

**REDUCING DELINQUENCY THROUGH
A FAMILY-BASED APPROACH:
REFLECTIONS FINAL REPORT**

AUGUST 2008

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ABSTRACT

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ABSTRACT: During the past several years, there has been considerable focus across the nation on innovative ways to prevent juvenile delinquency, with strategies ranging from rehabilitation to increased sanctions. One rehabilitative solution in the San Diego region is a program that focuses on the entire family: ***Reflections***. This Probation Department program attempts to prevent delinquency and reduce recidivism through a collaborative effort that provides a comprehensive continuum of family-focused services that fosters family self-sufficiency, offender accountability, prevention of sibling delinquency, and community linkages. This final report includes information on 985 clients who entered the program for the first time and 27 who entered for the second or third time through the end of 2007, including areas of need and strength at intake, change over time, and outcomes related to successful program completion and recidivism. As described in the report, program graduates were less likely to have a sustained petition and more likely to be less at risk in a number of areas, compared to the period before participation and other participants.

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EXECUTIVE SUMMARY¹

INTRODUCTION

Reflections is an innovative program in San Diego County that offers an alternative to placement in a residential facility for adjudicated youth in the juvenile justice system who have a mental health diagnosis. From July 1996 to July 1999, both the program and the evaluation (conducted by the San Diego Association of Governments, or SANDAG) were funded by the Office of Criminal Justice Planning (OCJP). Since then, the program has continued with partial funding from Medi-Cal, while the San Diego County Probation Department has provided the remainder of the funding for the program, as well as funding for the evaluation.

The goals of the evaluation, which is now concluded, were to document if **Reflections** was being conducted as planned and determine if the program had positive effects on targeted youth and their families.

PROJECT OVERVIEW

With the awareness that crime does not occur in a vacuum and that at-risk juveniles and their families have multiple needs, the San Diego County Probation Department has formed and sustained a number of partnerships with local agencies and community-based organizations. These collaboratives are based on the premise that providing a con-

tinuum of integrated services to families will improve their level of functioning, strengthen their ties to the community, and have a positive effect on delinquent behavior.

One of these partnerships resulted in the creation of **Reflections**, a graduated sanctions option that was the only in-home, intensive, family-focused alternative to private residential placement when it was formed. Created in 1993 and modeled after the nationally recognized FACES (Families and Children Empowered for Success) program, the goals of **Reflections** include reducing recidivism; improving the individual behavior of targeted youth, sibling(s), and parent(s); affecting positive changes in family functioning; and strengthening family bonds with the community.

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RESEARCH QUESTIONS AND ANSWERS

As part of this evaluation, a pre-test/post-test single sample design was used,² and comparisons were made between participants on risk scores, criminal history, and placement information as a function of their exit status (i.e., graduate, administrative release, proba-

¹ This Executive Summary is part of the **Reflections** final report. Burke, C. and Ward, R. (2008). **Reducing Delinquency Through a Family-Based Approach: Reflections Final Report**. San Diego, CA: San Diego Association of Governments.

² While an experimental design would have been desirable, random assignment to conditions was not possible.

tion violation, or new charge). These outcomes were supplemented since 2005 with staff survey data and anecdotal information about participants captured through vignettes. The evaluation of *Reflections* addressed ten specific research questions that are listed below. Information presented in this report is limited to participants who entered after January 1, 2000, when eligibility requirements were changed to include only students with an Axis I diagnosis,³ with a primary diagnosis other than a substance use disorder (SUD).

How Many Clients Were Served by *Reflections*?

For the purposes of this report, data were analyzed for 985 wards who received services from the *Reflections* program for the first time⁴ between January 2000 and December 2007, as well as for 27 additional wards who were enrolled in the program for the second or third time in 2007,⁵ and were enrolled for more than 14 days. An additional 501 wards were served between July 1996 and December 1999, but due to changes in the program admission criteria, they are no longer included in this evaluation.

Did the Program Target the Intended Population?

The target population for *Reflections* is high-risk youth and families in the juvenile justice system. To assess areas in which

participants were most at risk and most protected, program

participants were rated on 52 items that are grouped

into 14 dimensions through a risk assessment instrument. Data collected from this assessment at intake show that first-time clients were at risk, especially on the following five dimensions:

The target population for *Reflections* is high-risk youth and families in the juvenile justice system.

- ▶ 87 percent of first-time participants were rated as at risk on at least one educational item, which include having a pattern of truancy (79%), failing grades (71%), no vocational goals (52%), poor classroom behavior or a failing citizenship grade (30%), and/or referrals to the School Attendance Review Board (SARB) in the past year (10%);
- ▶ 85 percent were at risk on criminal behavior factors, including prior arrests for criminal offenses (63%), engaging in dangerous or violent behavior (64%), having current charges that occurred while on probation (62%), involvement in gang activity (21%), and/or having family members who were involved in criminal activity (19%);
- ▶ 78 percent were at risk due to substance use, including considerable substance abuse with serious consequences (64%), denial of the existence of a substance abuse problem (50%), and/or extensive exposure to parental usage (30%);
- ▶ 69 percent were at risk on the community ties dimension due to factors such as having peers who were a negative influence (59%), being part of a family unit that was highly stressed (21%), being isolated from the community (14%), having parents with no close friendships or social ties (10%), and/or being part of a

³ Axis I diagnosis information is defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, or DSM-IV. These disorders include all mental health conditions except personality disorders and mental retardation.

⁴ Four clients were enrolled fewer than 14 days their first time, so their second enrollment is included here.

⁵ This change regarding which participation was captured was the result of a collaborative discussion between Probation and evaluation staff and reflects the view that information on all clients enrolled in a given year (rather than only first time enrollments) would be more useful to the program.

family with no identity in which family structure is constantly in flux (7%); and

- ▶ 54 percent were at risk on the juvenile mental health dimension, with serious behavioral problems (36%), impaired functioning and daily activities (29%), no use of necessary medication or treatment (28%), and/or significant ideas and consideration of suicide and possibly an actual suicide attempt (4%).

Data collected from official records also revealed that 79 percent had at least one

The most common client psychiatric diagnosis was Oppositional Defiant Disorder (ODD).

sustained petition other than a probation violation in the year prior to entry into the program. In January

2000, having an Axis I diagnosis (other than a SUD diagnosis) was added as an admission criterion, with the most common client psychiatric diagnoses in 2007 including Oppositional Defiant Disorder (ODD), Conduct Disorder, and Mood Disorders (which include Major Depressive Disorder, Bipolar Disorder, Dysthymic Disorder, and Depressive Disorder Not Otherwise Specified (NOS)). This additional criterion was added due to Medical funding eligibility standards. Additionally, first-time clients had an average Global Assessment of Functioning (GAF) score of 50 which indicates that they were experiencing serious psychiatric symptoms at intake.

