SAN MATEO COUNTY
PROBATION DEPARTMENT

STARVISTA ANNUAL EVALUATION

2020 - 2021

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.

Authors

Kim Carpenter, Ph.D.

Kimberly Gillette, M.P.H.

Manya Jyotishi, Ph.D.

Connie Chu, B.A.

Graphic Design: Jenna Nybank, B.F.A.

Locations

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

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

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

www.appliedsurveyresearch.org

Contents

Program Descriptions

Four StarVista programs are contracted by San Mateo County Probation Department (Probation):

- StarVista Insights and Victim Impact Awareness (VIA) funded under Juvenile Justice Crime Prevention Act (JJCPA)
- StarVista Strengthen Our Youth (SOY) funded under Juvenile Probation Camp Funding (JPCF)
- StarVista Pyramid funded under Youthful Offender Block Grant (YOBG)

StarVista Insights

StarVista Insights (Insights) is an outpatient adolescent counseling program funded by JJCPA that provides services for substance abuse treatment/recovery and mental health issues. Since March 12, 2020, clinicians have provided telehealth services for all clients previously seen in the Redwood City and Daly City office locations. Due to the COVID-19 pandemic, Insights has been providing virtual services through telehealth, including for the remainder of the fiscal year (FY). The Insights program offers support to community youths and families at the point when adolescents are at risk of substance-related and/or behavioral issues. The program also provides services to many adolescents who have legal issues and have had problematic substance use experiences. Many of these youths also experience co-occurring mental health issues associated with many traumatic experiences that have become common in their communities.

The Insights program continues to be a low-cost referral for outpatient adolescent counseling. Both sites are also Medi-Cal, and Drug Medi-Cal approved locations. Therapeutic services for those presenting with co-occurring issues remain a limited resource in San Mateo County. Some individuals and families receiving services at Insights may not have obtained these services elsewhere due to financial challenges. If a family at any time expresses hardship with making payments, fees are reduced or waived. If families have no health insurance, they are directed to the process that will help them obtain Medi-Cal through the Health Plan of San Mateo.

Youths receiving services at Insights are typically between the ages of 12 and 18. Most youths are enrolled in high school, although an occasional youth is enrolled in middle school or has achieved a high school diploma or equivalent. Insights' youths experience challenges with school attendance, relationships with authority, positive school-related activities, and healthy peer support. Additionally, several youths report gang involvement.

Insights continues to emphasize the provision of support to schools in the area. Youths referred by their schools have typically been caught in some substance engaging behavior at or around the school. They are strongly encouraged to participate in counseling to remain in good standing with the school administration. This can be seen as a positive progression toward a restorative approach to school discipline, as opposed to a punitive approach in which school officials expel students and/or involve the police, which could lead to arrest. The youths referred by their schools appear to be taking their participation seriously and are actively working to improve their behavior.

Insights continues to serve families from various socioeconomic, racial, and familial backgrounds. The Daly City outpatient population (north San Mateo County) appears to show more uniformity in its socioeconomic status, with a majority falling into the low to lower-middle-income brackets. Youths served at the Redwood City office who reside in South San Mateo County tend to represent a broader socioeconomic range.

StarVista Victim Impact Awareness (VIA)

VIA is a trauma-informed, strengths-based educational program designed to teach empathy as it relates to the trauma of victimization. StarVista hosts VIA classes using a curriculum that includes activities, videos, discussions, and guest speakers, all designed to help participants gain a better perspective on what it's like to be a victim of the crimes in which they have been charged. Information is limited on this program in this report for FY 2020-21.

StarVista Strengthen Our Youth (SOY)

StarVista's Strengthen Our Youth (SOY) program serves the needs of at-risk students and families at three high schools and two middle schools in Daly City, South San Francisco, and Half Moon Bay. SOY is an early intervention program designed to increase developmental assets, school engagement, and family functioning. The SOY program has three main components: 1) substance use prevention, 2) individual and group therapy, and 3) parent support and education. In addition to the program's main components, 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 related services to youths, including individual and group sessions provided by clinicians. In addition, one parent night provided supplemental 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 conflict, problem-solving, emotion regulation, empowerment, and negotiating aspects of the current social and political climate.

StarVista Pyramid (Pyramid)

StarVista has been a community partner of the County of San Mateo Probation's G.I.R.L.S. Program since 2005. G.I.R.L.S stands for "Gaining Independence and Reclaiming Lives Successfully". The program is based on the principle of "gender responsiveness", which is a concept that the female youth commit crime for different reasons than boys.[1]

 G.I.R.L.S is an intensive program court-mandated for incarcerated female youth aged 13 to 18 who come from all over San Mateo County. In December 2006, the residential phase of the program transitioned from Youth Services Center - Juvenile Hall (YSC-JH) to Margaret J. Kemp Camp (Camp Kemp), a 30-bed facility. To support gender responsiveness for the

---

1 https://probation.smcgov.org/girls-program

G.I.R.L.S program, StarVista provides the following health services. A female youth may receive counseling and therapy on different issues, depending on her needs.

- Multi-Family Group Therapy: A 16-week Saturday program that engages parents, caregivers, and girls in improving communication and relationship
- Adolescents Group Therapy
- Expressive Art
- Mind Body Awareness
- Individual Therapy
- Family Therapy
- Alcohol and Other Drug (AOD) Individual Counseling

Female youths placed in the program have various issues, specifically trauma-related, substance abuse, mental health, and co-occurring disorders. The girls learn cognitive and independent living skills while the judge enforces accountability. G.I.R.L.S is a three-phase program staged based on the custody status of the female youth: Phase 1 is for female youth in custody; Phases 2 and 3 are managed by Deputy Probation Officers (DPOs) when female youths are back in their communities.

Programmatic Challenges

StarVista staff noted the following challenges for youths and for their programs in FY 2020-21.

Insights program staff and clinicians continue to notice challenges in the community around high-risk behavior, including but not limited to gang involvement, drug dealing, breaking and entering, robbery, and excessive drug use. Conflicts appear to escalate very quickly, whether it be an internal or external escalation. Youths are currently transitioning from Shelter in Place (SIP) to the state/county opening. While some youths continue to be home, they are experiencing increased boredom and family stress. Other youths have returned to their everyday life before the pandemic, which often increases the peer conflict and bullying that was in decline due to SIP order. Throughout this time, there has been a higher risk for overdoses, which is accounted for by the increases in suicide attempts and ideation in the communities.

Clinical staff have also observed that substances are easily accessible and often used as medication for the internal suffering many youths experience. Youths find substances with relative ease, whether it is in the community or on the internet. This places further emphasis on educating youths about wellness and healthy living, hoping to give young people the appropriate tools and information to make healthy decisions for themselves and their futures.

Substances that continue to present amongst Insights' youths are cannabis, alcohol, cocaine, Xanax, and opiate derivatives (pills and syrups). Cannabis use in different forms (oils, edibles, vaporizing) is most prevalent and makes it easier to avoid detection in public, thus making casual use easier and getting caught more difficult. With legalized adult use allowing greater accessibility in the community, staff believe that youths have another avenue to obtain cannabis. Considering the similar ease with which youths may obtain legalized substances like alcohol from adults and put themselves at risk puts an even greater emphasis on the need for early intervention and education about substance use.

Staff also reported a clear need for youths to be educated around the risks of cannabis use at an early age. Youths appear to be using cannabis with a level of casual display and fearlessness that exemplifies a clear lack of understanding of the risks and/or disregard for any potential consequences. Additionally, Insights' clinicians continue to hear reports regarding the ease with which the youths are 'vaping.' Finally, Xanax abuse remains prevalent and is being used in dangerous amounts. Obtaining prescribed Xanax is often too difficult, and youths resort to finding black market or fake Xanax, which is more dangerous.

StarVista Insights

Due to the COVID-19 pandemic and SIP orders, Insights faced many barriers to maximizing mental health services. Lack of access to the units, delays in telehealth abilities, and the reduced number of youths eligible to be served (many youths were released) presented challenges and directly impacted Insights' ability to provide services. Insights continues to collaborate with Behavioral Health and Recovery Services (BHRS) and Probation services to

find alternative methods of delivery, which have been positively received. Currently, Insights is working with BHRS to establish the most effective and efficient workflow for referrals.

