



SAN MATEO COUNTY **PROBATION DEPARTMENT**

YMCA OF SAN FRANCISCO
ANNUAL EVALUATION

2022-2023



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; and
- 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; and
- 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.

Lastly, in FY 2022-23, YMCA offered two group counseling programs funded by Juvenile Justice Realignment Block Grant (JJRBG). These included YMCA's Juvenile Sexual Responsibility Program (JSRP), designed for adolescents and young adults who have been convicted of a sexual offense, and its Sexual Violence Prevention (SVP) program, designed for those who have not been convicted of sexual offenses. These JJRBG-funded services were initially intended to serve youth on probation following release from Division of Juvenile Justice (DJJ) facilities, as well as youth committed to Probation's Success and Opportunities Aspiring Readiness for Reentry (SOARR) program. However, due to low DJJ reentry and SOARR youth populations, no JSRP services were provided in FY 2022-23, and SVP group counseling was administered only to a small population of non-SOARR youth at Camp Kemp.

Programmatic Challenges

YMCA shared the following challenges for fiscal year (FY) 2022-23.

The YMCA SSA program fortunately hired and promoted talented trainees from the previous year's cohort who had worked in their positions for three to four years. These seasoned SSAs were placed at middle schools and they developed relationships with the school teams and familiarity with students and families. This helped provide consistency and continuity in their work.

As YMCA SSAs began the school year, caseloads quickly filled within the first month for the second year in a row, and the level of need continued to remain high. This high level of referrals is something that often takes two to three months to reach. SSAs had to thus triage students and as a result, students with non-crisis needs were less likely to have access to SSA services. Every week, SSAs reported that they were being asked to fit more students onto their caseloads as the schools were overwhelmed with students who were struggling. SSA program staff also observed that many students expressed desire for individual services, and SSA struggled to fill group services. Because of the increased individual need this year, SSA worked with slightly fewer clients but provided almost 50% more services. Currently, SSA is concerned about the capacity of the clinicians, many who expressed feeling symptoms of overwhelm and burn out.

SSA program continued to build support to provide to staff. Two long-term SSAs moved into leadership positions and have been advocating for staff needs. With their advocacy, SSA has created trainings and other supports to sustain current staff in their work. SSA program also specified changes to caseload expectations and role clarifications with the hope to protect staff's mental health. With the increase of student mental health symptoms, it is essential that program staff take care of their individual mental health.

This FY also marked the second year at Parkside Intermediate in San Bruno. This school site continued to show lots of needs and challenges. The trainee placed at Parkside last year served as the SSA this school year. Parkside's new principal and vice principal were extremely welcoming and worked hard to support and integrate the SSA program. SSA program staff met with everyone before the end of last school year and at the beginning of this school year to strategize improvements. As a result, SSA engaged more students however there was more need than SSA was able to address.

SSA is continuing to ask questions about how to support and protect staff at the school sites. Most school sites served this year were supportive to SSA staff. However, some staff members experienced racial and gender identity microaggressions. SSA staff should be valued and respected where they work. Most school sites fully integrated SSA staff into their counseling teams and were open to adjusting their approach toward responding to youth who are exhibiting problem behaviors. SSA program hopes to continue to influence the schools' move to increasing and incorporating trauma-informed and healing-centered practices.

YMCA SSA program also continued doing racial equity work. This included increasing compensation for Spanish-speaking clinicians and created a more equitable and competitive pay structure overall. The program gave significant raises to almost all staff, even though the SSA program did not receive increased funding from this JPCF grant or from YMCA's other contracts. This means that hours worked at schools will need to be reduced. The JPCF grant has remained flat for at least the last two cycles over six years. YMCA SSA cannot sustain

programs financially since salaries and other costs continue to rise. The SSA program will explore if the school districts will contribute finances to cover the lost hours. If not, SSA will not be able to provide more services in the clinics. This and other improvements may help retain and attract staff, which ultimately benefits the youths that YMCA serves. YMCA is dedicated to hiring staff with whom the youth can identify with. 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. YMCA continues to receive feedback that the culture is one of the main reasons that clinicians continue to stay to work in the program.