Finally, knowing on which dimensions participants are thriving is just as important as identifying risks when assessing level of need, considering that these factors can buffer against future delinquency. The top five dimensions on which the greatest percentage of first-time participants were thriving at intake were:

- ▶ parent mental health (95%), for which over four out of five participants were

rated as thriving due to parents having no suicidal thoughts (92%) and/or being stabilized on or having no need for psychotropic medication (83%);

- ▶ shelter (94%), due to having working utilities (92%), no safety defects (89%) in the home, and/or having a clean home (65%);
- ▶ juvenile mental health (81%) on which 75 percent of participants were rated as having no suicidal thoughts and 59 percent were stabilized on or had no need for psychotropic medication;
- ▶ nutrition (72%) due to having regular, ample meals every day (72%) and having and using basic nutrition knowledge (33%); and
- ▶ criminal behavior (62%), on which half (48%) of participants were rated as having no family members who were involved in criminal activity and almost one-third (31%) were not involved in gang activity.

Although one of the criteria for participation in *Reflections* is an Axis I diagnosis, other than a SUD, many first-time participants were rated as thriving in the dimension of juvenile mental health. A large proportion of clients were rated as thriving on two of the factors (listed previously), while a smaller proportion of clients were rated as at risk on the other two factors (daily functioning impaired by mental health symptoms and ability to redirect anger).

The 27 clients for whom reentry data were collected were similar to those who were enrolled for the first time on most measures. However, it should be noted that these clients were significantly less likely to have a sustained petition (other than a probation violation) during the year before they reentered the program (36% compared to

79% of first-time participants)⁶, which may indicate that clients who have participated in the program previously are more likely to return due to a probation violation or as part of their Breaking Cycles program graduated sanctions. They also were rated as thriving on significantly fewer items on average compared to first-time participants (21% and 30%, respectively).

What Were the Characteristics of Program Participants?

Individuals are eligible for participation in *Reflections* if they (1) are between the ages of 11 and 17.5; (2) are in grade 6 through 12; (3) are currently placed with a parent, parental surrogate, or community-based organization; (4) are a ward of the court; and (5) have an Axis I diagnosis, other than a SUD diagnosis. Individuals are excluded from consideration if they have arson issues or are currently homicidal, suicidal, psychotic, or a predatory sex offender. Gender is not an exclusionary characteristic.

Since 2000, almost three-quarters (72%) of first-time participants have been male and almost three-quarters (71%) have been Hispanic, Black, Asian, or other ethnicities, demonstrating the diversity of the population. The average age of first-time participants at intake was 15.8 years (range 12 to 17) and approximately one-third (32%) had special education needs. Though reentries were similar to first-time participants on most characteristics, they were significantly older at intake (16.3 on average, range 14 to 17 for reentries and 15.8 on average, range 14 to 17 for first-time participants).

How Long Did It Take to Complete the Program?

Reflections is a goal-driven program. Graduation is determined by whether pre-established goals and milestones are met based upon careful review of the youth's behavior in each of the treatment components offered in the continuum, as well as performance at home and in the community.

Of the 947 individuals who entered the program for the first time, 28 percent graduated, with an average of 152.4 days spent in the program.

Participant time in the program varied significantly by exit status ($F(3, 946) = 32.53$). Of the 947 individuals who entered the program for the first time after January 1, 2000 and exited prior to December 31, 2007, 28 percent had graduated, with an average of 152.4 days spent in the program. In addition,

- ▶ 18 percent of first-time participants left as administrative releases (i.e., those who completed groups and school credits but did not rise to the standards of a graduate) after an average of 131.7 days;
- ▶ 46 percent left the program because of a probation violation (demonstrating increased accountability) after an average of 96.7 days; and
- ▶ 7 percent were released because of a new charge after an average of 105.7 days.

There were no significant differences between reentries and first-time participants on these measures.

⁶ An alpha level of .05 was used for all statistical tests.

Does *Reflections* Function as Designed?

Reflections was designed to meet the particular needs of the target youth, as well as the family. According to program documentation, staff and service providers have been successful at determining these needs and how they change over time. Specifically, assessments have been consistently completed with program participants and weekly treatment meetings are being held to determine how the needs of a particular family have changed and how to respond appropriately.

Multi-disciplinary teams of highly trained Probation Officers, therapists, teachers, and other staff are available to meet the needs of participants. A variety of training opportunities are made available to staff and team-building activities are utilized to build a sense of cohesiveness among the staff of different agencies.

In 2005, the program moved to a new location. While this move required adjustments by both staff and students, *Reflections* was successful in implementing the program and becoming Medi-Cal certified at the new site.

Was Individual Behavior Improved?

One of the goals of the *Reflections* program is to decrease the level of risk for program participants at exit, compared to at intake, on the items rated through the risk assessment. Likewise, the program's intent is to increase the percentage of items rated as safe or thriving on this instrument.

Demonstrating that positive changes were associated with successfully completing the program, 88 percent of graduates had lower

risk scores at exit, with the average risk score of all graduates decreasing from 21 percent to 6 percent of the 52 rated items (Table 1 on page 6).

Demonstrating that positive changes were associated with successfully completing the program, 88 percent of graduates had lower risk scores at exit.

In addition, graduates were rated as thriving on over half (52%) of the items after participation, which was also an improvement from intake (34%). Finally, graduates made significant improvements in the five areas in which they had been at greatest risk at intake. Specifically, graduates were more likely to be rated as safe or thriving in terms of school performance, substance abuse, community ties, criminality, and mental health. Program graduates were also less likely to be experiencing severe psychiatric symptoms at the time they left the program based on a comparison of GAF scores at intake and exit.

Were Bonds to the Community Strengthened?

Information collected from the intake and exit assessments revealed that fewer graduates were at risk in terms of their community ties at exit, compared to program entry (15% versus 60%, respectively) (Table 1 on page 6). That is, juveniles were more likely to have non-delinquent friends, their families were more likely to be involved in their communities, the family structure was more intact, and the family dealt more adequately with any stressors it faced.

Did Positive Changes Occur in Family Functioning?

According to the assessment scores on the parenting dimension, fewer graduates were rated as at risk in terms of the parenting they

were receiving after leaving the program, compared to when they entered it (15% at exit versus 44% upon program entry) (Table 1). Thus, even though many parents were not as actively engaged in the program as the program would hope for, positive changes occurred in family functioning.

Table 1
Positive Effects of Reflections
Participation on Program Graduates

Intake	Exit
Reduced Recidivism	
76% had one or more sustained petitions	19% had one or more sustained petitions
Fewer Detainments/ Commitments	
93% had one or more detainments/ commitments	36% had one or more detainments/ commitments
Less Risk Overall	
21% at risk	6% at risk
Improved Educational Status	
81% at risk	15% at risk
Less Substance Abuse	
71% at risk	20% at risk
Stronger Community Ties	
60% at risk	15% at risk
Less Criminality	
80% at risk	36% at risk
Increased Mental Health	
45% at risk	6% at risk
Improved Parenting	
44% at risk	15% at risk

SOURCE: SANDAG's Reflections Report, August 2008

Was Recidivism Reduced?

Successful completion of *Reflections* was associated with reduced recidivism, with only one out of five (19%) graduates having a

sustained petition, other than a probation violation, as a juvenile in the one-year period following program exit, compared to 76 percent in the one-year prior to admission. Participants who did **not** graduate were more likely to have a petition sustained one year after participation, compared to the graduates (31% of administrative releases, 44% of probation violators, and 51% of those with a new charge).

