



# SAN MATEO COUNTY PROBATION DEPARTMENT



YMCA of San Francisco  
Annual Evaluation  
2019-2020

## 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.

## Authors

Kim Carpenter, Ph.D.

Manya Jyotishi, Ph.D.

Connie Chu, B.A.

Graphic Design: Jamie Norton

## 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](http://www.appliedsurveyresearch.org)

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## Program Description

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

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

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

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

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

## Programmatic Challenges in Fiscal Year 2019-2020

As in past years, School Safety Advocates (SSA) at some schools struggled to adequately meet the demands of the high number of referrals due to limited funding for SSA staff positions. This was partially remedied this past year because the two schools that had only two days a week funded by JPCF were able to fund two extra days themselves.

At one of the schools, YMCA faced a few challenges in obtaining referrals at the beginning of the year because there was new school leadership and staff, along with a new school district referral process. The result was low referral numbers for the groups as well as for individual contacts in the first semester. The good news is that the new principal has strongly supported the program, and the counseling team has learned how to effectively work together to meet the students' needs.

YMCA's highest needs school faced the loss of its SSA mid-school year. Due to the economic conditions in the Bay Area, hiring off "peak season", and other challenges, they were unable to find a strong clinician for the open position before the shelter-in-place (SIP) was instituted for COVID-19. This meant that the school was without an SSA for part of the year. It also negatively impacted the number of students who were served. YMCA added a second trainee for the spring semester, but once SIP began, it was difficult for her to engage with youths that she had never met in person.

Before SIP, YMCA continued to face challenges obtaining requisite referrals for group programs, especially for the First Stop Mindfulness-Based Substance Abuse Treatment group. It had expanded the model wherein they worked with the school counseling teams to place requirements on students who would be diverted to the First Stop programs. These students were being flagged for disciplinary action related to substance use. This appeared to bring some success in the first semester. However, with distance learning, these behaviors were more challenging to detect. If YMCA continues with distance learning this semester, it expects a decrease in referrals based on behavioral problems, which could negatively impact the First Stop and CALM referrals especially.

Last year, YMCA reported two new changes to its program. One of its seasoned SSAs was promoted to a leadership position, providing additional support to the SSA staff. YMCA also debuted a new training program designed specifically to address the needs of this position. These changes created a strong climate of support and helped staff clarify contract obligations, outcome measurement tools, and the unique challenges of working as SSA. All of YMCA's SSAs from last year will be remaining in their positions, which is a testament to a positive experience with the schools and positions.

YMCA is looking forward to continuing to provide needed services either remotely or on campus in this upcoming year (2021). It is excited to use a new outcome measurement scale, Partners for Change Outcome Management System (PCOMS), to help increase engagement with services and to obtain improved data about program impacts on the youths involved. YMCA is also continuing the racial equity work that it committed to this year. YMCA is dedicated to hiring staff with whom the youths can identify, as 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. it is in the process of onboarding a consultant for guidance in these goals.

### COVID-19 Impact and Response

SIP presented tremendous challenges to the YMCA program. It pivoted immediately to telehealth with all its programs. It took at least two weeks for the school districts, students, and parents to adjust to this new reality and resume engaging in services at a similar level as pre-COVID-19 pandemic. YMCA saw some attrition for services from youths who were also struggling academically and were negatively impacted by other risk factors. It also saw challenges with youths who did not have the same access to technology as their peers, leading to a decrease in service engagement. YMCA's SSA did an amazing job of following up with all the youths that they had seen during the year already and integrating new youths into their caseloads when needs were identified. The SSAs continued to meet weekly with school teams to communicate about student needs. They also continued to meet with students weekly or every other week to assess possible emerging needs and to work on treatment goals. However, YMCA could not continue services with its groups in the spring semester. Due to the uncertainty about SIP, and the possibility of returning to school, YMCA postponed its groups in the event that they could return to in-person services. YMCA adapted its group model to serve groups remotely, if needed, in the upcoming school year.

YMCA continues to face the additional challenges of staff capacity to meet the high severity of needs for SSA clients. Students are exhibiting higher behavioral and emotional needs each year. Students that met with staff displayed high levels of needs and risks (e.g., victims of abuse, self-injury, domestic violence, substance use, psychosis, and suicidal ideation). This created a great need for one-on-one time with staff and more case management to find and obtain clinically appropriate referrals and follow-through for the client and/or family.