As SSAs face the return to the school sites, there is concern about burnout with a return to overburdened and understaffed systems. Almost all SSAs took the summer off because of the stress they experienced this last school year. Youth Service Bureaus has become its own branch within the YMCA of San Francisco as of July 1, 2023 with a new Executive Director. YMCA is excited about the potential to create a more sustainable foundation and are looking forward to providing needed services on campuses in the upcoming FY 2023-24.

Lastly, YMCA was unable to find willing participants for its JSRP and SVP group counseling programs within the SOARR and DJJ reentry populations. No participants were identified for these programs among the low number of DJJ reentry youths on probation in the community. Ultimately, only one referral showed interest, but was unable to enroll. Similarly, the low number of youths in the SOARR program made it impossible to offer group programs in that setting.

As an alternative, YMCA agreed to offer its JIRBG-funded SVP program at Camp Kemp. The group included three female youths who met weekly with a clinician for 10 weeks to receive counseling about the prevention of sexual and relational violence. Among the challenges cited by the clinician was navigating interpersonal conflicts within the group. The clinician noted that conducting individual assessments of each participant beforehand could help to better understand the group dynamics.

Evaluation Methods

Programs provided by YMCA are funded by Probation’s Juvenile Probation and Camp Funding (JPCF) and Juvenile Justice Realignment Block Grant (JJRBG). 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 from funded programs are:

- **Participants and Services:** Funded 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:** JPCF-funded 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:** Funded 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:** For the JPCF-funded programming, YMCA collected four additional program-specific outcome measures to track progress toward improving their clients’ quality of life:
 - Youths reporting a greater engagement in and connection with their school,
 - Youths participating in alcohol and drug prevention groups reported a decrease in substance use,
 - Youths reporting an increase in understanding of the impact of their criminal behavior on victims and the community, and

- Youths engaging in mediation and accomplish a plan of reparation with their victims.

For the JIRBG-funded programming, YMCA reported on three new measures:

- Youths with prior sexual offenses who do not re-offend during the time between 4 months after admission and 1 year after completing the program,
 - Youths without prior sexual offenses will improve knowledge of boundaries, consent, relationship skills, and problematic sexual behavior via pre-post survey,
 - Youths without prior sexual offenses will show improvement as measured by PCOMS.
- ***Evidence-Based Practices:*** JPCF and JIRBG-funded programs are encouraged to follow evidence-based practices. To augment Probation’s knowledge of which programs are being implemented by funded partners, each 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:¹
 - 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; and
 - Evidence-based tool or instrument that has been validated (concurrent and predictive).

¹ For the full list of evidence-based practice clearinghouses used to evaluate programs, please see the JJCPA/JPCF Comprehensive Report for FY 2022-23.

Evaluation Findings

FISCAL YEAR 2022-23 HIGHLIGHTS

- YMCA SSA served 26% more youths in FY 2022-23 (n=229) compared with FY 2021-22 (n=182). Youths spent an average of 4.4 months in the program and received an average of 4.9 hours of service.
- JIRBG-funded YMCA SVP served a total of three unduplicated youths for an average of 2.0 months and the average hours of service provided per youth was 10.0 hours.
- YMCA primarily served youths with “low” criminogenic risk, reflecting similar risk classifications to youths served year over year since FY 2018-19.
- YMCA assessed 71% of the youths who participated in JPCF programs using the CANS. Results indicate that 65% 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. For youths with a baseline and follow-up assessment, the number of youths with these needs declined slightly.

PROFILE OF YOUTHS SERVED

During FY 2022-23, YMCA’s SSA served 229 youths, with gender data available for 97% of youths and race/ethnicity data available for 33% of youths. More than half (55%) of youths were female, 44% identified as male, and 1% identified as transgender or another gender category. The average age of youths was 12.7 years old. Fifty-six percent of youths identified as Hispanic/Latino, 20% identified as Asian/Pacific Islander, 11% identified as White/Caucasian, 9% as multi-racial/multi-ethnic, 3% identified as another race, and 1% as Black/African American. Youths spent an average of 4.4 months in the program and received an average of 4.9 hours of service (Exhibit 1).