Despite challenges, Insights described successes for the year, during which the pandemic impacted service provision:

- Insights has continued to provide services to clients in a new modality (telehealth) with similar success rates. Services through telehealth break the barrier of transportation and meet COVID-19 protocols of SIP. Clinicians have completed more screenings and assessed youths in their various life domains to ensure Insights provides services that best meet youth needs.
- Insights has started to offer in-person services to clients as needed to meet client's needs. Offices have safety protocols and supplies in place to reduce the risk of infection.
- Insights reduced wait time in services by scheduling an intake appointment within a week of a first phone call to intervene quickly for high-risk clients, ensuring to provide services while the motivation is still fresh, and increasing validation by showing the importance of their needs being met in a timely manner.
- Insights has improved their file-keeping system to be paperless and started utilizing electronic chart systems.
- Insights has boosted the recruitment of new clinicians to serve an increased number of clients and expand the services being provided.
- Clinicians have observed positive group dynamics within the units, and youths appear to be forthright. StarVista staff continue to support youths around these concerns and offer alternative coping strategies/behaviors that will help establish pro-social behavioral responses to external factors.

StarVista SOY

In FY 20-21, the main challenges the program and clinicians faced were a result of the COVID-19 pandemic. Due to not being on school campus for most, if not all, of the school year, clinicians had to rely on telehealth to engage with students, teachers, and staff. There were four main challenges faced as a result of the pandemic and distanced learning.

The first challenge clinicians faced was the low numbers of referrals they received from schools. With most students not being on campus for most of the school year, teachers and school staff had difficulty identifying students who needed mental health support throughout the year. As a result, fewer referrals were made to the SOY clinicians. Of the referrals that were made, the presenting issue for most youths was a lack of engagement in virtual learning. It was increasingly difficult for students who were already disengaged from virtual academic support to also be engaged in virtual mental health support.

This led to the second challenge, which was getting responses from students and/or parents once a referral was received. Once a clinician received a referral, they reached out to the student and/or parent to explain services, obtain consent, and schedule therapy sessions. Due to scheduling conflicts and overall burnout from both parents and students, clinicians often did not hear back from either and were unable to initiate mental health services with many of the referred students.

The third challenge clinicians faced this school year was being able to maintain consistent attendance in mental health services once a student agreed to participate in telehealth

services. Students cited an increase in homework and projects being assigned and burnout as reasons for forgetting that they had a scheduled telehealth appointment with their clinician. This led to services being less consistent than in years past.

Finally, both clinicians and students faced challenges regarding technology access, reliable internet connections, and private spaces to participate in telehealth services. Clinicians frequently reported that their clients had to share laptops/tablets with other family members, so they were not always able to log in to a session with their clinician. Additionally, unstable internet connections presented a consistent challenge throughout the year, resulting in dropped video calls in the middle of therapy sessions. Many students also found it difficult to find a quiet and confidential space to speak with their clinician during sessions. As a result of having multiple children in the home doing distanced learning, finding a confidential space became increasingly difficult.

The clinicians' responses to these challenges included: continuing to make themselves available to students and staff, being flexible with the times they met with students to not interrupt distanced learning, and developing plans for what to do when telehealth sessions were dropped due to connectivity issues. The SOY clinicians were proactive and problem-solved as many of the challenges as possible while holding space for their clients.

StarVista Pyramid

The SIP due to COVID-19 pandemic brought uncertainty and anxiety to interns and staff. Some girls at Camp Kemp were sent home due to concerns the spread of the virus. The lack of access to the facility at Camp Kemp caused the cancellation of the Multi-Family Group for almost a year and a half.

There was difficulty reaching out to the girls via telehealth at home. For example, the unexpected change in program structure due to the pandemic presented technical issues delivering online services. While Telehealth platforms already existed before the pandemic, platforms like Zoom, Doxy, Teams, etc., were unfamiliar and presented technical difficulties and caused additional conflict and confusion.

Patience, persistence, and consistency were worthwhile and helped the girls and their families to engage virtually. On the contrary, mental health clinicians and interns were mentally fatigued more than could be imagined. Meetings with staff, multiple disciplinary teams, clinicians, etc., were normal processes when in person, but the level of anxiety increased to ensure all on-screen meetings were attended and, most importantly, included the youths and their families. During the early stage, the internet traffic caused visual and audio issues. In many instances, staff also needed to consider time for physical and mental rest. Mental health providers needed to be "flexible" when arranging telehealth with families. With such a big change, they did the best they could to be adaptable to the change. Self-care for mental health providers played a crucial role in balance and coordination.

Pyramid was able to continue their two groups: Expressive Art and Mind, Body, and Spirit (MBS), weekly at Camp Kemp, both virtually. However, the lack of enthusiasm amongst the girls was apparent. The interns used artwork in the Expressive Art group to get the girls' attention and that appeared to work. However, the girls were not as enthusiastic in the MBS

group. Overall, individual, family, and AOD counseling at Camp Kemp continued via telehealth.

During a recent survey at the Camp Kemp facility following CDC health protocols, virtual games were utilized to keep the girls actively participating. It was found to be more effective in individual therapy but caused competition amongst the girls in group therapy. The main concern in the virtual session was the lack of clarity hearing each other because of face masks and social distancing as required.

Due to COVID-19 and the SIP orders of March 2020 and December 2020, the two groups at the YSC-JH for the boys, Seeking Safety and Aggression Replacement Training, stopped after the first quarter, March 2020. and sessions resumed in January 2021.

Evaluation Methods

Programs provided by StarVista are funded by San Mateo County Probation's (Probation) JJPCA, JPCF, and YOBG funding streams. StarVista 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 (JJCPA and JPCF only): 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 four-point scale of 0-3, with a score of two or three indicating an actionable need. The assessment groups items into several core modules, including Youth Strengths, Risk Behaviors, Behavioral/Emotional Needs, Life Functioning, Caregiver Strengths and Needs, and Acculturation. Secondary modules that can be triggered by answers to specific core module items include School, Trauma, Substance Use, and Juvenile Justice.

Outcomes: Like all JJCPA funded programs, Insights collects data for several justice-related outcomes for program participants. Probation has elected to report these outcomes at 180 days post-entry; the reference or comparison group reflects the past year's cohort of program participants to interpret FY 2020-21 outcomes. In FY 2020-21, Insights collected the following outcome measures:

- arrests
- detentions
- probation violations
- court-ordered restitution completion
- court-ordered community service completion

Additionally, StarVista also collects 14 program-specific outcome measures to track progress toward its goal of improving outcomes for youths.

Evidence-Based Practices: JJCPA, JPCF, and YOBG-funded programs are encouraged to follow evidence-based practices. To augment Probation's knowledge of which programs are being implemented by funded partners, each JJCPA- and JPCF-funded program has provided a catalog of its practices since the FY 2017-18 evaluation period. YOBG began this practice for the current fiscal year. After receiving this information, ASR runs each practice reported through several clearinghouses[2] to determine whether the practice is an:

- 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)

---

[2] *For the full list of evidence-based practice clearinghouses used to evaluate programs, please see the JJCPA/JPCF Comprehensive Report for FY 2020-21.*

Evaluation Findings

Fiscal Year 2020-21 Highlights

- The total number of youths served by StarVista programs was 212 youths who were served for an average of 12.9 hours and spent 4.9 months in the program.
- Insights served youths across the risk spectrum (57% scored 'low', 39% 'moderate', and 4% 'high'') while SOY primarily served youths who scored 'low' risk (99%) on the JAIS assessment.
- Insights assessed 88% of the youths using the CANS. Results for the 45 youths with baseline assessments indicate 69% had three or more actionable needs when they entered the program, primarily in Life-Functioning, Risk Behaviors, and Behavioral/Emotional Needs modules. The number of youths with Risk Behavior including Juvenile Justice needs was lower on follow-up assessments compared with baseline assessments.
- SOY assessed 60% of the youths using the CANS. Results for the 69 youths with baseline assessments indicate 41% had three or more actionable needs when they entered the program, primarily in Life-Functioning, Behavioral/Emotional Needs, and Caregiver Support and Needs modules. The number of youths with Life Functioning needs at school, Risk Behavior, and Cultural Needs were lower on follow-up assessments compared with baseline assessments.

Profile of Youths Served

During FY 2020-21, StarVista served a total of 212 unique youths: Insights served 72 youths, SOY served 125 youths, and Pyramid served 15 youths (Tables 1-4).