## Evaluation Methods

Programs provided by YMCA are funded by San Mateo County Juvenile Probation's (Probation) Juvenile Probation and Camp Funding (JPCF). YMCA monitors programs and reports client, service, and outcome data to Probation and its evaluator, Applied Survey Research (ASR). The methods and tools used to collect this data are:

**Participants and Services:** Grantee programs collected demographic data (e.g., race/ethnicity, gender, etc.) and service data (e.g., type of services, hours of services, etc.) for individual participants. Program staff entered these data into their own data systems prior to transferring the data to ASR for analysis.

**Risk Factors:** Grantee programs used two assessments, the Juvenile Assessment and Intervention System (JAIS) and the Child Adolescent Needs and Strengths (CANS) assessment, to provide a standard measure of risk, life functioning, and areas of strength and need for youths:

- **JAIS:** This is a widely used criminogenic risk, strengths, and needs assessment tool that assists in the effective and efficient supervision of youths, both in institutional settings and in the community. The JAIS has been validated across

ethnic and gender groups. It consists of a brief prescreen assessment (JAIS Risk), in addition to full assessment and reassessment components (JAIS Assessment and JAIS Reassessment). Each assessment has two form options based on the youth's gender. Probation has elected to administer the JAIS to all youths in institutions as well as in community programs. The JAIS Girls Risk consists of eight items, and the JAIS Boys Risk consists of ten items; each assessment yields an overall risk level of low, moderate, or high.

- **CANS:** This is a multi-purpose tool developed for children's services to support decision-making in determining level of care and service planning, to facilitate quality improvement initiatives, and to allow outcome monitoring. The CANS consists of items scored on a 4-point scale of 0-3, with a score of two or three indicating an actionable need. The assessment groups items into several core modules, including Youth Strengths, Risk Behaviors, Behavioral/Emotional Needs, Life Functioning, Caregiver Strengths and Needs, and Acculturation. Secondary modules that can be triggered by answers to specific core module items include School, Trauma, Substance Use, and Juvenile Justice.

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

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

**Evidence-Based Practices:** JPCF-funded programs are encouraged to follow evidence-based practices. To augment Probation's knowledge of which programs are being implemented by funded partners, each funded program has provided a catalogue of its practices since the FY 2017-18 evaluation period. After receiving this information, ASR runs any new catalogued practices reported through several clearinghouses to determine whether the practices were<sup>1</sup>:

- Evidence-based theory or premise
- Evidence-based model, shown by multiple experimental or quasi-experimental studies to be effective
- Evidence-based practices, or modalities shown to promote positive outcomes
- Evidence-based tools, or instruments that have been validated (concurrent and predictive).

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<sup>1</sup> For the full list of evidence-based practice clearinghouses used to evaluate programs, please see the JJCPA/JPCF Comprehensive Report for FY 2019-20.

## Evaluation Findings

### Fiscal Year 2019-20 Highlights

- The number of youths served remained relatively stable. However, the number of hours served increased compared with FY 2018-19.
- YMCA primarily served low-risk youths: 97% scored Low on the JAIS Risk assessment, reflecting similar risk classifications to youths served since FY 2016-17.
- YMCA assessed 73% of the youths using the CANS. Results indicate that 80% of youths had at least one strength identified at baseline, and 25% of youth had three or more actionable needs when they entered the program, primarily in the Life-Functioning, Behavioral and Emotional Needs, and School modules. The number of youths with these needs declined significantly from baseline to follow-up.

### Profile of Youths Served

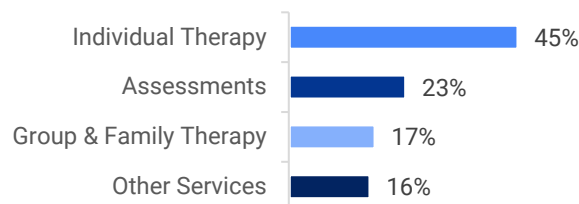
During FY 2019-20, YMCA served 224 youths, with race/ethnicity data available for 97% of youths. One-half (50%) of youths were male, and 1% identified as transgender/other. The average age of youths was 13.3 years old. One-half (50%) of youths identified as Hispanic/Latino, 24% identified as Asian/Pacific Islander, and 12% identified as White/Caucasian. Youths spent an average of five months in the program and received an average of 3.6 hours of service (Table 1).