In addition, while 93 percent of graduates had an institutional detainment or commitment (e.g., Juvenile Hall, Juvenile Ranch Facility) before entering the program, only 36 percent did so in the year following program completion. In comparison, about three-quarters or more of those who did not graduate had at least one institutional detainment or commitment during this same time period. It should be noted that a client can be detained without having a sustained petition and can be committed after a true finding on a probation violation.

Did Staff Feel the Program was Effective?

During 2008, 18 *Reflections* staff members completed a survey regarding their experiences in the program. According to their responses, staff members believe the program does a good job of meeting the needs of clients. They feel that specific services provided by the program, such as case/resource management, drug testing, substance abuse group counseling, and social skills training are effective in reducing delinquent behavior and improving family functioning. Respondents suggested better communication and obtaining more supplies for groups and classrooms as ways to improve the program further.

SUMMARY

The *Reflections* program served 1,513 adjudicated youth and their families between July 1996 and December 2007. For the purposes of this report, data were analyzed for 1,012 participants who entered after the eligibility criteria were changed in January 1, 2000 and were enrolled for more than 14 days. The program offers a number of services to improve individual and family functioning and to reduce risk and recidivism. Positive outcomes were realized for *Reflections* participants. Overall, graduates were at risk on fewer factors at exit compared to intake, had improved psychiatric symptoms, and were less likely to have committed an offense in the follow-up period compared to the one-year period before program entry and other program participants.

Graduates were at risk on fewer factors and had improved psychiatric symptoms at exit and were less likely to have committed an offense in the follow-up period compared to the pre-period and other program participants.

associated with involving families in a youth's treatment, additional practices of involving parents that have been successful elsewhere in Probation could be explored for use with *Reflections* youth.

► Review Current Treatment Models To Ensure Client Needs Are Met

Staff noted that youths' substance abuse and mental health issues were barriers to successful completion of the program. Indeed, graduates were the only group to demonstrate significant decreases in risk on both these dimensions. Due to budget constraints, only clients with the greatest need currently receive individual counseling. A review of current treatment provided and development of strategies to increase services and engagement could assist in addressing these barriers.

► Examine Means to Increase Completion of Program

Many of the youth in the *Reflections* program enter with a high number of risks which can contribute to challenges successfully completing the program (e.g., high tendency to violate probation or difficulty staying engaged in curriculum). However, given the positive results associated with successful completion of the program, staff may want to make the option of reentering the program available to more youth, if possible. In addition, better understanding how and when youth are exiting unsuccessfully may lead to strategies to more effectively engage youth before they commit a new offense or probation violation.

► Include an Aftercare Component

Staff noted that clients who exit *Reflections* are often on lower-level probation and therefore have far less

RECOMMENDATIONS

Probation is to be commended for conducting this on-going evaluation of the *Reflections* program. Based on the results of this eleven year process, the following recommendations are put forth:

► Increase Family Participation

A primary philosophy of *Reflections* is to engage the family in services. Despite the program's efforts to provide services to families over the years, budget constraints have limited the resources available to families (e.g., discontinuation of the best practice Functional Family Therapy). However, given the need and success

contact with Probation Officers than they had while in the program. This dramatic decrease in accountability may contribute to behavior problems. The addition of an aftercare component with a case manager to monitor probation issues and provide oversight and assistance to the client and

family may help clients better adjust to life after completion of the program. This component could be an extension of ***Reflections***, with the flexibility to return the client to the program should the need arise.

CHAPTER 1

PROGRAM DESCRIPTION

INTRODUCTION

In an attempt to reduce the number of residential facility placements in the region in the 1990s, the San Diego County Probation Department, under the direction of the San Diego County Board of Supervisors, began designing and implementing a variety of collaborative, integrated service programs for families and children. **Reflections** was one of the available options on this continuum of strategies to prevent and reduce juvenile crime. The current chapter describes the philosophy underlying **Reflections** and its importance as an alternative to placement in a residential facility; provides qualitative information, collected between 1996 and 2007, about the program components and the degree of involvement of participants, program staff, parents, and volunteers; and concludes with a discussion of some of the challenges faced by the program staff over the course of the evaluation period.

PROGRAM OVERVIEW

Reflections began in 1993, as a graduated sanctions option and was the only in-home, intensive, family-focused alternative to residential placement at the time. It was modeled after the nationally recognized FACES (Families and Children Empowered for Success) program as a collaborative endeavor by the Probation Department, the Department of Social Services, the County Office of Education, and several community-based organizations. FACES offered a two-pronged approach for treating high-risk juveniles and their families in the community that included a structured Day Center Program in conjunction with in-home family preservation services.



*The entrance to **Reflections** Central*

The design of the **Reflections** program incorporates research done by Hawkins and Catalano (1992), as well as the Orange County Probation Department, which shows that delinquency may be prevented and recidivism reduced through the early intervention and treatment of high-risk juvenile offenders and their families. **Reflections** is based on the following framework:

- ▶ Juvenile involvement in drugs, gangs, and other criminal behavior can be reduced or prevented by providing a multi-systemic, comprehensive continuum of services that addresses the complex needs and risk factors of youth.

- ▶ Youth at risk for drug, gang, and other criminal involvement are often involved in the social services, mental health, and criminal justice systems, therefore requiring integrated and collaborative service delivery models to produce the desired outcomes.
- ▶ Strengthening the bond between families and their community prevents future drug, gang, and delinquent behavior in high-risk families.
- ▶ A thorough process and outcome evaluation should be conducted in order to provide information on program implementation and effectiveness and possible improvements for program replication.

At the beginning of 1996, FACES had the capacity to serve 36 participants and, like other programs in the county, had a long waiting list and was unable to provide services throughout the entire region. Concerned that the needs of high-risk juvenile offenders could not be adequately met, the Probation Department applied for and received funding from the Office of Criminal Justice Planning (OCJP) to expand FACES into **Reflections** with the following goals:

- ▶ to provide services to a greater number of individuals;
- ▶ to broaden the service delivery model to provide a greater continuum of services;
- ▶ to serve dependents (youth determined by the court to be abused or neglected), as well as wards (youth with a sustained petition under probation supervision); and
- ▶ to conduct an evaluation to determine if the program was having the expected positive effects.

This final report is the result of an eleven year evaluation of the **Reflections** program serving central, east, and south San Diego County that was originally funded through OCJP and continued through 2007 with funding from the San Diego County Probation Department⁷.

PROGRAM COMPONENTS

As of December 31, 2007, the target population for **Reflections** was high-risk youth in the juvenile justice system and their families who were at risk of having one or more children removed from the home. Individuals were considered eligible for participation in the program if they met the following criteria:

- ▶ between the ages of 11 and 17.5;
- ▶ in grades 6 through 12;
- ▶ currently placed with a parent, parental surrogate (relative or foster care), or community-based organization;
- ▶ ward of the court pursuant to 602 (sustained petition and under probation supervision); and

⁷ There is also a combined **Reflections**/Youth Day Center program serving the North County which was formed in 1997 which is not a part of this evaluation. The North County program differs from **Reflections** Central in that it does not receive Medi-Cal funding and thus does not have an Axis I mental health diagnosis requirement.

- ▶ diagnosed with an Axis I disorder, with their primary diagnosis being something other than a substance use disorder (SUD) (a criterion starting in January 2000).