- **Insights (JJCPA)**: Youths served by Insights received the highest average hours of service per youth, at 19 hours, and a service duration of 5.5 months. The average age of youths was 17.5 years. The majority of youths served by Insights were male (86%). Insights served a high percentage of Hispanic/Latino (61%), followed by 15% identifying as Multi-Racial/Ethnic, and 11% identifying as Asian/Pacific Islander, 7% as Other, 3% as White/Caucasian, and another 3% as Black/African American. Twenty-six percent received individual counseling, 20% received group counseling, 13% received collateral-only counseling, another 13% as collateral and family counseling, 2% received family skills training, and 24% received other services.
- **SOY (JPCF)**: Youths served by SOY received 10.5 hours of service on average per youth and spent 4.2 months in the program. The average age of youths was 15.5 years, and most youths identified as females (59%). SOY served a high percentage of Hispanic/Latino (59%), followed by 24% of youths who identified as Asian/Pacific Islander, and 13% as White/Caucasian, 3% as Other, and less than 1% as Multi-Racial/Ethnic. Twenty-nine percent received family counseling, 29% received group counseling, 28% received individual counseling, 12% received alcohol or other drug counseling, and another 2% received other services.
- **Pyramid (YOBG)**: Youths served by Pyramid received 3.5 hours of service on average per youth and spent 8.5 months in the program. The average age of youths was 17.1 years, and all youths (100%) identified as females. Pyramid served a higher percentage of Hispanic/Latino (67%), followed by 20% identifying as White/Caucasian, and 7% identifying as Black/African American and Asian/Pacific Islander each. Twenty-nine percent received collateral contact and/or case management services, 27% received behavioral health assessment, 22% received

individual counseling, and 5% attended the alcohol or other drug prevention/education group, and 17% received other services.

Table 1.   StarVista Youth Services, All Probation Youths

YOUTH SERVICES	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
All Probation Youths (JJCPA, JPCF, YOBG)					
Youths Served	Data not collected in prior fiscal years for all funding streams				**212**
Average Hours Served					**12.9**
Average Time in Program (Months)					**4.9**

Table 2.   StarVista Youth Services, by Program

YOUTH SERVICES	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
INSIGHTS (JJCPA)					
Number of Youths Served	91	101	107	92	**72**
Average Number of Hours Served	14.3	15.3	16.5	16.6	**19.0**
Average Time in the Program (Months)	4.1	4.3	5.1	5.7	**5.5**
SOY (JPCF)					
Number of Youths Served	102	189	224	86	**125**
Average Number of Hours Served	12.8	7.5	5.8	19.5	**10.5**
Average Time in the Program (Months)	3.7	4.6	3.5	7.2	**4.2**
PYRAMID (YOBG)					
Number of Youths Served	NOT COLLECTED IN PREVIOUS YEARS				**15**
Average Number of Hours Served					**3.5**
Average Time in the Program (Months)					**8.4**

Note: StarVista Pyramid data is limited to Camp Kemp; however, youths were also served in other housing units, but their data is unavailable to include in this report.

Table 3.   StarVista Race/Ethnicity Profile, by Program

PROGRAMS	Hispanic/ Latino	White/ Caucasian	Black/ African American	Asian/ Pacific Islander	Multi- Racial/ Ethnic	Other
Insights	61%	3%	3%	11%	15%	7%
SOY	59%	13%	0%	24%	1%	3%
Pyramid	67%	20%	7%	7%	0%	0%

Insights n=72, SOY n=117, Pyramid n=15. Note: Percentages may not total 100 due to rounding.

Table 4.   StarVista Gender and Age Profile, by Program

PROGRAMS	MALE	FEMALE	Transgender/Other	AVERAGE AGE OF YOUTH
Insights	86%	14%	0%	17.5
SOY	41%	59%	0%	15.5
Pyramid	0%	100%	0%	17.1

Insights n=72, SOY n=118, Pyramid n=15. Note: Percentages may not total 100 due to rounding.

VIA classes were offered four times a year. In FY 20-21, a total of 36 youths attended VIA (Table 5).

Table 5.   Youth Services - VIA

	Quarter 1	Quarter 2	Quarter 3	Quarter 4
Number of Youths Served	6	9	13	8

Risk Indicators

Insights evaluated three risk indicators upon entry—whether the youth had an alcohol or other problem, a school attendance problem, and/or a suspension or expulsion from school in the past year. In FY 2020-21, over 1 out of 3 (38%) youths had an alcohol or other drug problem at entry, a decrease of 23 percentage points from FY 2019-20 (Table 6). Additionally, 49% of youths had an attendance problem (an increase from 33% in the prior fiscal year), and one-third of youths (33%) had been suspended or expelled in the past year.

Table 6.   Risk Indicators at Program Entry, StarVista Insights

RISK INDICATORS AT PROGRAM ENTRY	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
Alcohol or Other Drug Problem	23%	66%	74%	61%	**38%**
Attendance Problem	17%	38%	29%	33%	**49%**
Suspension/Expulsion in Past Year	40%	44%	45%	48%	**33%**

FY 2020-21 n=70-72.

In FY 2020-21, StarVista Insights served clients across the risk spectrum (Table 7). The 49 participants assessed with the JAIS assessment had criminogenic risk levels predominantly

at the 'low' (57%) and 'moderate' (39%) classification level, with 4% scoring as 'high' risk, which is a decrease from FY 2019-20.

Table 7. JAIS Risk Levels, StarVista Insights

JAIS RISK LEVEL	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
Low	23%	42%	46%	33%	**57%**
Moderate	58%	45%	43%	49%	**39%**
High	19%	13%	11%	17%	**4%**

FY 2020-21 n=49. Note: Percentages may not total 100 due to rounding.

When disaggregated by gender (Figure 1), about the same percentage of male and female youths scored 'low' (56% and 63%, respectively) on the criminogenic risk scale. Only eight females were assessed with the JAIS Girls Risk Assessment, thus comparisons of risk level by gender should be interpreted cautiously.

Figure 1. Criminogenic Risk Level by Gender, StarVista Insights
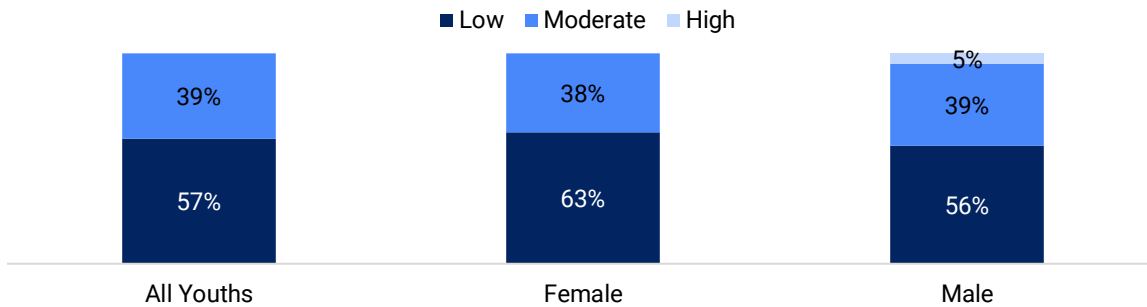
All Youths n=49, Female n=8, Male n=41. Note: Percentages may not total 100 due to rounding.

In FY 2020-21, SOY primarily served youths who scored 'low' risk on the criminogenic risk spectrum (99%, Table 8). As would be expected for a prevention-based service and similar to previous years, SOY has continued to serve youths who score 'low' when assessed with the JAIS Risk Assessment.
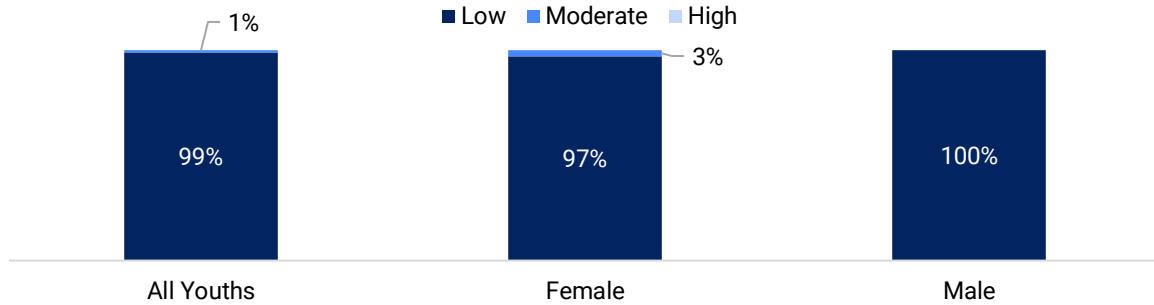
Table 8. JAIS Risk Levels, StarVista SOY

JAIS RISK LEVEL	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
Low	95%	94%	88%	89%	**99%**
Moderate	4%	6%	11%	12%	**1%**
High	<1%	0%	2%	0%	**0%**

FY 2020-21 n=70. Note: Percentages may not total 100 due to rounding.