Table 1. Youth Services

YOUTH SERVICES	FY 15-16	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Number of Youths Served	328	384	218	225	224
Average Number of Hours Served	10.1	N/A	N/A	3.1	3.6
Average Time in the Program (Months)	3.0	3.9	4.1	6.4	5.0

As seen in the Figure 1, nearly one-half (45%) of time spent with youths was dedicated to individual therapy, and 17% was to group and family therapy, while nearly one-quarter (23%) of time was devoted to youth assessments.

Figure 1. Percentage of Time Spent with Youths





## Risk Indicators

Similar to that of the past fiscal years, YMCA served youths primarily on the lower end of the risk spectrum in FY 2019-20. Of the 136 youths assessed with the JAIS, 97% scored Low risk, and 3% scored Moderate risk. No youth served by YMCA has scored High risk in the last four fiscal years (Table 2).

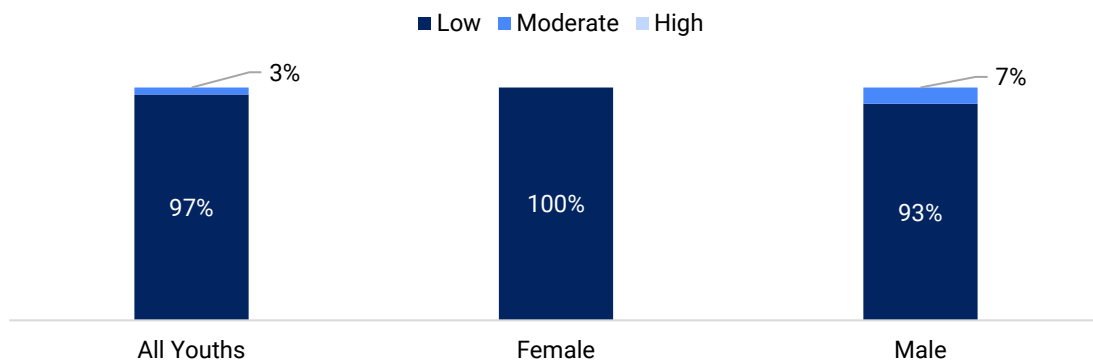
Table 2. JAIS Risk Levels

JAIS RISK LEVELS	FY 16-17	FY 17-18	FY 18-19	FY 19-20
Low	98%	96%	97%	<b>97%</b>
Moderate	2%	4%	3%	<b>3%</b>
High	0%	0%	0%	<b>0%</b>

FY 2019-20 n=136.

When disaggregated by gender, only males scored as Moderate risk, as seen in Figure 2.

Figure 2. Criminogenic Risk Level by Gender



All Youths n=136, Female n=77, Male n=59.