In FY 2022-23, JIRBG-funded YMCA served a total of three unduplicated youths. The average length of participation was 2.0 months and the average hours of service provided per youth was 10.0 hours. Due to the small sample size (n < 10), individual demographic data will not be reported.

Exhibit 1. Youth Services – YMCA SSA

YOUTH SERVICES	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23
Number of Youths Served	225	224	182	182	229
Average Number of Hours Served	3.1	3.6	4.2	5.1	4.9
Average Time in the Program (Months)	6.4	5.0	5.3	4.6	4.4

According to VIA attendance information, of the 38 youths enrolled in the program, almost nine in ten (89%) youths graduated from the VIA program (Exhibit 2). Quarterly counts of youths who graduated are provided below.

Exhibit 2. Youth Services – VIA

YOUTH SERVICES	QUARTER 1	QUARTER 2	QUARTER 3	QUARTER 4
Number of Youths Served	6	5	10	13

RISK INDICATORS

Similar to that of the past fiscal years and consistent with JPCF funding, in FY 2022-23 YMCA’s SSA served youths primarily on the low end of the risk spectrum (Exhibit 3). Almost all 164 youths assessed with the JAIS scored ‘low’ risk. No youth served by YMCA has scored ‘high’ risk in the last five fiscal years.

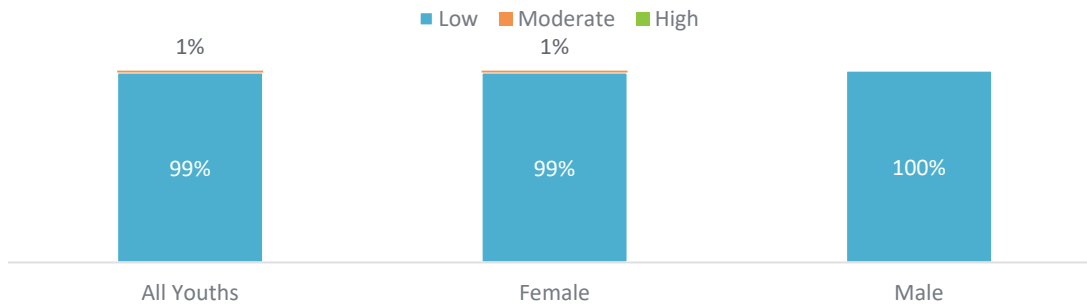
Exhibit 3. JAIS Risk Levels

JAIS RISK LEVELS	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23
Low	97%	97%	99%	99%	99%
Moderate	3%	3%	1%	1%	1%
High	0%	0%	0%	0%	0%

Note: FY 2022-23 n=164.

When disaggregated by gender, almost all youths scored “low” risk, as seen Exhibit 4.

Exhibit 4. Criminogenic Risk Level by Gender



Note: All Youths n=164, Female n=88, Male n=76, Other Gender Identity n=5.

YOUTH STRENGTHS AND SERVICE NEEDS

In FY 2022-23, YMCA SSA gathered CANS assessment data from 163 (71%) of the 229 participants served. A total of 162 youths had baseline assessments in the fiscal year, and 160 youths had a baseline (from any fiscal year) and a follow-up assessment in the fiscal year.