Figure 2 shows that when the data were disaggregated by gender, almost all youths scored as 'low' risk.

Figure 2.   Criminogenic Risk Level by Gender, StarVista SOY

All Youths n=70, Female n=38, Male n=25. Note: Percentages may not total 100 due to rounding. Risk score for youths who indicated declined to answer, unsure, or other gender identity on the initial JAIS Risk are combined for All Youths, but not included in the gender-specific female or male forms to protect confidentiality.

Youth Strengths and Service Needs

In FY 2020-21, StarVista Insights and SOY programs gathered CANS assessment data achieving a completion rate of 70% across programs. Insights assessed 63 of the 72 (88%) participants served at baseline and/or follow-up and SOY assessed 75 of 125 (60%) participants served at baseline and/or follow-up. A total of 114 youths had baseline assessments, and 87 youths had both a baseline and follow-up assessment within the fiscal year (Table 9)[3].

Table 9.   Number of Youths with CANS assessments by FLY Program and Funding Stream

PROGRAM	BASELINE	BASELINE AND FOLLOW-UP
TOTAL	**114**	**87**
Insights	45	32
SOY	69	55

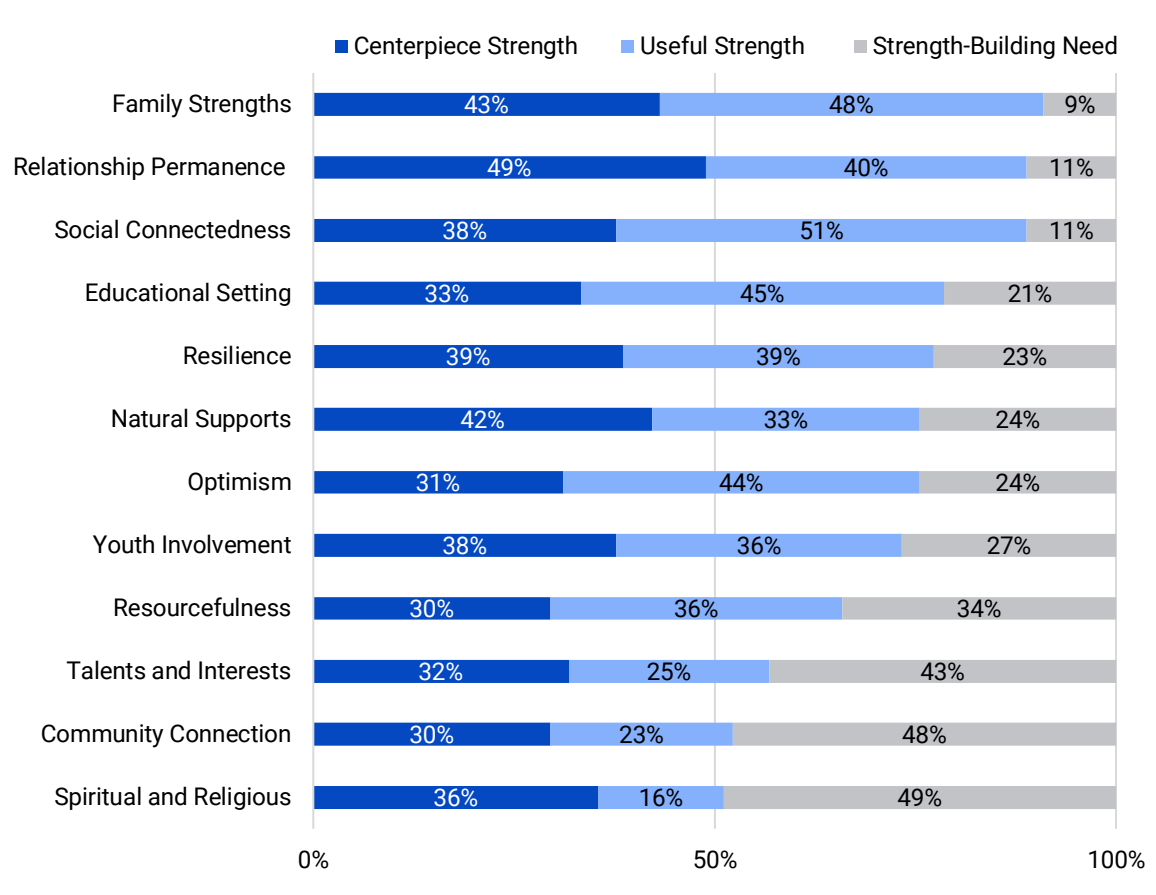### StarVista Insights

Baseline Assessment

Figure 3 shows that the average number of centerpiece or therapeutically useful strengths identified at baseline per youth was 8.6 out of 12, with 100% of youths identified with at least one strength. Insights rated participants as possessing more strengths than all programs funded by San Mateo Probation, which averaged 6.2 strengths per youth, and 89% of youths possessing at least one strength. The data show that the majority of youths served by Insights begin services with the ability to enlist family members for support (Family Strength,

---

[3] *Staff are certified to administer the CANS every 12 months, however one staff was confirmed not certified and one was unable to be confirmed at the time of this report. This may have a small impact on the overall quality of the CANS assessment results.*

91%) have stability in their family unit (Relationship Permanence, 89%), and social networks and relationship to rely on (Social Connectedness, 89%) to further their positive growth and development, including addressing identified needs. Around three-quarters of youth had a useful strength involving their school (Educational Setting, 79%), intrapersonal resilience (78%) and optimism (76%), other supports such as mentors (Natural Supports, 76%), and involvement in personal growth (73%).

The data on youths' strengths also suggest that, similar to other grantee programs, about half of Insights youth have needs to build developmental assets in spiritual or religious involvement (49%), connection to their community (48%), development of specific talents or interests (43%).

Figure 3.   Percentage of Insights Youths with Each Strength at Baseline

	Centerpiece Strength	Useful Strength	Strength-Building Need
Family Strengths	43%	48%	9%
Relationship Permanence	49%	40%	11%
Social Connectedness	38%	51%	11%
Educational Setting	33%	45%	21%
Resilience	39%	39%	23%
Natural Supports	42%	33%	24%
Optimism	31%	44%	24%
Youth Involvement	38%	36%	27%
Resourcefulness	30%	36%	34%
Talents and Interests	32%	25%	43%
Community Connection	30%	23%	48%
Spiritual and Religious	36%	16%	49%

n=42-45. Percentages may not total 100 due to rounding.

On baseline assessments (Figure 4), 69% of youths had three or more actionable needs, about the same as the prior two fiscal years.

Figure 4. **Percentage of Insights Youths with Three or More Actionable Needs at Baseline**
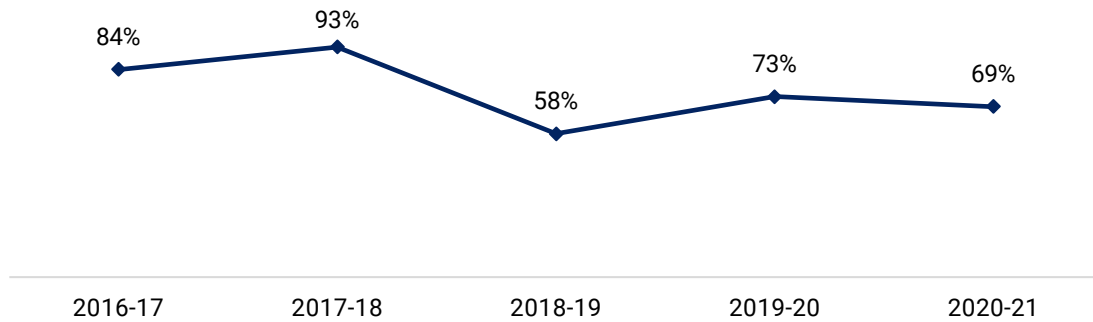
n=45.