## Youth Strengths and Service Needs

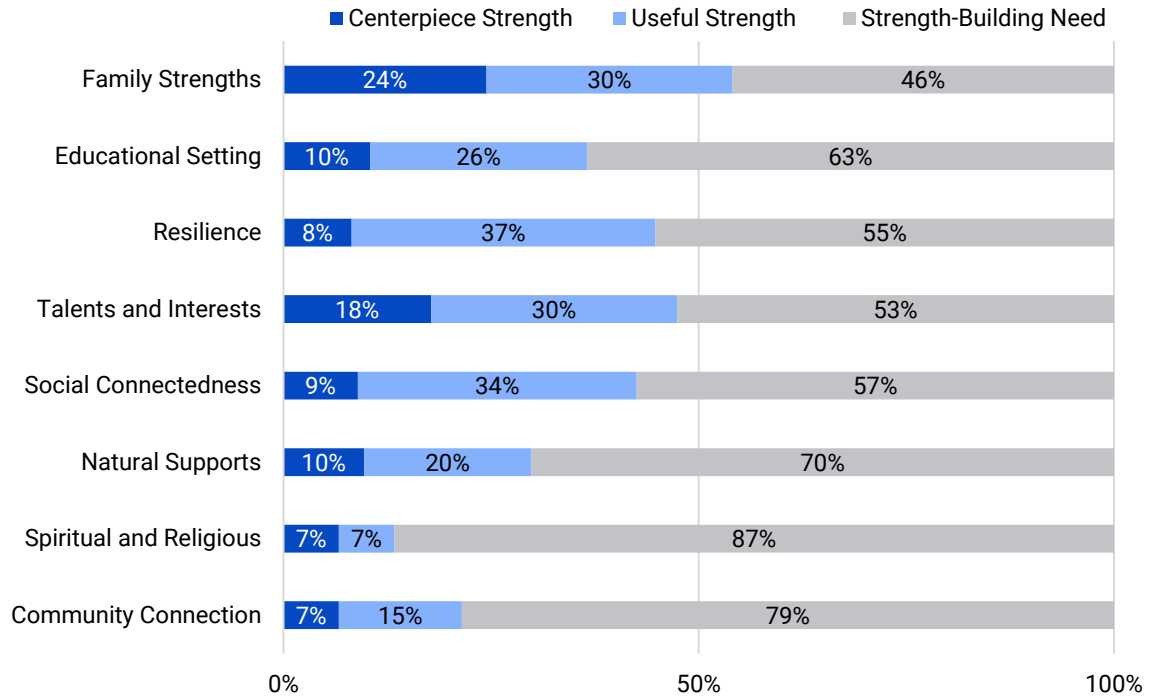
In FY 2019-20, YMCA gathered CANS assessment data from 164 (73%) of the 224 participants served, using six needs modules and one strengths module. A total of 135 youths had baseline assessments, and almost all—134 youths— had both a baseline and follow-up assessment within the fiscal year.

### Baseline Assessment

The average number of centerpiece or therapeutically useful strengths identified at baseline per youth was 2.9 of 8 (36%), with 80% of youths identified with at least one strength. YMCA rated participants as possessing fewer strengths at baseline than all programs funded by San Mateo Probation, which averaged 6.1 of 12 (50%) strengths per youth and 93% of youths possessing at least one strength. Figure 3 shows that around one-half of YMCA youths began services with the ability to engage family members as well as leverage their own talents and interests to further their positive growth and development, including addressing identified needs.

These data on youths' strengths also suggest that one-fifth 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. The youths served at YMCA, similar to other grantee programs, presented with particularly high needs for strength-building in finding connection through spiritual or religious involvement if appropriate for the youth (87%), in developing connection with their communities (79%), and in enlisting the support of unpaid, nonfamilial youth mentors (Natural Supports, 70%).

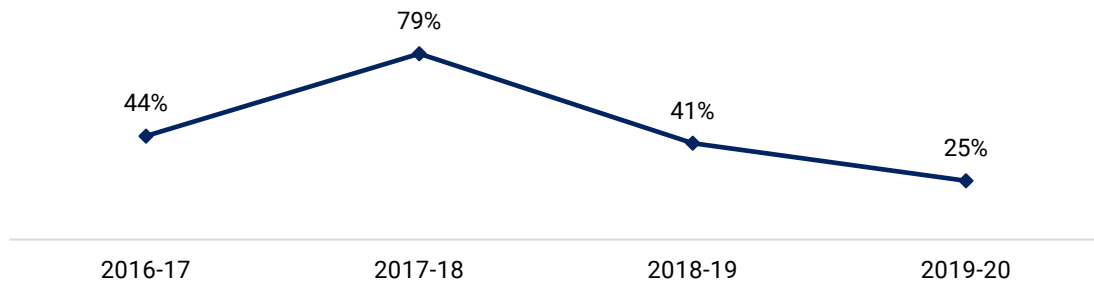
**Figure 3. Percentage of Youths with Each Strength at Baseline**



*n=134-135. The order of items matches the San Mateo Probation Comprehensive Report. Data from YMCA was not available for Relationship Permanence, Optimism, Resourcefulness, and Youth Involvement items.*

On baseline assessments, 25% of youths had three or more actionable needs, lower than all three fiscal years prior to FY 2019-20.