Axis I disorders include all mental health conditions except personality disorders and mental retardation. Some of the most common diagnoses reported for students in *Reflections* in 2007 included Oppositional Defiant Disorder, Conduct Disorder, and Mood Disorders (which include Major Depressive Disorder, Bipolar Disorder, Dysthymic Disorder, and Depressive Disorder Not Otherwise Specified (NOS)). Individuals are excluded from consideration if they have arson issues or are currently homicidal, suicidal, psychotic, or a predatory sex offender. Participant gender is not a selection criterion.

The *Reflections* target population is 602 wards with an Axis I disorder, other than a substance use disorder.

Wards are ordered to participate in *Reflections* either through the Juvenile Court or as part of the Breaking Cycles program of graduated sanctions. During the first 18 months of the project (July 1, 1996 to December 31, 1997), social workers could also refer dependents to a central contact at the Health and Human Services Agency (HHSA) who would then screen them to determine if they were appropriate for the program. Once referred, both the target youth and the parent(s)/guardian(s) verbally agree to participate and sign a program contract in order to enter *Reflections*. Table 1.1 shows some of the milestones the program has met since the beginning of the original grant period in July 1996.

Table 1.1
Program Major Milestones, July 1996 – June 2008

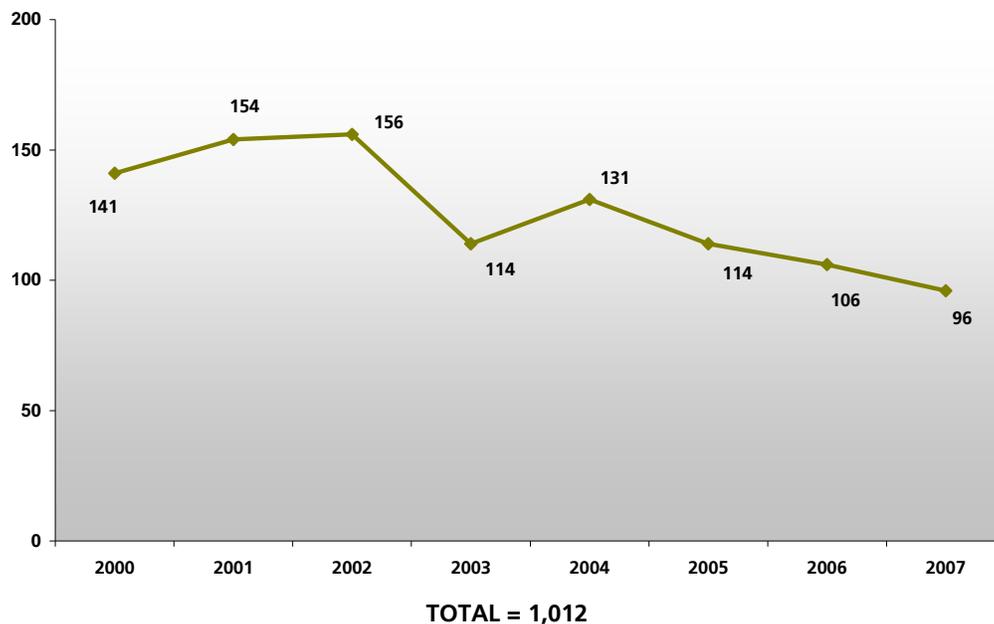
July 1996	Office of Criminal Justice Planning funding obtained
January 1998	Referrals from Health and Human Services Agency no longer accepted
June 1999	Office of Criminal Justice Planning funding ends
August 1999	Medi-Cal certification received
January 2000	Axis I diagnosis added as a selection criterion
November 2004	Functional Family Therapy implemented
July 2005	Relocation to the new program site completed
December 2006	Functional Family Therapy discontinued
June 2008	Evaluation completed

SOURCE: SANDAG's *Reflections Report*, August 2008

Reflections had a capacity of 65 participants (55 on-site, 10 off-site) during the initial OCJP grant period. However, after that time, off-site participation was eliminated, lowering total program capacity to 55 students. During the grant period, from July 1996 through June 1999, 458 youth entered the program (430 through the juvenile justice system, 28 through HHSA) and an additional 71 wards entered between July and December 1999, before the eligibility criteria changed (not shown). Another 1,012 wards entered the program for the first time⁸ and were enrolled longer than 14 days between January 1, 2000 and December 31, 2007, with some variation⁹ (range of 96 to 156) in the number of wards entering per year (Figure 1.1).

As of December 2007, the program had a capacity of 55 students and received significant Medi-Cal funding.

Figure 1.1
First-Time Program Entries by Year, 2000 to 2007



SOURCE: SANDAG's Reflections Report, August 2008

Eligibility requirements changed in 2000, to the extent that previous participants were not comparable to those identified using the revised criteria through December 31, 2007. In addition, Probation asked the evaluators to begin tracking participants' most recent time in the program in 2007 (rather than only their first time) in order to provide information on all clients enrolled for each future year of the evaluation. Therefore, the sample presented here includes only youth who entered the program beginning in January 2000, 985 of whom exited for the first time prior to December 31, 2007 and 27 of whom exited or enrolled for the second or third time in 2007.

⁸ Four clients were enrolled fewer than 14 days their first time, so their second enrollment is included here.

⁹ It is difficult to determine a definitive reason for this variation, but possible explanations include a greater number of reentries and longer average time spent in the program in later years, which may have limited the number of new entries. Program staff also noted that budget constraints that have led to decreased community resources and intermediate custody sanctions may have contributed to this decline as more clients receive longer custody sanctions and exit the program, but return as reentries once they are released from custody.

Needs Assessment

Before a youth formally enters the program, a three-hour orientation/intake is held with the youth, the parent(s)/guardian(s), and orientation staff, which includes the Parent Advocate, Senior Probation Officer, and Clinical Coordinator or another clinician. A Family Preservation Officer or a community-based organization service provider (depending on who is assigned to be the lead worker for the family, given the family's specific needs) conducts one or two home visits with the purpose of completing an intake assessment of the juvenile and his/her current living situation.

Because a family is a dynamic unit, the level and types of need often change over time. In the second half of 1998, to better meet the needs of participants, the program initiated a formalized bi-monthly treatment meeting during which therapists and other staff involved in working with families meet to discuss their present issues and make recommendations and/or modifications to the treatment plan. In July 2001, the frequency of this meeting was increased to weekly. Thus, the program attempted to be responsive to participants as they moved up and down the needs continuum.

Service Delivery

The Full Day Center Program begins and concludes with transportation service. The program operates between the hours of 8:00 a.m. and 4:30 p.m. Tuesday through Friday (on Mondays hours are extended to 5:30 p.m. to accommodate Multi-Family group). At the Center, the day typically starts with breakfast, followed by school time and a community meeting. Clients also attend two continuous hours of group counseling each day. On Fridays, this time is used for a physical education period. Saturday School, a consequence for students who have been late more than once, truant, or had behavior problems during the week, operates between the hours of 9:00 a.m. and 1:00 p.m.