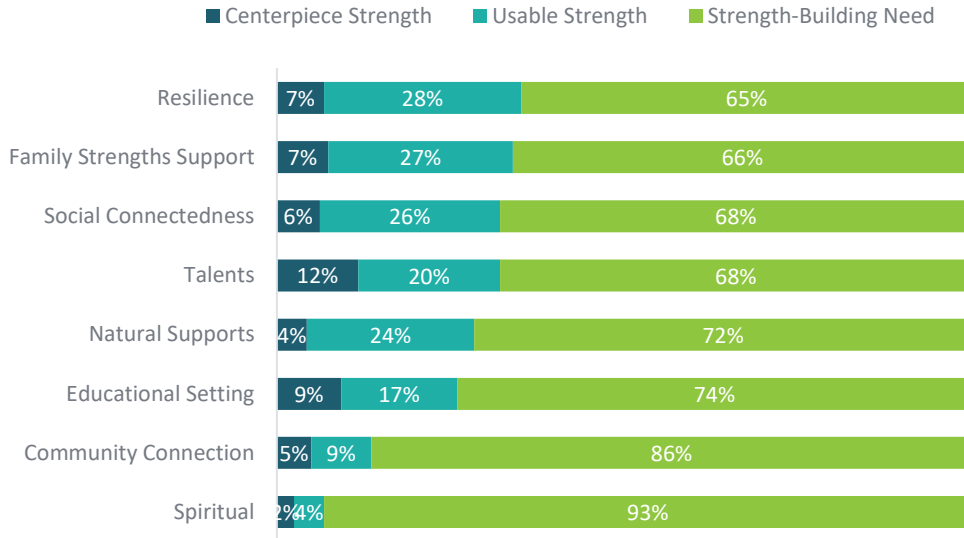
Baseline Assessment

The average number of centerpiece or therapeutically useful strengths identified at baseline per youth was 2.1 of eight with 65% of youths identified with at least one strength. Exhibit 5 shows that overall, youth served by YMCA have strength-building needs. Only one-third of YMCA youths began services with Resilience (35%), Family Support (34%) and Social Connectedness (32%) as strengths.

These data on youths’ strengths 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 (93%), and 86% of youths reported high needs for developing connection within their communities.

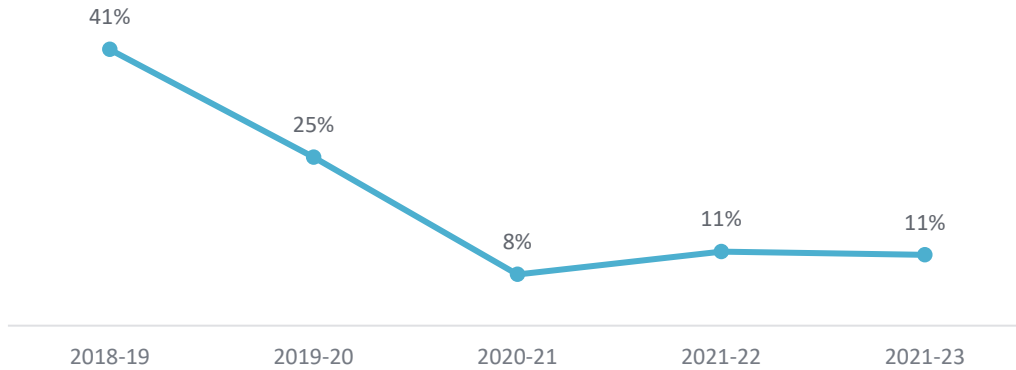
Exhibit 5. Percentage of Youths with Each Strength at Baseline



Note: n=162. 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, the same as the last fiscal year.

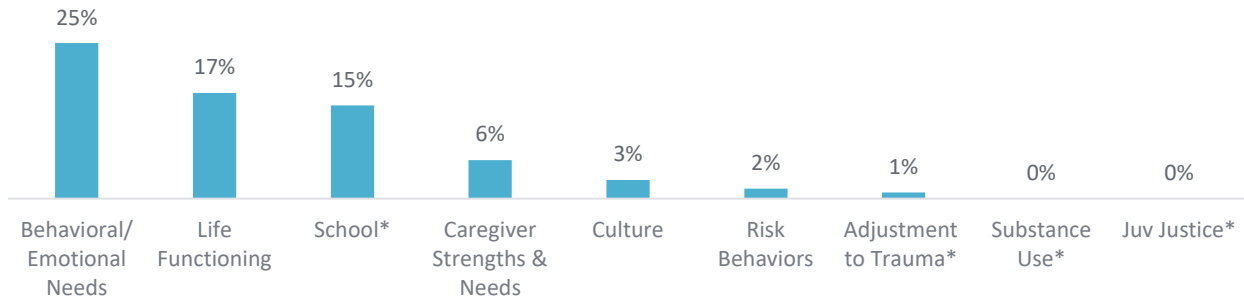
Exhibit 6. Percentage of Youths with Three or More Actionable Needs at Baseline



Note: n=162.