Figure 5 presents the percentage of youths administered a baseline CANS assessment having at least one actionable need in that module. A high number of youths had actionable needs, including Life Functioning (71%), Risk Behaviors (67%), and Behavioral/Emotional Needs (53%).

Figure 5. **Percent of Insights Youths with at Least One Moderate or Significant Need Per CANS Module at Baseline**
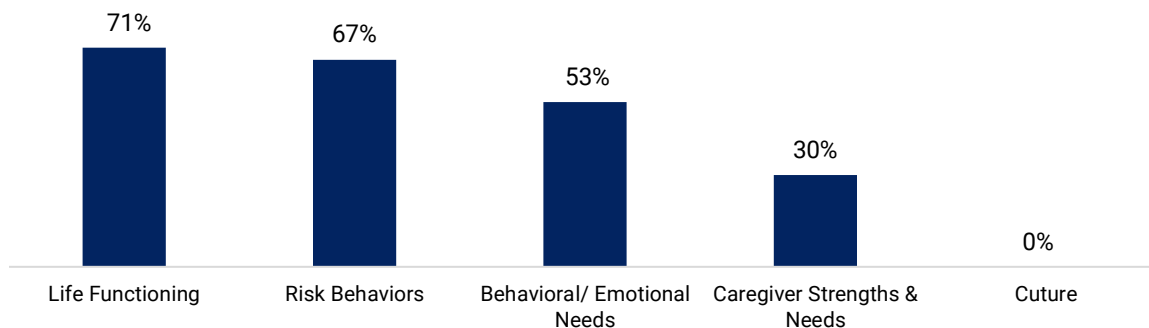
N= 44-45.

These results indicate that many youths needed to take action to improve how they were functioning across individual, family, peer, school, and community realms, as well as address behavior that can lead to, or has led to, Juvenile Justice involvement.

Change Over Time

Among the 45 youths with baseline assessments, 32 youths with both a baseline and follow-up assessments were analyzed. Only data from youths with at least one baseline and one follow-up assessment were included in the analysis to reflect more accurately the change in the number of youths with actionable needs over time.

The number of centerpiece strengths identified for youths served by Insights increased over time, from 91% to 97%, indicating two more youths at follow-up had a centerpiece strength than at baseline.[4] This suggests that the program helped cultivate or identify actionable strengths among the few youths without an identified centerpiece strength at baseline.

Figure 6 shows the percentage of youths with at least one actionable need at baseline and follow-up. The results show a significant 29 percentage point decrease in the number of youths with needs around risk behavior, and a significant 28 percentage point drop in needs related to Juvenile Justice. Although there were no other statistically significant differences over time, change in Life Functioning approached statistical significance with a decrease in the number of youths with actionable needs of 19 percentage points. This indicates that many youths experienced a resolution of moderate to significant needs for risk behavior including Juvenile Justice involvement.

Figure 6. **Decrease in Percentage of Insights Youths with CANS Actionable Needs Over Time**
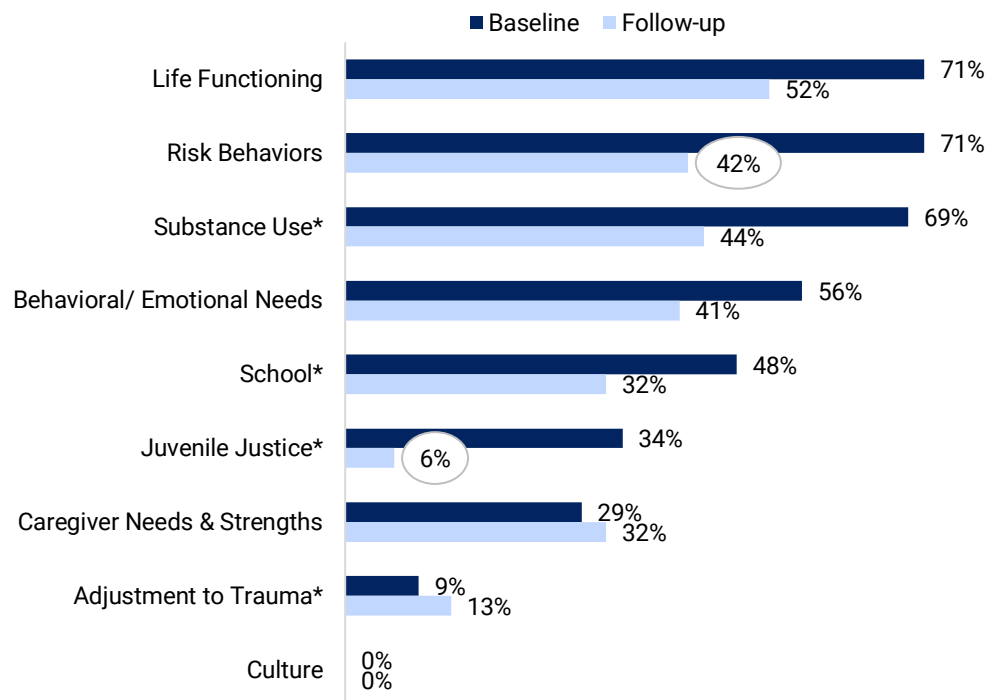
*n= 31-32 for all modules except Substance Use, n=16. Note: Circles indicate statistically significant decreases from baseline to follow-up assessment using paired T-tests, p < .05. *Results include needs identified on core items or secondary modules.*

The Insights program served fewer youths this fiscal year and therefore completed fewer CANS assessments of youths with baseline and follow-up assessments. 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

---

[4]*This does not represent a statistically significant change.*

assessed with fidelity at both time points, and that data are entered into the data entry platform on all required modules.

StarVista SOY

Baseline Assessment

Figure 7 shows that the average number of centerpiece or therapeutically useful strengths identified at baseline per youth was 7.6 out of 12, with 100% of youths identified with at least one strength. SOY rated participants as possessing more strengths than all programs funded by San Mateo Probation, which averaged 6.3 strengths per youth, and 90% of youths possessing at least one strength. The data show that at least three quarters of youths served began services with the ability to enlist and rely on family members (Family Strengths, 81%; Relationship Permanence, 73%) as well as their Educational Setting (78%) and inner motivation (Youth Involvement, 74%) to further their positive growth and development, including addressing identified needs.

These data on youths' strengths also suggest that, similar to other grantee programs, many SOY youths have yet to build developmental assets in spiritual or religious involvement (71%), connection to their community (Community Connection, 52%), and a positive outlook about their futures (Optimism, 43%).

Figure 7.   Percentage of SOY Youths with Each Strength at Baseline
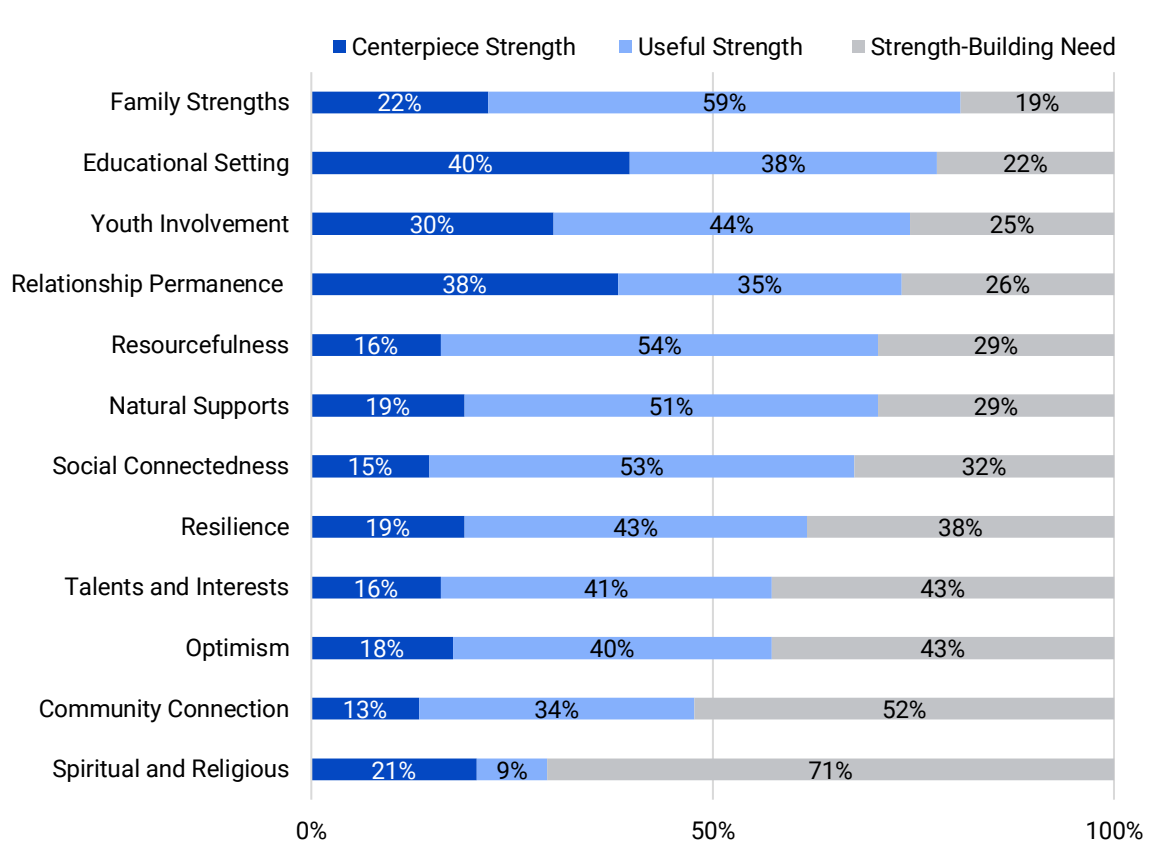
n=63-68. Percentages may not total 100 due to rounding.