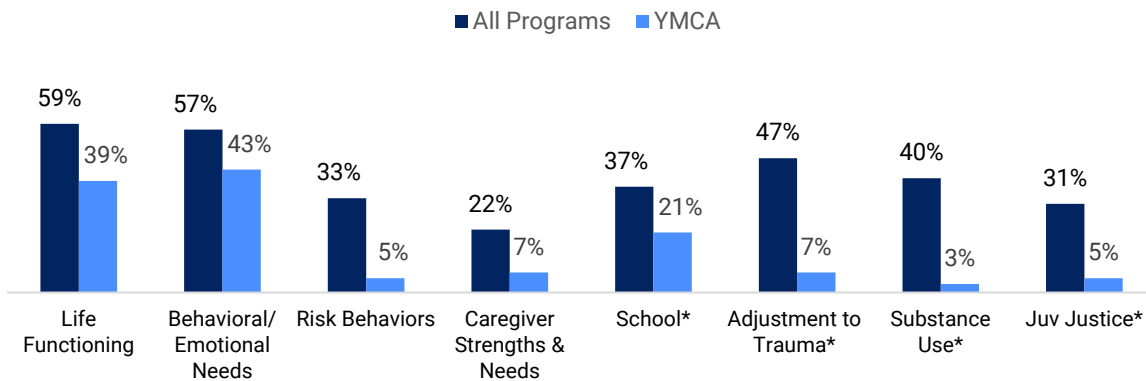
**Figure 4. Percentage of Youths with Three or More Actionable Needs at Baseline**



*n=135.*

Although a relatively small portion of youths served by YMCA had actionable needs, the most prevalent areas of need included Behavioral and Emotional Needs (43%), Life Functioning (39%), and School (21%). These results indicate that some youths presented with needs to improve how they were functioning across individual, family, peer, school, and community realms, how they were managing their inner emotional states and experiences, as well as improving school achievement, relationships, behavior in this context, or attendance.

**Figure 5. Percent of Youths with at Least One Moderate or Significant Need Per CANS Module at Baseline**



*n=135 for all CANS core modules and items. \*Results include needs identified on core items or secondary modules.*

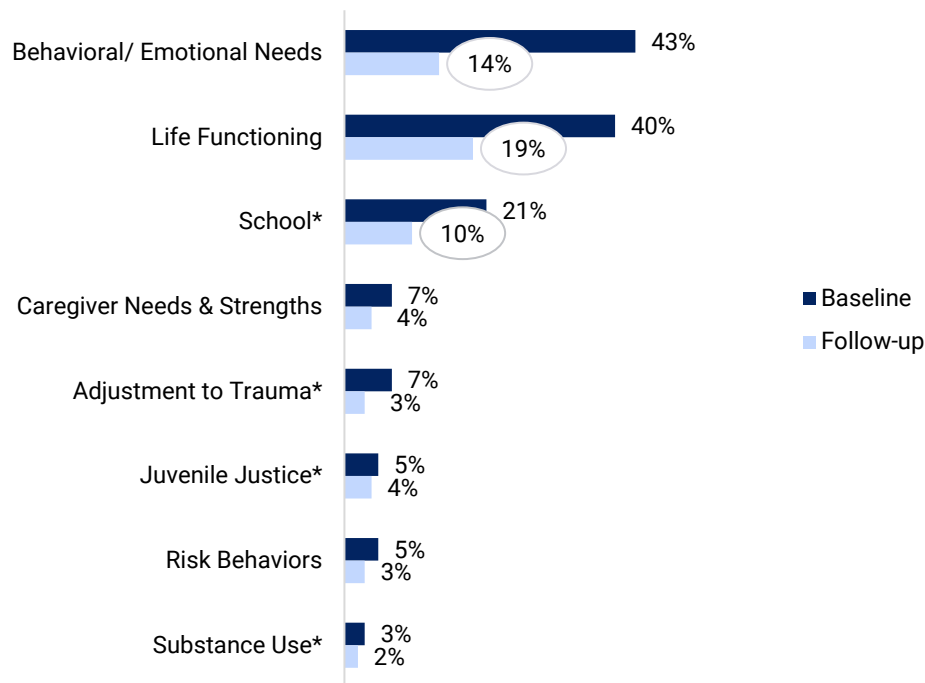
### Change over Time

The 134 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 matching assessments varied by module.