Although a relatively small portion of youths served by YMCA had actionable needs, the most prevalent areas of need included Behavioral and Emotional Needs (25%), Life Functioning (17%) and School (15%). 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 7. Percent of Youths with at Least One Moderate or Significant Need Per CANS Module at Baseline



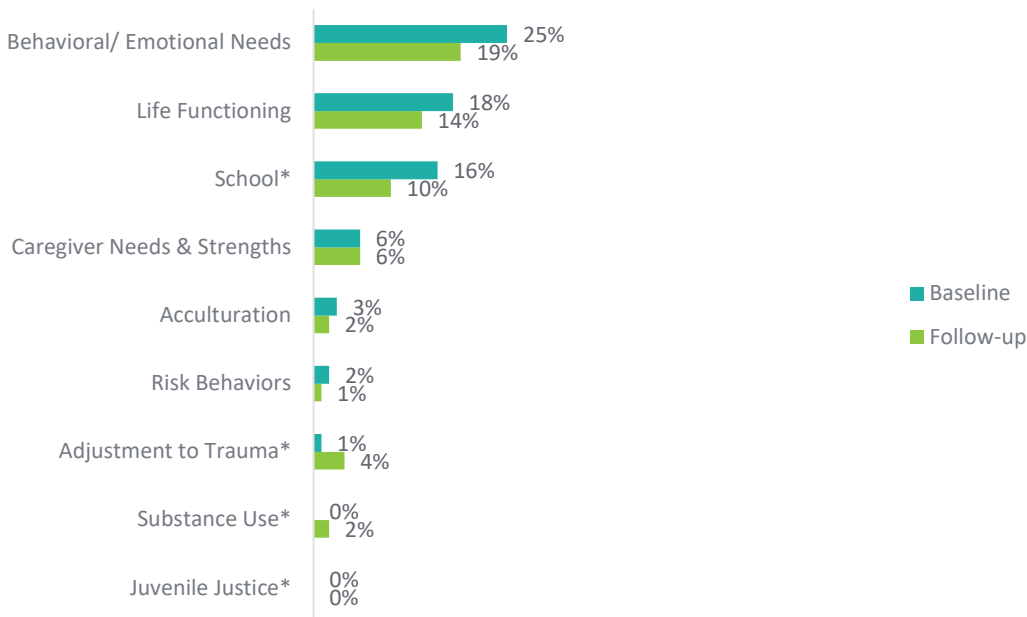
Note: n=162.

Change Over Time

The 160 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 percentage of youths with centerpiece strengths served by YMCA increased slightly from 25% at baseline to 29% at follow-up. Exhibit 8 shows the change in the percentage of youths with CANS actionable needs from baseline to follow-up. The results show small decreases in the proportion of youths with each need, however no change was statistically significant. These results suggest that some youths experienced a decrease in need for their concerns.

Exhibit 8. Decrease in Percentage of Youths with CANS Actionable Needs Over Time



Note: n=160. *Results include needs identified on core items or secondary modules.

PROGRAM-SPECIFIC OUTCOMES

The YMCA goal for CANS completion rate for the youth participants was 95%. They fell short of that goal, at 71% (163 of 229). YMCA was also to have all users and trainers maintain current certification, but as of current records one CANS user was not certified thus falling short of reaching their goal of 100% (Exhibit 9).