On baseline assessments (Figure 8), 41% of youths had three or more actionable needs, the lowest percentage in the last five fiscal years.

Figure 8. **Percentage of Youths with Three or More Actionable Needs at Baseline**

84%	93%	58%	73%	41%
2016-17	2017-18	2018-19	2019-20	2020-21
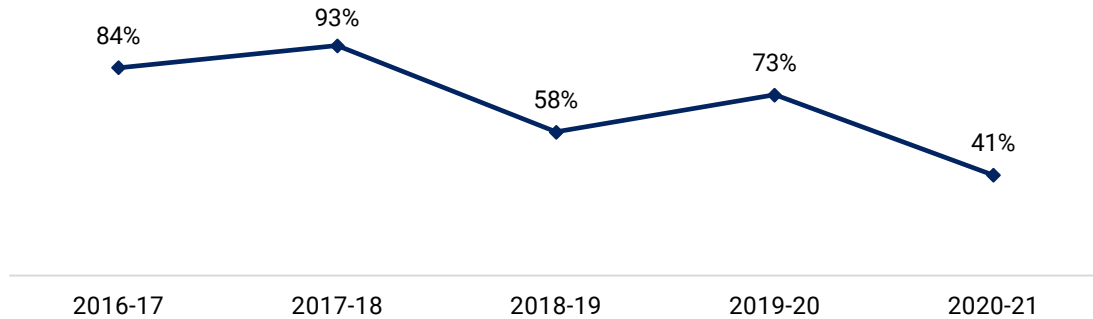
n=69.

Figure 9 presents the percentage of youths administered a baseline CANS assessment having at least one actionable need in that module. Half (54%) of the youths served had actionable needs in Life Functioning, meaning a need to improve how they were functioning across individual, family, peer, school, and community realms. This need was followed by 41% of youths needing to address Behavioral or Emotional issues. Last, caregivers of 21% of youths had an actionable need to better support youths.

Figure 9. **Percent of Youths with at Least One Moderate or Significant Need Per CANS Module at Baseline**

| Life Functioning	Behavioral/ Emotional Needs	Caregiver Strengths & Needs	Risk Behaviors	Cuture
54%	41%	21%	12%	9%
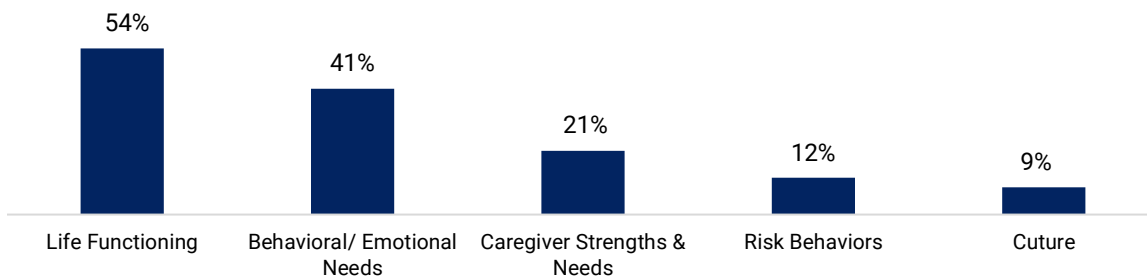
N= 68-69.

Change Over Time

Among the 69 youths with baseline assessments, 55 youths with both a baseline and follow-up assessments were analyzed. Only data from youths with at least one baseline and one follow-up assessment were included in the analysis to reflect more accurately the change in the number of youths with actionable needs over time.

The number of centerpiece strengths identified for youths served by SOY increased slightly over time, from 63% to 72%.[5] This suggests that the program helped cultivate or identify actionable strengths for five youths (9%) who did not have an identified centerpiece strength at baseline.

Figure 10 shows the percentage of youths with at least one actionable need at baseline and follow-up. The results show a significant 23 percentage point decrease in the number of youths with substance use issues and a significant 22 percentage point decrease in the number of youths with school-related needs, a 9-percentage point decrease in youth with risk needs around risk behaviors, and no remaining youth with an acculturation need at follow-up (0%). This indicates that several youths experienced a resolution of moderate to significant needs in these areas. Other need areas demonstrated persistent or emerging needs (i.e., Behavioral/Emotional Needs including Adjustment to Trauma).

Figure 10. **Decrease in Percentage of SOY Youths with CANS Actionable Needs Over Time**
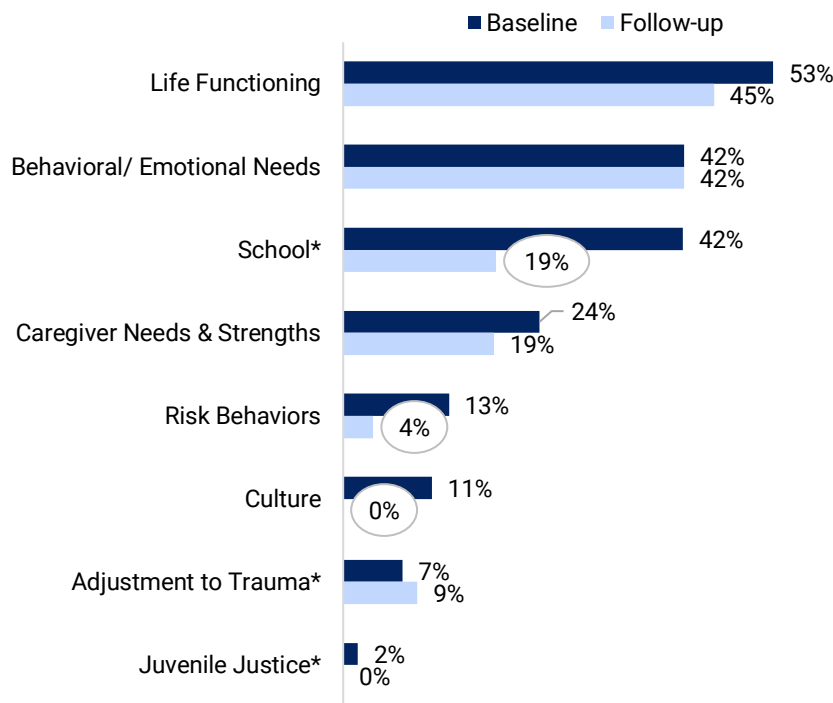
*N=48-55. Substance Use was not included due to a small sample size (n=6). Note: Circles indicate statistically significant decreases from baseline to follow-up assessment using paired T-tests, p < .05. *Results include needs identified on core items or secondary modules.*

To effectively address the needs of all youths served by SOY 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 at both time points, and that data are entered into the data entry platform on all required modules.

---

[5]*This does not represent a statistically significant change.*

Justice Outcomes

Table 10 presents justice-related outcomes for 44 youths whose six-month post-entry evaluation milestone occurred in FY 2020-21. As presented below, youths arrested for a new law violation, youths with detentions, youths with probation violations, and youths who completed community service decreased from FY 2019-20. One-third of youths (33%) paid restitution to victims, an increase from the prior year.