The percentage of youths with centerpiece strengths served by YMCA declined slightly over time, from 40% to 35%. These data suggest that core strengths were likely difficult to foster or even weakened due to new or existing challenges over the fiscal year.

Figure 6 shows the percentage of youths with at least one actionable need at baseline and follow-up. The results show significant decreases in the number of youths with Behavioral/Emotional Needs (a 29-percentage point drop), Life Functioning needs (a 21-percentage point drop), and School needs (an 11-percentage point drop). All other needs occurred relatively infrequently among YMCA youths at both baseline and follow-up. These results indicate that several youths experienced a resolution of moderate to significant needs around coping and support for behavioral and emotional health concerns and life functioning with family and peers at home, school, and in their broader communities. Several also found resolution for school-related challenges.

**Figure 6. Decrease in Percentage of Youths with CANS Actionable Needs Over Time**



*n=134 for all CANS core modules and items. 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.*

Unlike other programs, YMCA completed follow-up assessments on 134 of 135 youths with baseline assessments allowing for a much clearer understanding of change among these participants. However, continued attention should be paid to increasing the percentage of all youths assessed from 73% to 100%, that they are assessed with fidelity by a certified assessor, and that data are entered into the data entry platform on all required modules in FY 2020-21 to continue to gather understanding of the needs of youths within and across funded programs.

### Program-Specific Outcomes

YMCA and Probation developed four additional measures specific to YMCA activities to further understand outcomes of youths in the program (Table 3). This fiscal year, YMCA did not achieve its objectives for the percentage of youths reporting greater engagement, improvement in their educational outcomes, participation in alcohol and drug prevention groups, or improvement in understanding the impact of their criminal behavior.

**Table 3. Performance Measures**

PERFORMANCE MEASURE	FY 18-19	FY 19-20 TARGET	FY 19-20 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	69%	85%	<b>71%</b>
Percent of youth who will report an improvement in their educational outcomes as a result of participating in the program	75%	85%	<b>75%</b>
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	82%	85%	<b>65%</b>
Percent of youth who report an improvement in understanding the impact of their criminal behavior on victims and the community	82%	85%	<b>67%</b>

**Evidence-Based Practices**

In FY 2019-20, JPCF programs were asked to provide the curricula or practices employed in their programs. ASR then evaluated the given programs to determine whether they were evidence-based or promising practices through a thorough search of evidence-based practice clearinghouses. Table 4 details the practices that YMCA reported and the evidence base for each practice.

**Table 4. Evidence-Based Practices**

PRACTICE	CURRICULUM IMPLEMENTATION	RATING
<b>Girls United</b>	This curriculum was used for two groups during the year. The purpose of the group was to empower girls, build confidence/courage, encourage their talents/strengths, assist them in feeling better about themselves, become more responsible at school/home, and develop leadership, social, decision-making, conflict resolution, and communication skills. The students in the group determined the topics of most interest to them. This was by far the students' favorite group. This curriculum includes psycho-education and guided activities that assisted the girls to explore the chosen topics.	Not a nationally recognized evidence-based or promising practice.

PRACTICE	CURRICULUM IMPLEMENTATION	RATING
<b>Mindfulness-Based Substance Abuse Treatment</b>	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 individually throughout the year both in the schools and in the clinics. The curriculum integrates practices of mindfulness.	A promising practice based on empirical evidence. <sup>2</sup>
<b>Dialectical Behavioral Therapy (DBT)</b>	YMCA uses DBT skills with students who are in crisis or struggling. Mindfulness, Distress Tolerance, Emotional Regulation, and Interpersonal Effectiveness are effective in building healthy coping skills that help them improve their functioning in school and home.	Evidence-based therapeutic modality for borderline Personality Disorder and Substance Use Disorder according to empirical evidence. <sup>3</sup>
<b>CALM Communication and Life Skills Management</b>	This curriculum is SSA’s anger management curriculum, which was provided to two groups of students who were referred by the school for anger and aggression issues. The curriculum used Cognitive Behavioral Therapy and Aggression Replacement Treatment interventions. The curriculum integrates practices of Cognitive Behavioral Therapy and Aggression Replacement Treatment. Some clinicians also included mindfulness.	Not a nationally recognized evidence-based or promising practice, but the Cognitive Behavioral Therapy and Aggression Replacement Treatment components of the program are nationally recognized evidence-based treatments. <sup>4, 5</sup>
<b>Seeking Safety</b>	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.	Promising research evidence according to The California Evidence-Based Clearinghouse for Child Welfare (CEBC), with a rating of 3 on a scale from 1 to 5 (with 1 as well-supported with evidence and 5 as concerning). <sup>6</sup>