Key Program Components

- ▶ Multi-disciplinary staff assess needs at intake and during participation
- ▶ Transportation service is provided
- ▶ Both school and counseling services are incorporated into the program
- ▶ Services include a variety of individual and group sessions to address the needs of the youth and family

The structured school program for target youth includes special education testing and assessment, an Individualized Education Plan (IEP), tutoring, vocational/career assessment, linkages to schools, and student mentors. In August 1997, the educational component of the Day Center was modified to include one high school class, one junior high class, and one special day class for students with special education needs. In 2004, teams comprised of a Deputy Probation Officer, a Youth and Family Counselor, a Correctional Deputy Probation Officer I, a teacher, and the Juvenile Recovery Specialist were assigned to each classroom, giving students a specific group of staff members to work with.

During individual¹⁰ and group counseling sessions, (which are held once a week, unless otherwise noted) youth address issues in the following areas:

- ▶ Anger Management (separate sessions are provided for males and females; youth learn methods to de-escalate anger and alternative coping skills to redirect anger);
- ▶ Anti-Theft (a court-ordered group for clients with a history of stealing to teach them about impulse control);
- ▶ Chemical Dependency (for clients who have a history of substance use that is not severe to help them learn about coping with sobriety);
- ▶ Community Awareness (helping clients understand and participate in community service);
- ▶ Drug Education (for clients who have minimal to no substance use history to teach them about drugs and consequences of using);
- ▶ Dual Diagnosis (for clients with both mental health and substance abuse issues);
- ▶ Gang Diversion (a cognitive approach for gang-entrenched clients to re-direct their thinking to not associate with gangs);
- ▶ Gratitude Group (teaches participants how to express gratitude for things given to them);
- ▶ Health Group (an educational group that promotes healthy eating choices, the benefits of exercise for general well-being, proper hygiene, and other topics that promote good physical and emotional health);
- ▶ Independent Living Skills (teaches participants about self-sufficiency and independence);
- ▶ Men's Group (a class for males on how to develop healthy relationships and act appropriately with females);
- ▶ Proud Parenting (a class for clients who have or will soon have children that teaches skills they will need to be successful parents);
- ▶ Positive Peer (teaches clients how to enhance positive relationships with peers their own age);
- ▶ Project Bro (a males only collaboration with the Joan Kroc Center to enhance self-esteem and help students make positive choices);
- ▶ Relapse Prevention (for clients who are the most at risk in terms of substance use, including those who have a severe history of use or are currently using; meetings are three times per week and include individual sessions);

Most 2006 and 2007 participants were enrolled in Anger Management, Positive Peer, and Thinking for a Change groups.

¹⁰ Ideally, all clients would receive individual counseling. However, due to budget constraints, the program was able to provide this services to about half of the clients in the program at a given time, those with the greatest need. Program staff noted that all clients had access to the therapists at the program site and could receive individual counseling in a crisis situation as the need arose.

- ▶ Teen Relationship Violence (teaches participants how to identify the warning signs of violence and to embrace non-violent means of resolving issues in order to develop and maintain more positive and healthy relationships);
- ▶ Thinking for a Change (a cognitive approach to positive thinking and thinking before acting);
- ▶ Tolerance Group (for clients who have racial issues, to learn about prejudices, sexism, ageism, and racism); and
- ▶ Women’s Group (a class for females that includes topics on gender-specific issues, such as sexually-transmitted diseases, pregnancy, and self image; the main focus is developing healthy relationships through psycho-education elements, but the participants are also asked to provide group topics).

To better understand the extent of service delivery, data regarding group enrollment and completion were obtained from the program for 127 of the 183 clients (69%) who exited in 2006 and 2007.¹¹ Table 1.2 on the following page shows the percent of clients who enrolled in and completed each group. The most commonly attended groups included Anger Management, Positive Peer, and Thinking for a Change. In addition, 99 percent of clients were enrolled in at least one of the substance abuse groups (Chemical Dependency, Relapse Prevention, and Drug Education). On average, clients were enrolled in 10.5 (range 5 to 15) groups while at *Reflections* and completed 5.6 (range 0 to 15) (not shown).

Other program components include:

- ▶ goal setting;
- ▶ drug/alcohol testing;
- ▶ team building;
- ▶ structured recreational activities, including special events such as Spirit Day (which includes a variety of athletic events), participation in the Juvenile Court and Community Schools athletic league, trips to see inspirational movies, visiting the Museum of Tolerance in Los Angeles, and visiting various local sites (e.g., San Diego State University, Joan Kroc Community Center, Balboa Park museums, San Diego Zoo, Marine Corps base, and local missions);
- ▶ job preparation, including a tour of Job Corps, with a goal of implementing strategies to enable students to attend job training programs and receive job placement services upon completion in 2008;
- ▶ reward system in which participants can earn coupons that are redeemable for items at the school store, lunches, snacks, or field trips (pictured);
- ▶ after school/evening programs, including individual, family, and multi-family group counseling and tutoring;



Reflections students play flag football on a field trip to Mission Bay

¹¹ There were no significant differences between clients for whom group information was provided and those for whom it was not provided in terms of gender, race, or exit status.

- ▶ cultural enrichment activities (e.g., guest speakers and performers during Black History Month)
- ▶ holiday celebrations (e.g., Easter baskets, a Halloween party and haunted house, and a holiday luncheon in December); and
- ▶ Peer Adjudication Council, for select highly functioning clients, in which members of the council hold their peers accountable for their actions by conducting adjudications and learn how to be leaders. In 2007, the Council held an assembly to recognize the achievements of fellow students and handed out awards in categories such as best attendance and most helpful.

Table 1.2
Group Enrollment, 2006 and 2007

	Enrolled	Completed
Anger Management	98%	55%
Positive Peer	98%	54%
Thinking for a Change	91%	55%
Tolerance Group	86%	51%
Gratitude Group	86%	50%
Men's Group	69%	58%
Gang Diversion	63%	50%
Health Education	58%	58%
Independent Living Skills	50%	48%
Project Bro	46%	50%
Teen Relationship Violence	45%	47%
Dual Diagnosis	43%	54%
Chemical Dependency	39%	56%
Relapse Prevention	35%	55%
Drug Education	33%	52%
Women's Group	28%	54%
Community Awareness	22%	61%
Anti-Theft	18%	57%
Proud Parenting	4%	80%
TOTAL	127	5 - 125

NOTE: Cases with missing information not included. Health Education, Project Bro, Teen Relationship Violence, and Proud Parenting began in 2006 and therefore were not available the full calendar year.

SOURCE: SANDAG's Reflections Report, August 2008

As part of the Intensive In-Home Family Interventions/Support Services, **Reflections** provides or makes referrals for the following:

- ▶ home-based therapeutic counseling;
- ▶ home-based case management;
- ▶ conflict resolution;
- ▶ crisis intervention response;
- ▶ stabilization assistance;
- ▶ parent interventions, including home-based education and training to instruct and support parents in life management skills such as housekeeping, nutrition, budgeting, and home safety, as well as addressing child development, parenting, goal setting, and communication skills through teaching, demonstrations, and behavior modeling;
- ▶ community-based education that includes neighborhood classes in parenting skills, as well as workshops for children to develop social skills, self-esteem, communication skills, conflict resolution skills, and anger management skills;
- ▶ family counseling and education for chemical dependency and substance abuse, logical consequences, behavior modification skills, and family violence prevention;
- ▶ intervention and referral on chemical dependency issues and child abuse issues;
- ▶ assistance in accessing appropriate medical care and mental health services in the community;
- ▶ parent advocacy to provide community development activities for parents, establish community linkages, and develop a network of support services for families;
- ▶ job preparation assistance; and
- ▶ dual-diagnosis programming.