Table 10. Justice Outcomes (StarVista Insights)

JUSTICE OUTCOMES	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21
Youths Arrested for a New Law Violation	N/A	12%	15%	18%	**2%**
Youths with Detentions	50%	32%	32%	40%	**11%**
Youths with Probation Violations	N/A	26%	29%	33%	**20%**
Completion of Restitution	15%	60%	0%	22%	**33%**
Completion of Community Service	50%	38%	44%	15%	**13%**

FY 2020-21 Youths Arrested for a New Law Violation n=44, Youths with Detentions n=44, Youths with Probation Violations n=35, Completion of Restitution n=9, Completion of Community Service n=16. Note: Completion of Restitution percentages fluctuate more than others due to the small sample of youths to whom this outcome applies (e.g., five youths in 2017-18, seven youths in 2018-19, nine youths in 2019-20).

Program Specific Outcomes

StarVista's goal for CANS completion rate for the youth participants was 95%. They fell short of that goal, at 70% (Figure 11). StarVista was also to have all of their users and trainers current with their certification, and they fell short that goal; 14 out of 17 staff were trained.

Table 11. Program-Specific Outcomes

CANS DATA COLLECTION	FY 20-21 TARGET	FY 20-21 RESULTS
CANS Completion Rate	95%	**70%**
CANS Users/Trainers Current with (Re)Certification	100%	**82%**

- This year Insights set and met both program goals for their youths to achieve over the course of the fiscal year (Table 12): improvements in decision-making and progress toward an identified goal.
- The VIA program (Table 13) met one of their three goals: youth who engage in mediation and accomplish a plan of reparation with their victims but did not meet the outcomes of youth having and increased understanding of their impact of criminal behavior nor youth self-report survey completion rate.
- SOY (Table 14) had three measures this year based on the CANS assessment: decrease in needs in life function domains, in risk behaviors, and behavioral/emotional needs. SOY nearly met their goal for improvement in risk behavior needs, however goals in other need areas were not met.

- Pyramid (Table 15) met two of their three objectives: youth who report services were helpful in reducing substance abuse and helpful in improving pro-social behaviors but fell shy of meeting their goal of youth reporting the services were helpful in improving emotional regulation ability.

Table 12. Insights Program Outcomes - JJCPA

PROGRAM-SPECIFIC OUTCOMES	FY 16-17	FY 17-18	FY 18-19	FY 19-20	FY 20-21 TARGET	FY 20-21 RESULTS
Percentage of Participants Showing Progress Toward an Identified Goal	97%	87%	97%	92%	80%	**84%**
Percentage of Participants Showing Improvement in Decision Making	92%	87%	96%	88%	80%	**84%**
Percentage of Participants Showing Improved Relationship Skills	92%	89%	93%	93%	N/A	**81%**

Table 13. VIA Program Outcomes - JJCPA

PROGRAM-SPECIFIC OUTCOMES	FY 20-21 TARGET	FY 20-21 RESULTS
Percent of youth who demonstrate an increased understanding of the impact of their criminal behavior on victims and the community	85%	**75%***
Percentage of youth who engage in mediation and accomplish a plan of reparation with their victims	35%	**60%**
Youth self-report survey completion rate	95%	**75%**

75% is of all youth enrolled. However, 100% of youth completing program demonstrated an increased understanding of the impact of their criminal behavior on victims and the community.

Table 14. SOY Program Outcomes

PERFORMANCE MEASURE: PERCENTAGE OF STUDENTS WHO DEMONSTRATE…	FY 18-19	FY 19-20	FY 20-21 TARGET	FY 20-21 RESULTS
Decrease in needs in life function domains	52%	31%	70%	**15%**
Decrease in risk behaviors	36%	8%	70%	**69%**
Decrease in behavioral/emotional needs	46%	24%	70%	**0%**

Table 15. Pyramid Program Outcomes - Groupe

PROGRAM-SPECIFIC OUTCOMES	FY 20-21 TARGET	FY 20-21 RESULTS
Percent of youth participating in group and/or individual therapy who report services were helpful in improving emotional regulation ability.	75%	Group: 50% Individual: 75% **Mean: 60%***
Percent of youth participating in group and/or individual therapy who report services were helpful in reducing the need for substances.	70%	Group: 100% Individual: 90% **Mean: 95%****
Percent of youth participating in group and/or individual therapy who report services were helpful in improving pro-social behaviors.	75%	Group: 80% Individual: 80% **Mean: 80%*****

*14 participants in group, 14 participants in individual therapy.
**6 participants in group, 14 participants in individual therapy.
***6-8 participants in group, 6-8 participants in individual therapy.

Evidence-Based Practices

In FY 2020-21, StarVista programs were asked to provide the practices and curricula they employed in their programs (Tables 16-17). ASR evaluated the given practices to determine whether the programs were evidence-based or promising practices based on a search of evidence-based practice clearinghouses.

Table 16. Insights - Evidence-Based Practices

CURRICULUM	CURRICULUM IMPLEMENTATION	RATING
Seeking Safety	Seeking Safety is a present-focused therapy to help people attain safety from symptoms of trauma/PTSD and substance abuse. Topics most commonly applied at Insights include safety, self-empowerment, substance use, high-risk behavior, honesty, asking for help, healthy relationships, community resources, compassion, creating meaning, self-care, coping skills,	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-

	identifying triggers, and life choices. Insights clinicians receive on-going training and continue to develop creative and interactive ways of engaging clients in the material, using various modalities of therapy.	supported with evidence and 5 as concerning).[6]
Motivational Enhancement Therapy (MET)	Insights clinicians utilize principals of Motivational Interviewing and MET to support clients who may be ambivalent about changing maladaptive behaviors. The therapist meets the client where they are and does not attempt to change the client in any way. Rather, the therapist supports the client in identifying values and goals, and how these align or not with their current behaviors and thought processes.	Noted as evidence-based by program but could not be confirmed. MET uses evidence-based motivational interviewing, but the Office of Justice Programs rates the use of motivational interviewing for juvenile substance abuse as having "no effect" for clients age 14-19.[7]
Mindfulness-Based Substance Abuse Treatment (MBSAT)	Insights clinicians also utilize the MBSAT for adolescent curriculum to enhance youth awareness around multiple areas of need. Clinicians work together to continue to develop creative and interactive ways of engaging clients in the material in all modalities of therapy.	A promising practice based upon scientific literature.[8]
Trauma-Informed Practice	Therapists are trained in understand the impact of complex trauma on youth, and effective ways to address this as an integral part of therapy.	Evidence-based practice according to SAMHSA.[9]

Table 17.   SOY - Evidence-Based Practices

CURRICULUM	CURRICULUM IMPLEMENTATION	RATING
Seeking Safety	Najavits, L.M. (2002). Seeking Safety is a coping skills approach to help people attain safety from trauma and/or addiction. It is present-focused and designed to be safe, optimistic, and engaging. Key principles include: safety as the overarching goal; integrated treatment; focus on ideals to inspire hope; cognitive,	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).[10]

---

[6] *https://www.cebc4cw.org/program/seeking-safety-for-adolescents/*

[7] *https://www.crimesolutions.gov/ProgramDetails.aspx?ID=180*

[8] *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*

[9] *Shedler, J. (2010). American Psychological Association 0003-066X/10/. Vol. 65, No. 2, 98 –109 DOI: 10.1037/a0018378. https://www.apa.org/pubs/journals/releases/amp-65-2-98.pdf.*

[10] *https://www.cebc4cw.org/program/seeking-safety-for-adolescents/*

ASR

	behavioral, and interpersonal content; and attention to clinician processes.	
Dialectical Behavior Therapy (DBT)	Linehan, M. M. (2015). Developed in the 1980s, DBT was originally designed to help people suffering from borderline personality disorder. However, it has also been effective for mood disorders and changing harmful behavioral patterns. As a modified form of Cognitive Behavioral Therapy, DBT focuses on the dialectics of acceptance and change to help both the client and clinician through difficult presenting issues.	Evidence-based therapeutic modality for borderline personality disorder and substance use disorder according to empirical evidence[11]
Trauma-Informed Systems	The National Child Traumatic Stress Network (2016). A trauma-informed child and family service system is one in which all parties involved recognize and respond to the impact of traumatic stress on those who have contact with the system including children, caregivers, and service providers. Programs and agencies within such a system infuse and sustain trauma awareness, knowledge, and skills into their organizational cultures, practices, and policies. They act in collaboration with all those who are involved with the child, using the best available science, to maximize physical and psychological safety, facilitate the recovery of the child and family, and support their ability to thrive.	Evidence-based practice according to SAMHSA.[12]