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

<sup>3</sup> Chapman, A. L. (2006). *Dialectical Behavior Therapy: Current Indications and Unique Elements*. *Psychiatry (Edgmont)*, 3(9), 62–68. [https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2963469/pdf/PE\\_3\\_9\\_62.pdf](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2963469/pdf/PE_3_9_62.pdf)

<sup>4</sup> <https://www.mayoclinic.org/tests-procedures/cognitive-behavioral-therapy/about/pac-20384610>

<sup>5</sup> <http://www.episcenter.psu.edu/ebp/ART>

<sup>6</sup> <https://www.cebc4cw.org/program/seeking-safety-for-adolescents/>

PRACTICE	CURRICULUM IMPLEMENTATION	RATING
<b>Neurosequential Model of Therapeutics (NMT)</b>	Youths in any of our programs have access to an assessment that measures Developmental Risk, Current Relational Health, Functional Brain Mapping, and functioning in Sensory Integration, Self-Regulation, and Cognitive Processing. The Neuroscience of Trauma and Neglect, taught through NMT, informs our clinicians’ interventions and work with students.	Evidence-based model according to empirical evidence. <sup>7</sup>
<b>Motivational Interviewing</b>	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.	An evidence-based practice according to the Center for Evidence-Based Practices <sup>8</sup>
<b>Art Therapy</b>	Many YMCA clinicians are graduates in Art Therapy and use an assortment of these techniques to build rapport, assess needs, and assist in soothing and regulating youths in crisis. The fulltime Clinical Supervisor is an Art Therapist and she held monthly Art Therapy Consultation Groups open to all our staff to teach them these techniques.	Promising practice according to empirical evidence. Four RCTs included were of children or adolescents; two studies showed some significant positive effects and two showed improvement from baseline but no significant differences between groups. <sup>9</sup>
<b>Internal Family Systems (IFS)</b>	IFS is used with longer term clients to address trauma and self-destructive behaviors. Our fulltime Clinical Supervisor has been providing ongoing trainings in this model and a monthly IFS Consultation Group to strengthen our 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.

<sup>7</sup> Perry, B.D. (2009). Examining child maltreatment through a neurodevelopmental lens: Clinical application of the neurosequential model of therapeutics. *Journal of Loss and Trauma*, 14, 240-255.

<sup>8</sup> Center for Evidence-Based Practices (2018). *Motivational Interviewing*. Case Western Reserve University. Retrieved from <https://www.centerforebp.case.edu/practices/mi>

<sup>9</sup> Uttley L, Scope A, Stevenson M, et al. Systematic review and economic modelling of the clinical effectiveness and cost-effectiveness of art therapy among people with non-psychotic mental health disorders. Southampton (UK): NIHR Journals Library; 2015 Mar. (Health Technology Assessment, No. 19.18.) Chapter 2, Clinical effectiveness of art therapy: quantitative systematic review. Available from: <https://www.ncbi.nlm.nih.gov/books/NBK279641/>