In July 2004, **Reflections** was selected by the Chief Probation Officer as a site for initial implementation of Functional Family Therapy (FFT), a family-based prevention and intervention program that “allows for successful intervention into complex and multidimensional problems through clinical practice that is flexibly structured and culturally sensitive, while also being accountable to youth, their families, and the community” (Sexton & Alexander, 2000). Due to the nature of the **Reflections** program, some modifications to the FFT model had to be made. For example, FFT counselors do not usually interact with clients outside of therapy. However, since students and staff attend the program daily, it is not possible to limit interaction to the therapeutic setting. Another difference from the FFT model is that participants continue to attend groups while also enrolled in FFT. **Reflections** staff members utilized FFT with clients from November 2004 through December 2006 when the program was discontinued due to funding constraints. However, at the end of the evaluation, the principles of FFT were still utilized by staff in regard to counseling and programming.

Volunteer activities have also been strongly promoted to **Reflections** participants as a way of giving back to the community. During the holidays, the students have made cards and visited residents at the La Mesa Convalescent Hospital. In addition, participants have participated in community service clean-up activities at places like Balboa Park and Mission Beach. In spring 2003, participants made a quilt for the U.S. military to be taken overseas. In 2004, students held car washes at the **Reflections** site and volunteered their time to work at the Probation Department Spring Fling, a picnic for Breaking Cycles staff, probationers, and their families which is held each year on a Saturday and features food and games. Students helped sort donations received by the Polinsky



*A mural painted by **Reflections** staff and students on the wall in the multi-purpose room.*

Center monthly in 2005 and the high school class began reading to children at a local preschool as part of the Youth Reading Role Models program in November 2005. In 2006, students held car washes and other fund raising events at the **Reflections** site and helped paint a mural (pictured) to brighten the wall of the multi-purpose room, which is used as a cafeteria and for events such as graduation. Students from the Teen Relationship Violence group joined a campaign to promote awareness of the dangers of teen relationship violence. They gave presentations and passed out educational materials to their peers as well as staff across the Probation Department and asked those in attendance to sign a pledge of non-violence. The group received an award from local television station KPBS, one of the campaign sponsors, for their hard work and commitment to violence prevention. In 2007, the junior high class began participating in Youth Reading Role Models at a local preschool, which was one of the program goals for the year, and students again participated in fund raising events, such as car washes and book sales. The Teen Relationship Violence group made presentations at community forums, such as the Domestic Violence Council meeting. Students also participated in a recycling program at **Reflections** and helped feed the homeless at St. Vincent de Paul.

Staff

A multi-disciplinary team of probation officers, counselors, therapists, teachers, and other staff work together to assess the needs of program participants and to provide a continuum of services. Site team support for students includes Primary Counselors and therapists. The following positions were included in this core group of individuals providing services to participants and their families at the end of the evaluation period:

- ▶ one Program Manager;

- ▶ one Senior Probation Officer;
- ▶ three Family Preservation Officers (Deputy Probation Officers, or DPOs);
- ▶ two Correctional Deputy Probation Officers II (CDPO II), also called Shift Leaders;
- ▶ three Primary Counselors (CDPO I);
- ▶ one Clinical Coordinator (from Social Advocates for Youth (SAY) San Diego);
- ▶ four Youth and Family Counselors (two from SAY San Diego, one from Spectrum, and one from San Diego Youth and Community Services (SDYCS), who also serves as the Dual Diagnosis counselor);
- ▶ one Juvenile Recovery Specialist (from SDYCS);
- ▶ three Teachers;
- ▶ three Teacher Aides;
- ▶ one Parent Advocate (from SAY San Diego);
- ▶ one Probation Aide;
- ▶ one Records Clerk (pictured);
- ▶ one Psychiatrist; and
- ▶ four Student Workers.



Reflections Records Clerk Donna San Nicolas hard at work.

Staff turnover during the course of the project was minimal for full-time positions during the initial grant period, but increased somewhat after July 1999, with multiple changes among Probation Department, school, and community-based organization positions. For example, in 2001, a part-time Psychiatrist position was added to assess the clients for medication needs. To date, *Reflections* has had three different Psychiatrists with the current one joining the program in July 2005. Between December 1999 and November 2002 the position of Senior Probation Officer changed twice, and between October 2000 and December 2004, the position of Program Manager changed three times. In October 2003, six Student Worker positions were eliminated due to budgetary constraints, though four were later reinstated. In April 2005, the duties of the Clinical Coordinator were split between two therapists who each spend part of the week at *Reflections*. There were also changes in the school staff, including the retirement of the principal in June 2005. Additionally, there were changes in two Probation Department positions and twelve community-based organization staff positions in 2005 and 2006. In 2007, a new Clinical Coordinator joined the program, combining the duties back into one position, which the Program Manager felt was a helpful change, and there were two additional changes in community-based organization staff. Two teachers and one teacher aide also left the program and were replaced and a permanent replacement for a long-term substitute joined the program in 2007. There were three total changes in Probation staff, including a new Program Manager and Senior Probation Officer, who transferred from Breaking Cycles in November and December 2007, respectively.

Staff members utilize a variety of educational and training opportunities to enhance their knowledge and skills in working with youth and families.

To supplement the training of program staff members, a number of educational opportunities have been made available during the course of the evaluation. For example, in 2004, staff participated in ethics training sessions to discuss the importance of team building and how the work environment can be improved when staff members are committed to using their resources for positive purposes and in 2005, a guest speaker discussed youth violence and ways staff can recognize violence in the home. Staff members are encouraged to participate in work-related programs for which they can earn educational credits for on-the-job training, including professional seminars, trainings, and workshops. In February 2007, the Breaking Cycles Director, Program Manager, and Clinical Coordinator attended the annual American Probation and Parole Association conference and gave a well-received presentation on the **Reflections** program. Staff members also meet every two weeks to discuss issues and learn about program changes.

Team-building activities were also emphasized by each of the Program Managers, beginning with visioning workshops that were held after funding was originally received in 1996. Since 1999, **Reflections** staff has participated in half-day retreats with all Breaking Cycles collaboratives to coordinate services across the continuum and promote interagency cooperation and team building. **Reflections** also held retreats in March 2004 and October 2006 that focused on communication between staff and with difficult students and included team-building exercises and games. Staff attended annual Probation Department retreats in February 2005 and February 2006 to discuss strategic plans that have been accomplished and plans for the future. In 2007, **Reflections** staff worked together as a team to help with cleanup efforts during the October wildfires and planned and sponsored a pancake breakfast and holiday bazaar for the students in December.

In November 1998, initial meetings were conducted to begin the process of implementing Medi-Cal as a funding source. From January through July 1999, staff prepared for this process by having numerous meetings and training sessions with various individuals from the HHS. Effective August 1, 1999, the program received certification and approval from the State Department of Mental Health that **Reflections** qualified as a Medi-Cal provider for day treatment rehabilitation. The program moved to a new location in July 2005 and received Medi-Cal certification for this new site in August 2005. The **Reflections** program was selected as the pilot project for the Probation Department to implement this funding procedure. Staff members continue to train on new Medi-Cal forms and procedures as the need arises. To date, Medi-Cal funds are being accessed and currently support between 40 and 60 percent of costs, depending on the number of students enrolled in the program at a given time.