Table 18.   PYRAMID- Evidence-Based Practices

CURRICULUM	CURRICULUM IMPLEMENTATION	RATING
Cognitive Behavioral Therapy (CBT)	Using psychoeducation to address automatic negative thoughts, including practice worksheets, giving assignments, and assigning activity projects	Evidence-based practice based on empirical evidence.[13,14]

---

[11] *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*
[12] *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*
[13] *Butler AC, Chapman JE, Forman EM, et al. The empirical status of cognitive-behavioral therapy: a review of meta-analyses. Clin Psychol Rev. 2006;26(1):17-31.*
[14] *Cognitive Behavioral Therapy (CBT) | Johns Hopkins Psychiatry Guide (hopkinsguides.com)*

Dialectical Behavior Therapy (DBT)	Using four components of DBT, including practice worksheets and activities (movement and role playing)	Evidence-based therapeutic modality of borderline personality disorder and substance use disorder according to empirical evidence.[15]
Social-Emotional Learning (SEL)	Using five components of SEL skills, and assigning activity projects	Although not recognized as evidence-based or promising practice on its own, many recognized evidence-based SEL programs and evidence-based instruction feature SEL.
Client-Centered Talk Therapy/Art Projects	Using expressive arts interventions (e.g., drawing, journaling, poetry, music, dance) during client-centered talk therapy	Although not recognized as evidence-based or promising practice on its own, many recognized evidence-based practices feature a client-centered approach.

Client Stories

StarVista Insights, SOY, and Pyramid staff provided client stories to help illustrate the effect of their services in FY 2020-21 (Tables 19 – 21).

Table 19. Insights Client Story

Name of Client	Jack
Age and Gender	17, male
Reason for Referral	At the time of Jack's intake, he was a senior in high school, referred by his DPO for anger management and substance use concerns. This had been Jack's first offense with the law and had been charged with auto burglary and conspiracy after breaking a car window.
Client's Behavior, Affect, and Appearance When They First Started in the Program	When he first arrived at Insights, he presented as reserved, detached from the process, and incredibly angry at the circumstances of his probation. During his first session, he responded with mostly one-word answers and reported having trust issues due to his father leaving him at a young age, a dislike for talking, and his only goal was to finish this program because it was required by Probation. He did not report any other concerns or issues in his life. Soon after, he reported his father coming back into his life but explicitly said he did not want to talk about him.
Activity Engagement and Consistency	Jack's participation and attendance came in waves, where he would have weeks with multiple requests to reschedule individual sessions and missed group sessions, then weeks with perfect attendance, and so forth. After several absences, he was reminded that continued absences might lead to a discharge from the program. This encouraged the client to share significant anger though he understood attendance expectations moving

---

[15] 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

	forward. During a wave of attendance, he shared more regarding his emotions, especially his worries about taking care of his mom and siblings, graduating when he was incredibly behind, and his relationship with his girlfriend. His clinician validated his concerns and helped guide him through a grounding exercise to stabilize his emotions, and he thanked his clinician at the end of the session. This was the first time he had disclosed any feelings to his therapist and was a huge step in his progress at Insights. At another session, he disclosed a break-up with his girlfriend whom he had been dating for 1.5 years and spent almost every day with but refused to speak about prior. After this session, he stopped coming to Insights completely and was discharged from the program due to a lack of attendance. Three months later, he was re-enrolled in the program. During his intake, his mom communicated her desire for Jack and his clinician to talk about his father, who had suddenly stopped contacting Jack. Jack did not show up to any sessions until his probation officer communicated to his clinician that Jack did not want to speak about his dad. After this was clarified between his clinician and his probation officer, Jack had practically perfect attendance or communicated any changes in his schedule where he needed his session to be adjusted.
Client's Behavior, Affect, and Appearance Toward the End of the Program	Jack has gradually opened up more and more and eventually disclosed the deep pain he still felt from the break-up with his girlfriend. He and his clinician discussed the grieving process and used music as a medium to help process his feelings and find closure in the relationship. At this time, there seemed to be a connection with his attendance and losses in his life—the entering and leaving of his father, and the break-up with his girlfriend.
What the Client Learned as a Result of the Program	Jack's clinician shared his pattern with him, and he appeared to resonate with that experience. His clinician ensured to meet him where he was, create a therapeutic alliance, and help create a safe space to help him explore his different relationship dynamics and emotions related to them.
What the Client is Doing Differently in Their Life Now as a Result of the Program	He and his clinician were able to discuss the pros and cons of his coping strategies and brainstorm ideas for other coping strategies to create a toolbox of calming techniques. These techniques and strategies he still utilizes regularly to help him cope.
The Value of the Program in the Client's Words	"The clinician was able to be patient with me and talk about what I wanted to talk about. I used to get angry more, but I have been able to do some of the things we talked about to calm down before I get angry."

Table 20. SOY Client Story

Name of Client	Marissa
Age and Gender	17, female
Reason for Referral	The student was self-referred due to experiencing symptoms of depression and anxiety, which got in the way of her normal level of functioning.

Client's Behavior, Affect, and Appearance When They First Started in the Program	Upon first meeting Marissa's counselor, she presented as apprehensive in utilizing services due to previous experience with therapy. Marissa reported that the therapist failed to create an atmosphere of trust when portions of the therapy session were disclosed to her parents. This created an increase in conflict and strife to an already fragile relationship with her parents. This student shared she felt overwhelmed by stress and pressure to achieve academically, felt intense and confusing emotions frequently, was withdrawn from activities previously regarded as enjoyable, and encountered physical symptoms of fatigue and brain-fog.
Activity Engagement and Consistency	Therapy consisted of trauma-informed care and focused on decreasing symptoms of depression and anxiety. Marissa fully participated during treatment and consistently showed up for weekly sessions. She and her counselor worked on learning healthy coping skills, strengthening self-advocacy skills, attending to and prioritizing healthcare needs, and processing past traumas within the home environment and those that emerge from acculturation issues including racism, microaggressions, and racial biases.
Client's Behavior, Affect, and Appearance Toward the End of the Program	Marissa has an upbeat attitude, is humorous, and has always been open and communicative of her needs. She is willing to explore difficult topics and is comfortable with vulnerability, an identified strength in providing empathy to others. Marissa has involved herself in a youth community project exploring social issues and seeking solutions within society and just finished up participation in ALA CA Girls' State, which she enthusiastically called an amazing experience.
What the Client Learned as a Result of the Program	Marissa has learned that by tending to mental health and physical health conjointly, a person is better equipped to handle the challenges and stressors of daily life.
What the Client is Doing Differently in Their Life Now as a Result of the Program	Marissa recently shared that she was happy she took the risk of working on her issues because it helped her not hold in her emotions. Marissa stated that she felt a sense of guilt that prevented her from expressing emotions and recognizes that it's unhealthy to cover up pain and ignore self-care and that guilt is counterproductive to creating change. She has come to understand that seeking support is not a weakness of character but a brave act.
The Value of the Program in the Client's Words	Marissa states that she doesn't feel as isolated and alone as before meeting with the counselor. Her ideas of therapy now include safety and security in exploring the challenges, struggles, and victories that make up her life.

Table 21. Pyramid Client Story

Name of Client	Ivy Rose
Age and Gender	16, female
Reason for Referral	Ivy's DPO referred her.

Client's Behavior, Affect, and Appearance When They First Started in the Program	During the initial meeting with the clinician, the youth smiled, appeared relaxed, and spoke with a low, soft voice. She was amazingly cooperative, providing family issues that led to her negative behavior.
Activity Engagement and Consistency	Ivy walked, ran, listened to music, read books, did breathing exercises, journaling, drawing, and a CBT practice worksheet.
Client's Behavior, Affect, and Appearance Toward the End of the Program	Ivy expressed feelings of joy and hope.
What the Client Learned as a Result of the Program	Ivy learned to understand herself and the world around her.
What the Client is Doing Differently in Their Life Now as a Result of the Program	Ivy achieved high grades in school, is currently working, registering to a smaller school district, and will enroll in cosmetology class.
The Value of the Program in the Client's Words	"Focus on her own needs to be happy and improve the relationship with her family and relatives."