PRACTICE	CURRICULUM IMPLEMENTATION	RATING
<p><b>Trauma-Informed System</b></p>	<p>We are a Trauma Informed System, partnered with and trained by Trauma Transformed. We are one of the first CBOs to pilot TIS, which includes a commitment to Cultural Humility and Racial Equity within the organization as well as with our clients. All staff are trained in TIS and there are strong administrative structures to support this work.</p>	<p>Evidence-based practice according to SAMHSA.<sup>10</sup></p>
<p><b>Acceptance Commitment Therapy (ACT)</b></p>	<p>ACT is used in YMCA’s anger management work with youths, specifically in the CALM groups.</p>	<p>Rated as Effective by the National Institute of Justice partner violence for those aged 19 to 67.<sup>11</sup> The practice has not been evaluated for juveniles, although it appears on the Office for Juvenile Justice and Delinquency Prevention’s Model Programs Guide.<sup>12</sup></p>
<p><b>Attachment, Regulation, and Competency (ARC)</b></p>	<p>Youth Service Bureaus clinicians use this practice with parents to teach them co-regulation skills so they can regulate their children when they are in crisis.</p>	<p>Not yet rated by the CEBC, as there is not enough peer-reviewed evidence to make an informed judgment.<sup>13</sup></p>
<p><b>Partners for Change Outcome Management System (PCOMS)</b></p>	<p>The Partners for Change Outcome Management System (PCOMS) is a systematic client feedback intervention that uses two four-item scales to solicit consumer feedback regarding factors proven to predict success regardless of treatment model or presenting problem: early progress (using the Outcome Rating Scale) and the quality of the alliance (using the Session Rating Scale). PCOMS is used with all youth being seen on an ongoing basis.</p>	<p>Noted as an evidence-based practice listed on the now defunct National Registry of Evidence-Based Programs and Practices and is no longer available through SAMHSA. Elsewhere classified as a research-based intervention.<sup>14</sup></p>

<sup>10</sup> SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach (2014), p10. Pub ID#: SMA14-4884.)

<https://store.samhsa.gov/shin/content/SMA14-4884/SMA14-4884.pdf>

<sup>11</sup> <https://www.crimesolutions.gov/ProgramDetails.aspx?ID=592>

<sup>12</sup> <https://www.ojjdp.gov/mpg/Program>

<sup>13</sup> <http://www.cebc4cw.org/program/attachment-regulation-and-competency-arc-system/detailed>

<sup>14</sup> [http://www.wsipp.wa.gov/ReportFile/1713/Wsipp\\_Updated-Inventory-of-Evidence-Based-Research-Based-and-Promising-Practices-For-Prevention-and-Intervention-Services-for-Children-and-Juveniles-in-the-Child-Welfare-Juvenile-Justice-and-Mental-Health-Systems\\_Report.pdf](http://www.wsipp.wa.gov/ReportFile/1713/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)



## Client Story

Each year, staff at JPCF-funded programs provide a client story to help illustrate the effect of services on their clients. The following is the client story shared by YMCA for FY 2019-20.

<b>Name of Client</b>	Christina
<b>Age and Gender</b>	12, female
<b>Reason for Referral</b>	She was referred by her parents due to concerns regarding anxiety as well as an incident of self-harm.
<b>Client's Behavior, Affect, and Appearance When They First Started in the Program</b>	Initially, Christina presented as very shy and anxious. She often addressed family issues and her struggles with trusting others. She would also discuss the constant questioning of her thoughts and feelings as well as her tendency to overthink most things.
<b>Activity Engagement and Consistency</b>	There was a process to maintaining client engagement. Early on, the use of interventions such as unconditional genuineness, meeting her where she was at, and providing a non-judgmental therapeutic space were essential to building rapport and maintaining client engagement. Additionally, maintaining Christina's engagement was supported through discussion about anxiety and strategies for coping. Once a trusting therapeutic relationship was established, more activities were incorporated that explored and reflected on the impacts of Christina's negative self-talk and negative core beliefs. Moreover, mindfulness and guided imagery exercises were also introduced and practiced during client check-ins.
<b>Client's Behavior, Affect, and Appearance Toward the End of the Program</b>	Upon entering the termination phase, the growth she had made was evident. Christina was able to discuss her own progress without questioning it.
<b>What The Client Learned as a Result of the Program</b>	She acknowledged having more understanding around her anxiety, how it affected her, and her relationships.
<b>What the Client is Doing Differently in Their Life Now as a Result of the Program</b>	Christina also acknowledged the use of coping strategies and the value it has had in practicing them.
<b>The Value of the Program in the Client's Words</b>	In the final check-in, when reflecting on the value of this program, Christina reported, "I always wondered why you didn't give up on me. I felt like everyone in my life was giving up on me, especially because I thought I was too much of a burden for anyone to want to help. I thought this would happen here too. But it didn't happen. And you made me feel supported in so many ways. Talking with you helped me a lot, it's shown me that it's possible to trust others even if it's hard at first."