Consequences for Non-Compliance

Participants enter the program with the understanding that their behavior, either positive or negative, will be responded to with a continuum of consequences and rewards that is based on the philosophy of graduated sanctions. While the exact consequences for rule violations depend on the specifics of the incident, each time a rule or contract is broken, some type of therapeutic intervention is imposed, which can include counseling, essay writing, being placed in "time out," conferencing with parents or staff, being placed on Home Supervision or Electronic Surveillance, or

being sent to Juvenile Hall. Positive client behavior is rewarded with incentives such as coupons that are redeemable for items at the school store. In early 2004, a committee made up of staff and students reviewed and updated the student rules and consequences. The new rules went into effect in April 2004. According to the Program Manager at the time, compliance with the new rules was high and enforcement was consistent. At the end of the evaluation, staff agreed that compliance generally remained high since that time, but fluctuated with staffing changes and the availability of immediate sanctions. They note that any change is disruptive and consistency, to the greatest degree possible, is important. In 2008, program staff plans to increase the rewards programs, including off-campus lunches and a basketball team, for students who display good behavior and may not feel recognized as staff deal with students with behavior issues.

The program utilizes graduated sanctions as well as rewards and consequences for participants' behavior.

Parent Involvement

Because *Reflections* was designed to serve the entire family unit and not merely the target youth, involving parent(s) and guardian(s) in the program emerged as a primary goal. In November 1996, the first Parent Advisory meeting was held. Attendees included the Program Manager and four parents of present and past participants. Parents offered various suggestions on how to improve the program and volunteered to serve as mentors for other parents going through the program. By the end of the first year of the grant, four parents had volunteered their time to improve the level of services offered by the program and one parent had served as a mentor to a new parent in the program by offering transportation to meetings and social support.

Subsequently, parents from *Reflections* joined a broader Parent Advisory Board that includes other parents participating in Breaking Cycles. These meetings were held on a monthly basis between 1999 and 2003, when they started being held quarterly (at the time more frequent meetings were determined not to be necessary). The meetings have included discussions pertaining to information sharing and communication, increasing drug counseling services at Probation Department facilities, and improving Probation's partnership with parents. Both Probation staff and parent participants have indicated that these meetings have been beneficial.

In 2004, parents and staff from *Reflections* began participating in weekly multi-family groups in which parents are able to share their difficulties and give feedback on what does and does not work in their homes. Additionally, parents are asked to complete a Customer Satisfaction Survey which provides feedback to the program. Parents indicated that they appreciated the counseling and support their families received through the program and described program staff as "courteous, informative, and helpful." One parent stated, "I learned to be more assertive with my daughter. My daughter and I both learned to listen more to each other, and to respect each other in every way." Another wrote, "My daughter developed a better attitude, stop[ped] using drugs, [and] became an active part of the family again." One parent went a step further and, in an email to program staff, said, "Your hard work, love and support have meant a lot to our family. The whirling sea called 'juvenile probation' is so complicated and intimidating for families. You truly were the beautiful port in the storm."

Volunteers

The participation of volunteers in the program has been one of its greatest assets. The following list is a sample of some of the ways in which these generous individuals donated their time, experience, and resources to **Reflections** participants through the years.

- ▶ Parolees from Amnesty House spoke to the participants about how to transition back into the community.
- ▶ A drama group from Kaiser Permanente performed a play about HIV called SECRETS.
- ▶ Linda Vista Health Clinic staff visits monthly and students tour their facility on a monthly basis to learn about general healthcare and issues such as sexually-transmitted diseases and pregnancy.
- ▶ A former **Reflections** student, who is now a Military Police Officer in the U.S. Navy, volunteered at the program and spoke to the students about the importance of setting goals. He was also featured in a video, *Paving the Road to Redemption – the Probation Story*, made by the Probation Department’s Public Affairs Office.
- ▶ Shakti Rising, an organization providing holistic, gender-specific, and trauma-informed services, conducted groups with young women from the program.
- ▶ Two student workers conducted a presentation entitled “Post High School Education and Being in Charge of Your Own Success.”
- ▶ The founders of the Tariq Khamisa Foundation (TKF), a violence prevention organization started by the father of 20-year old murder victim Tariq Khamisa and the grandfather of his 14-year old assailant, spoke to the students about their experiences and mission. Foundation staff facilitated their six-part curriculum, *Ending the Cycles of Violence*, with the students.
- ▶ Volunteers and interns from SAY provided mentoring services and other services.

In addition, some program families greatly benefited from Volunteers in Probation, Inc. (VIP). This non-profit organization has donated athletic equipment to the program and provided funds for memberships to the YMCA, the Graduation Equivalency Degree (GED) exam, clients’ utility bills, clothing, positive social programming, food baskets, and toys during the holidays.

Program Completion

Reflections is a goal-driven program, with staff and students discussing milestones they would like to achieve while attending the program. Once these goals have been attained and the clients have earned the appropriate number of school credits, minors graduate from the program. In January 1999, formal graduation ceremonies for participants were instituted. Successful completion of the program is based upon careful review of the target youth’s behavior in each of the treatment components, as well as their performance at home and in the community. In April 2006, graduation review boards were implemented, giving youth the opportunity to present evidence of their progress to members of the **Reflections** Treatment Team to provide input on their graduation

process. Many of the graduates felt the program helped them make important changes in their lives. Some of their comments are included below.

- ▶ “I feel that my accomplishments here [were] mainly breaking out of my comfort zone [and] getting up and out there helping others and getting involved in [program] activities with an open mind...”
- ▶ “We are a functioning family now. I can talk about anything with them...without arguing.”
- ▶ “I have become more docile and I do not have many outbursts because I have finally found the right medication to keep me balanced in my mood swings due to **Reflections**.”
- ▶ “For the first time in my life I’m honestly proud of myself for doing what I said I was going to do and not letting drugs, problems, [or being on] probation get in my way.”
- ▶ “My experience at **Reflections** has been one that I wouldn’t trade for anything.”

A **Reflections** graduation occurs at the end of each month when students have been identified as having completed all their requirements. Family members are invited and graduates receive certificates of completion from the program and from their groups, in addition to staff recognition.

After graduating from **Reflections**, students are transitioned into traditional schools or into alternative schools if they are not accepted by traditional schools. Aftercare includes follow-up supervision by Level 1 Probation Officers or possible termination of probation as a result of students completing all their stated conditions.

PROGRAM CHALLENGES

During the course of this evaluation, program staff members at **Reflections** were presented with a number of challenges, some of which were related to limited resources that are described below and throughout the rest of the report. These included:

- ▶ **Engaging and maintaining parent involvement:** **Reflections** is based on the premise that juvenile delinquency can only be adequately addressed when the needs of the family are met. Thus, the entire family unit, rather than just the target youth, is seen as the program participant. Reflecting this view, goals of the program include improving family functioning in such areas as parenting ability, nutrition, and shelter. While improvements were made in these areas for many graduates, engaging and maintaining parent involvement in the program did not occur at the level originally envisioned.
- ▶ **Ensuring continued funding:** Once the three-year OCJP grant ended, Probation Department staff members were faced with the issue of locating a new source of funding that would enable them to continue to provide a high level of service to these at-risk youth. In 1999, program staff began training on fulfilling Medi-Cal requirements and client records were reorganized into medical charts. These efforts culminated in August 1999 when the site was certified as a Mental Health Day Treatment Rehabilitation Program. The program was once again certified at the

new location in August 2005. According to the Program Manager, 40 to 60 percent of program costs are currently covered by the Medi-Cal funding source.