Exhibit 9. Program-Specific Outcomes

CANS DATA COLLECTION	FY 22-23 TARGET	FY 22-23 RESULTS
CANS Completion Rate	95%	71%
CANS Users/Trainers Current with (Re)Certification	100%	90%

YMCA and Probation developed four additional measures specific to YMCA JPCF-funded activities to further understand outcomes of youths in the program (Exhibit 10). This fiscal year, YMCA exceeded one SSA target outcome by having 100% of youth who participated in alcohol and drug prevention groups report a decrease in substance use as a result of the program. They did not meet their SSA goal for the percent of youth who report greater school engagement and connection (56%). YMCA came close to achieving its VIA goal to increase in understanding the impact of their criminal behavior (80%) and met the goal for youth who engage in mediation and reparation plan (53%).

YMCA had three new measures this year for the JJRBG-funded activities. They exceeded all of their targets. All of their youth did not re-offend during the time between 4 months after admission and 1 year after completing the program. All of the youth without prior sexual offenses improved knowledge of boundaries, consent, relationship skills, and problematic sexual behavior via pre-post survey and showed improvement as measured by PCOMS, as seen in Exhibit 11.

Exhibit 10. Performance Measures – JPCF-funded Activities

PERFORMANCE MEASURE	FY 18-19	FY 19-20	FY 20-21	FY 21-22	FY 22-23 TARGET	FY 22-23 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%	83%	85%	56%
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	N/A	85%	100%
Percent of youth who report an increase in understanding the impact of their criminal behavior on victims and the community (VIA)	82%	67%	94%	88%	85%	80%
Percent of youth who engage in mediation and accomplish a plan of reparation with their victims (VIA)	N/A	N/A	87%	100%	35%	53%

Exhibit 11. Performance Measures – JIRBG-funded Activities

PERFORMANCE MEASURE	FY 22-23 TARGET	FY 22-23 RESULTS
Percent of youth with prior sexual offenses who do not re-offend during the time between 4 months after admission and 1 year after completing the program	90%	100%
Percent of youth without prior sexual offenses will improve knowledge of boundaries, consent, relationship skills, and problematic sexual behavior via pre-post survey	80%	100%
Percent of youth without prior sexual offenses will show improvement as measured by PCOMS	80%	100%

EVIDENCE-BASED PRACTICES

In FY 2022-23, JPCF and JIRBG-funded programs were asked to provide the models, curricula, or practices employed in their programs. ASR then evaluated the given information to determine whether they were evidence-based or promising practices by running the items through evidence-based practice clearinghouses including SAMHSA Evidence-Based Practices Resource Center and the Office of Juvenile Justice and Delinquency Prevention Model Programs Guide. Exhibit 12 details the practices that YMCA reported utilizing for JPCF-funded programs and the evidence base for each. Exhibit 13 details similar information for the JIRBG-funded programs.

Exhibit 12. Evidence-Based Practices – JPCF-funded Activities

PRACTICE	CURRICULUM IMPLEMENTATION	RATING
Acceptance Commitment Therapy (ACT)	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. ²
Art Therapy	Many YMCA clinicians are graduates in Art Therapy and use an assortment of these techniques to build rapport, assess needs, and assist in soothing and regulating 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

² 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

PRACTICE	CURRICULUM IMPLEMENTATION	RATING
		baseline but no significant differences between groups. ³
<p>Attachment, Regulation, and Competency (ARC)</p>	<p>Youth Service Bureaus clinicians use this practice with parents to teach co-regulation skills to regulate their children when their children are in crisis.</p>	<p>Not yet rated by the CEBC, as there is not enough peer-reviewed evidence to make an informed judgment.⁴</p>
<p>CALM Communication and Life Skills Management</p>	<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>	<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.^{5,6}</p>
<p>Cognitive Behavioral Therapy (CBT)</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.⁷</p>

³ 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/>

⁴ 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>

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

⁶ 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

⁷ 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.

