Intervention Services for Children and Juveniles in the Child Welfare, Juvenile Justice, and Mental Health Systems. [http://www.wsipp.wa.gov/ReportFile/1727/Wsipp\\_Updated-Inventory-of-Evidence-Based-Research-Based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems\\_Report.pdf](http://www.wsipp.wa.gov/ReportFile/1727/Wsipp_Updated-Inventory-of-Evidence-Based-Research-Based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems_Report.pdf)

<sup>3</sup> 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. <https://www.ncbi.nlm.nih.gov/books/NBK279641/>

<sup>4</sup> California Evidence-Based Clearinghouse for Child Welfare. (2019). Attachment, Regulation, and Competency (ARC). <http://www.cebc4cw.org/program/attachment-regulation-and-competency-arc-system/detailed>

<sup>5</sup> Evidence-based Prevention and Intervention Support. (2022). Aggression Replacement Training. <https://www.episcenter.psu.edu/ebp/art>

<sup>6</sup> Washington State Institute for Public Policy. (2020). Updated Inventory of Evidence-Based, Research-Based, and Promising Practices: For Prevention and Intervention Services for Children and Juveniles in the Child Welfare, Juvenile Justice, and Mental Health Systems. [http://www.wsipp.wa.gov/ReportFile/1727/Wsipp\\_Updated-Inventory-of-Evidence-Based-Research-Based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems\\_Report.pdf](http://www.wsipp.wa.gov/ReportFile/1727/Wsipp_Updated-Inventory-of-Evidence-Based-Research-Based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems_Report.pdf)

<p><b>Cognitive Behavioral Therapy (CBT)</b></p>	<p>Cognitive Behavioral Therapy is used to help youth learn new skills and manage thoughts and decision making.</p>	<p>Evidence-based for child trauma and anxiety. Research based for children with depression prodromal psychosis. Not statistically significant for relevant outcomes for court-involved youth and children with ADHD.<sup>7</sup></p>
<p><b>Dialectical Behavior Therapy (DBT)</b></p>	<p>The YMCA used DBT with students who were in crisis or struggling. This therapy integrates mindfulness, distress tolerance, emotional regulation, and interpersonal effectiveness to help students build healthy coping skills that improve how they function in school and at home.</p>	<p>Research-based for youth in state institutions and self-harming behavior. Promising for substance use disorder.<sup>8</sup></p>
<p><b>Girls United</b></p>	<p>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 assist the girls to explore the chosen topics.</p>	<p>Not a nationally recognized evidence-based or promising practice.</p>
<p><b>Internal Family Systems (IFS)</b></p>	<p>IFS is used with longer term clients to address trauma and self-destructive behaviors. The YMCA fulltime Clinical Supervisor has been providing ongoing trainings in this model and a monthly IFS Consultation Group to strengthen clinician’s skills.</p>	<p>The Center for Self Leadership &amp; 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.</p>

<sup>7</sup> Washington State Institute for Public Policy. (2020). Updated Inventory of Evidence-Based, Research-Based, and Promising Practices: For Prevention and Intervention Services for Children and Juveniles in the Child Welfare, Juvenile Justice, and Mental Health Systems. [http://www.wsipp.wa.gov/ReportFile/1727/Wsipp\\_Updated-Inventory-of-Evidence-Based-Research-Based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems\\_Report.pdf](http://www.wsipp.wa.gov/ReportFile/1727/Wsipp_Updated-Inventory-of-Evidence-Based-Research-Based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems_Report.pdf)

<sup>8</sup> Washington State Institute for Public Policy. (2020). Updated Inventory of Evidence-Based, Research-Based, and Promising Practices: For Prevention and Intervention Services for Children and Juveniles in the Child Welfare, Juvenile Justice, and Mental Health Systems. [http://www.wsipp.wa.gov/ReportFile/1727/Wsipp\\_Updated-Inventory-of-Evidence-Based-Research-Based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems\\_Report.pdf](http://www.wsipp.wa.gov/ReportFile/1727/Wsipp_Updated-Inventory-of-Evidence-Based-Research-Based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems_Report.pdf)