PRACTICE	CURRICULUM IMPLEMENTATION	RATING
Dialectical Behavior Therapy (DBT)	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.	Research-based for youth in state institutions and self-harming behavior. Promising for substance use disorder. ⁸
Girls United	This curriculum was used for two groups during the year. The purpose of the group was to empower girls, build confidence/courage, encourage their talents/strengths, assist them in feeling better about themselves, become more responsible at school/home, and develop leadership, social, decision-making, conflict resolution, and communication skills. The students in the group determined the topics of most interest to them. This was by far the students’ favorite group. This curriculum includes psycho-education and guided activities that assist the girls to explore the chosen topics.	Not a nationally recognized evidence-based or promising practice.
Internal Family Systems (IFS)	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.	The Center for Self Leadership & Foundation for Self Leadership reported that IFS was an evidence-based practice listed on the now defunct National Registry of Evidence-Based Programs and Practices, but the evidence-base could not be confirmed elsewhere and is no longer available through SAMHSA.
Mindfulness-Based Substance Abuse Treatment (MBSAT)	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.	A promising practice based upon scientific literature. ⁹

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

⁸ 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

⁹ Marcus, M. T., & Zgierska, A. (2009). Mindfulness-Based Therapies for Substance Use Disorders: Part 1 (Editorial). Substance Abuse: Official Publication of the Association for Medical Education and Research in Substance Abuse, 30(4), 263. <http://doi.org/10.1080/08897070903250027>

PRACTICE	CURRICULUM IMPLEMENTATION	RATING
<p>Neuro-sequential Model of Therapeutics (NMT)</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.¹⁰</p>
<p>Partners for Change Outcome Management System (PCOMS)</p>	<p>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.¹¹</p>
<p>Restorative Justice Practices</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.¹²</p>
<p>Seeking Safety</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).¹³</p>

¹⁰ 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>

¹¹ 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

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

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

PRACTICE	CURRICULUM IMPLEMENTATION	RATING
Trauma-Informed Systems	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.	The Trauma-Informed approach is evidence-based practice according to SAMHSA. ¹⁴

Exhibit 13. Evidence-Based Practices – JJRBG-funded Activities

PERFORMANCE MEASURE	CURRICULUM IMPLEMENTATION	RATING
Art Therapy	Art Therapy techniques are useful to build rapport, assess needs, and assist in soothing and regulating youth. These techniques also allow another entry point into learning group material.	Promising practice according to empirical evidence. Four random control trials were of children or adolescents; two studies showed some significant positive effects and two showed improvement from baseline but no significant differences between groups. ¹⁵
Cognitive Behavioral Therapy (CBT)	Cognitive Behavioral Therapy is used to help youth learn new skills and manage thoughts and decision making.	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. ¹⁶
Dialectical Behavior Therapy (DBT)	DBT skills will be taught to build self-regulation skills and healthy coping strategies using Mindfulness, Distress Tolerance, and Emotional Regulation. We will use Interpersonal Effectiveness in teaching boundaries and relationship skills.	Research-based for youth in state institutions and self-harming behavior. Promising for substance use disorder. ¹⁷

¹⁴ 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>

¹⁵ 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/>

¹⁶ 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

¹⁷ 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

PERFORMANCE MEASURE	CURRICULUM IMPLEMENTATION	RATING
<p>Mindfulness-Based Substance Abuse Treatment (MBSAT)</p>	<p>Elements of this curriculum are used in multiple group sessions. The curriculum integrates practices of mindfulness, which are used to build self-regulation skills and healthy coping strategies. These practices also assist youth to absorb more group material by keeping them in their cognitive brain during session.</p>	<p>A promising practice based upon scientific literature.¹⁸</p>
<p>Motivational Interviewing</p>	<p>Clinicians use these techniques to build rapport and motivation to change. This practice assists clinicians in engaging youth quickly so they can assess needs and resolve crisis situations. MI assists the clinician to build motivation for change.</p>	<p>Evidence-based practice according to the Center for Evidence-Based Practices.¹⁹ Elsewhere rated as research-based for children in mental health treatment²⁰, but the Office of Justice Programs rates the use of motivational interviewing for juvenile substance abuse as having “no effect” for clients age 14-19.²¹</p>
<p>Neuro-sequential Model of Therapeutics (NMT)</p>	<p>Youth 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 the group facilitator’s sequence of intervention of Regulate, Relate and Reason. It allows facilitator to most effectively intervene with youth with trauma and neglect histories and youth will learn connection between their experiences and their current emotional state. We will also be using Sensory Checklists and other Somatosensory interventions to assist youth to identify personalized soothing and regulating strategies to help them manage emotions and impulses. http://childtrauma.org/nmt-model/</p>	<p>Evidence-based model according to empirical evidence.²²</p>