<p><b>Mindfulness-Based Substance Abuse Treatment (MBSAT)</b></p>	<p>This curriculum was used for one group of students who were exhibiting signs of early substance use or risk factors. This curriculum was also used on individual students throughout the year both in the schools and clinics. This curriculum integrates practices of mindfulness.</p>	<p>A promising practice based upon scientific literature.<sup>9</sup></p>
<p><b>Neuro-sequential Model of Therapeutics (NMT)</b></p>	<p>Youths in any of YMCA 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 clinicians’ interventions and work with students.</p>	<p>Evidence-based model according to empirical evidence.<sup>10</sup></p>
<p><b>Partners for Change Outcome Management System (PCOMS)</b></p>	<p>The Partners for Change Outcome Management System (PCOMS) is a systematic client feedback intervention that uses two four-item scales to solicit consumer feedback regarding factors proven to predict success regardless of treatment model or presenting problem: early progress (using the Outcome Rating Scale) and the quality of the alliance (using the Session Rating Scale). PCOMS is used with all youth being seen on an ongoing basis.</p>	<p>Noted as an evidence-based practice listed on the now defunct National Registry of Evidence-Based Programs and Practices and is no longer available through SAMHSA. Elsewhere classified as a research-based intervention.<sup>11</sup></p>
<p><b>Restorative Justice Practices</b></p>	<p>Youth are taught these practices as a way to address harm either caused by or caused to them. These are the practices used in most of our conflict resolution interventions.</p>	<p>The practice is rated promising for reducing juveniles’ recidivism rates, increasing victims’ perceptions of fairness, and increasing juveniles’ completion of restitution and reparation. It is rated No Effects for juveniles’ recognition of wrongdoing or remorse, and victim or young offender satisfaction.<sup>12</sup></p>

<sup>9</sup> 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. <https://doi.org/10.1080/08897070903250027>

<sup>10</sup> 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. <https://doi.org/10.1080/15325020903004350>

<sup>11</sup> Washington State Institute for Public Policy. (2020). Updated Inventory of Evidence-Based, Research-Based, and Promising Practices: For Prevention and Intervention Services for Children and Juveniles in the Child Welfare, Juvenile Justice, and Mental Health Systems. [http://www.wsipp.wa.gov/ReportFile/1727/Wsipp\\_Updated-Inventory-of-Evidence-Based-Research-Based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems\\_Report.pdf](http://www.wsipp.wa.gov/ReportFile/1727/Wsipp_Updated-Inventory-of-Evidence-Based-Research-Based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems_Report.pdf)

<sup>12</sup> OJJDP Model Program Guide. (2018). Practice Profile: Restorative Justice Programs for Juveniles. <https://crimesolutions.ojp.gov/ratedpractices/70>

<p><b>Seeking Safety</b></p>	<p>Many of the modules of this practice assist in building healthy coping skills for youths. 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 re-experiencing associated with a trauma history.</p>	<p>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>13</sup></p>
<p><b>Trauma-Informed Systems</b></p>	<p>The YMCA is a Trauma Informed System, partnered with and trained by Trauma Transformed, 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. All staff are trained in TIS and there are strong administrative structures to support this work.</p>	<p>The Trauma-Informed approach is evidence-based practice according to SAMHSA.<sup>14</sup></p>

**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 2021-22.

**Exhibit 13. Client Story**

<p>Name of client</p>	<p>Bess</p>
<p>Age and gender</p>	<p>13, female</p>
<p>Reason for referral</p>	<p>Client was referred to SSA for truant behavior, skipping PE, and anxiety.</p>
<p>Client’s behavior, affect, and appearance when they first started in the program</p>	<p>Client was very nonchalant about behavior. Client appeared anxious when it came to PE and having to run. Client reported feeling her ankle hurt and would skip class to avoid this. Client seemed ambivalent about engaging in class.</p>
<p>Activity engagement and consistency</p>	<p>Clinician utilized CBT to support client in exploring negative schemas affecting thoughts. Client was able to communicate with parents her needs and get a doctor appointment arranged. Client was able to adjust to class and minimize stress, by taking each class one at a time. Client was able to talk with teacher and get additional support when needed, instead of skipping class.</p>

<sup>13</sup> California Evidence-Based Clearinghouse for Child Welfare. (2020). Seeking Safety (Adolescent version). <https://www.cebc4cw.org/program/seeking-safety-for-adolescents/>

<sup>14</sup> SAMHSA. (2014). SAMHSA’s Concept of Trauma and Guidance for a Trauma-Informed Approach, p10. Pub ID#: SMA14-4884. <https://store.samhsa.gov/product/SAMHSA-s-Concept-of-Trauma-and-Guidance-for-a-Trauma-Informed-Approach/SMA14-4884>

<p>Client’s behavior, affect, and appearance toward the end of the program</p>	<p>Client presented in a friendly mood. Was more relaxed and noted she no longer wanted or needed to avoid PE. Clients complaints of pain stopped and she noted it no longer hurt.</p>
<p>What the client learned as a result of the program</p>	<p>Client learned how to talk to teachers and family for support. Client learned to identify how negative schemas affect her outlook and use positive self-talk.</p>
<p>What the client is doing differently in their life now as a result of the program</p>	<p>Client is more engaged and less avoidant of things. Client was more motivated to try things when worried rather than avoid.</p>
<p>The value of the program in the client’s words</p>	<p>Client reported by the end of the school year that things were going well overall. Client displayed more confidence and determination rather than avoidance and worry. Client was able to acknowledge her worry and utilize positive self-talk to motivate herself.</p>