¹⁸ 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>

¹⁹ Center for Evidence-Based Practices (2018). Motivational Interviewing. Case Western Reserve University. <https://www.centerforebp.case.edu/practices/mi>

²⁰ 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

²¹ OJJDP Model Program Guide. (2011). Practice Profile: Motivational Interviewing (MI) for Substance Abuse Issues of Juveniles in a State Facility <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=180>

²² 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>

PERFORMANCE MEASURE	CURRICULUM IMPLEMENTATION	RATING
<p>Partners for Change Outcome Management System (PCOMS)</p>	<p>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. PCOMS will be used to measure the quality of the alliance (using the Session Rating Scale). PCOMS is used with all youth being seen on an ongoing basis. This will also give us the benefit of gaining some outcome measurements.</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.²³</p>
<p>Restorative Justice Practices</p>	<p>Youth will be taught restorative practices from the International Institute for Restorative Practices www.iirp.edu as a way to address harm either caused by or to them</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.²⁴</p>
<p>Sexual Health Educator (SHE) Training Certified Facilitator</p>	<p>This training program was created by sexual health educators, trainers and experts from the California Department of Public Health, STD Control Branch, the California Department of Education, The California Prevention Training Center, and partner organizations. The required and elective modules include up-to-date information and research on a variety of sexual health topics. Most modules include an educators toolkit with resources and/or interactive activities that educators can use in their sexual health promotion work.</p>	<p>Although not rated on its own, some of the training curriculum is informed by tools that are research-based or promising.²⁵</p>
<p>Trauma-Informed Systems</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.²⁶</p>

²³ 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

²⁴ OJJDP Model Program Guide. (2018). Practice Profile: Restorative Justice Programs for Juveniles. <https://crimesolutions.ojp.gov/ratedpractices/70>

²⁵ California PTC. Sexual Health Educator (SHE) Training. <https://californiaptc.com/sexual-health-educator-training-program/>

²⁶ 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>

CLIENT STORY

Each year, programs provide a client story to help illustrate the effect of services on their clients. YMCA shared the following client story for a youth who participated in the JPCF-funded programs. FY 2022-23. YMCA also collected a client success story for a youth who participated in the JIRBG-funded SVP program, but given the small number of youths, that featured success story will not be reported for FY 2022-23.

Exhibit 14. Client Story

Name of client	Bonnie (pseudonym)
Age and gender	13, female
Reason for referral	Client was referred for depressive symptoms, academic stress, anxiety, peer conflict, and low self-esteem.
Client’s behavior, affect, and appearance when they first started in the program	Client tended to be very quiet, kept her head down, and spoke low and slow. Client did not typically make eye contact.
Activity engagement and consistency	Client consistently joined for sessions. Clinician worked with client to identify strengths, supports, and coping skills. Clinician worked with client to explore triggers as well.
Client’s behavior, affect, and appearance toward the end of the program	Client was visibly happier towards the end of the year. She was smiling, a thing that did not tend to happen and spoke more animatedly. She was positively engaged and made more eye contact. Client appeared excited to talk about the positives in her life and more adaptive to oncoming stressors.
What the client learned as a result of the program	Client was able to identify core strengths and her affinity for music which became a prime coping tool. Client was able to better communicate her feelings and needs and respond accordingly with supports or coping tools.
What the client is doing differently in their life now as a result of the program	Client is communicating more, utilizing her coping tools and supports when needed. Client is advocating more for herself, and stepping out of her comfort zone to pursue opportunities that bring her joy.
The value of the program in the client’s words	In a letter to the clinician the client thanked the clinician for always “believing in [them] and being the best person ever.”