- ▶ **Adjusting to staffing changes:** As mentioned earlier, a number of staffing changes have occurred throughout the history of the program. Each time a new staff member comes on board, he or she must adjust to the complex world of *Reflections*, which includes dealing with Medi-Cal requirements as well as general program operations. Rapport and trust must be built with colleagues and students, which may sometimes be especially difficult for students who had a strong bond with the staff member who has left the program. There may also be a period of time during which a position goes unfilled as potential candidates are interviewed, which causes other staff to have to take on additional duties.
- ▶ **Adjusting to changes in mental health treatment program requirements:** As mentioned previously, *Reflections* was certified as a Mental Health Day Treatment Rehabilitation Program in 1999 and began receiving funding through Medi-Cal. Medi-Cal reporting is a continually changing requirement, which poses challenges in terms of maintaining compliance. The program experienced code, documentation, and form changes during 2004. HIPAA (the Health Insurance Portability and Accountability Act of 1996) compliance was a large contributor to the changes in 2003 and 2004, as all staff members were required to complete on-line HIPAA training and to adjust to the more stringent requirements. In 2008, the program will begin the task of implementing computer-based records, as opposed to paper files, to fulfill new mental health database requirements.

STAFF PERCEPTIONS

To provide a richer picture of the program, *Reflections* staff members were surveyed regarding their experiences in the program and opinions about working with at-risk juveniles. A staff survey, based on a survey done in 1997 as part of the initial OCJP study, was distributed by SANDAG in April 2008 (Appendix C). This survey was entered into an internet-based tool and an e-mail invitation with a link to the survey was sent to *Reflections* staff members (including Probation Department, school, and community-based organization staff). A total of 18 out of 24 invited staff members completed the survey. Data from the surveys were downloaded and analyzed by SANDAG staff, and the results are presented in the following section. A similar survey was conducted in December 2005, to which 25 out of 31 staff members responded. Any noticeable differences between responses from the two years are highlighted.

Staff Characteristics and Training

Of the 18 staff members who completed the 2008 survey, almost all (15) had worked at *Reflections* for more than one year. Nine classified their role in the program as Probation Officer, four each as counselor or other (including two administrators, one student worker, and one school principal), and one as teacher.

Sixteen staff members reported that they had prior work experience or education relevant to their job in the program. Staff members have worked at schools, group homes, in other probation programs, and as counselors. Their educational backgrounds include Bachelor's and/or Master's degrees in program-related fields, such as family therapy, criminal justice, and social work. All reported that this prior experience had prepared them for working at **Reflections** "very well" (10) or "somewhat well" (6). In addition, 13 stated that they had received in-house training through the **Reflections** program or Probation Department, including first aid/CPR, on-the-job instruction, mental health, behavior management, substance abuse, safety, partnering with a mentor staff member, cultural competency, self-defense/preventive techniques, and computer programs. Eight respondents said they would like additional training, specifically in the areas of juvenile substance abuse and mental health, as well as gang recognition and awareness.

Staff would like additional training, specifically in the areas of juvenile substance abuse and mental health, , as well as gang recognition and awareness.

Being Part of the **Reflections** Team

Probation and community-based organization staff attend monthly program meetings to discuss program progress. These meetings are not attended by school staff members, therefore their responses are not included here. When asked how helpful they found **Reflections** staff meetings to be, all but one of the 16 respondents thought that they were helpful (12 "very," 3 "somewhat").

Coordination among multi-disciplinary team members is important to ensure that **Reflections** clients receive the necessary services to be successful in the program. The majority of survey respondents rated coordination among **Reflections** team members as either "very good" (8) or "good" (9), while only one person rated coordination as "fair." These ratings were higher than those provided by 2005 staff, suggesting that coordination has improved over time. However, 12 respondents from 2008 thought coordination among team members could still be improved. All staff members were given the opportunity to provide suggestions, and these suggestions indicated that improvements should be made to increase communication and consistency, though some made a point to note that communication has improved compared to the past, but felt there is always room for further improvement.

Most respondents felt that program management appreciate staff (17) and recognize their achievements (15). Recognition is shown in many ways, including through certificates and awards, public recognition at staff meetings, a commendation letter in the team member's personnel file, and flexibility from management in meeting personal needs.

Because burn-out is common among staff working in social services, it is important for programs to be aware of this problem and prevent it in order to retain employees. When asked if they ever feel burned out from their jobs, six staff members responded that they do. These staff deal with the burn-out by having personal outlets, such as exercise and entertainment; requesting vacation or comp time; setting boundaries in ways such as refraining from accepting extra responsibilities and creating "do not disturb" time for themselves; and utilizing staff-only time such as staff work days, retreats, and luncheons.

Another potential source of work-related stress can be an individual's workload, including caseload or class size. For *Reflections* staff members, caseload/class size varies a great deal depending on their position, from a counselor who works with 2 clients to a Probation Officer who works with all 55 clients enrolled in the program. All the respondents felt their caseload/class size was appropriate.

Resources

Almost all of the survey respondents felt that resources are available to them in order to meet the needs of *Reflections* participants (5 "very," 11 "somewhat"), while one felt resources are "not very available" and one felt resources are "not at all available." Additional resources mentioned as being helpful for meeting participants' needs included funding for cash assistance, field trips, and rewards for students or donations of goods for families, as well as more classroom and group supplies and materials.

Program Strengths and Weaknesses

When asked to give their opinion of what the three main strengths of the program were, the majority of respondents (13) mentioned care and support for the clients and families. Teamwork or other staff-related strengths, collaboration of services, and accountability were also mentioned as strengths of the program.

Regarding aspects of the program that need improvement, the majority of staff (11) mentioned the need for more resources, including new supplies for groups and classrooms, incentives for clients, and funding for field trips. Space for recreation, more staff, and consistency among staff were also mentioned as areas in need of improvement.

Effectiveness of Program Services

Reflections utilizes a number of different types of activities to reach the goals of reducing juvenile delinquency and improving family functioning. As part of the survey, staff members were given a list of 28 groups and services provided by the program and asked to rate the effectiveness of these activities in meeting those goals (on a scale of one to four, with one being "very effective" and four being "very ineffective"). For purposes of analyses, responses of "very effective" and "somewhat effective" were combined. Though some staff members did not feel they knew enough about some activities to respond, at least two-thirds of those who did felt each activity was effective in reducing delinquent behavior and at least three-quarters felt each activity was effective in improving family functioning (Table 4.1). All those who responded felt that case/resource management was effective in accomplishing both goals. In addition, all respondents felt drug/alcohol testing, substance abuse group counseling, and tutoring were effective in reducing delinquent behavior and social skills training was effective in improving family functioning. Compared to 2005, significantly more respondents felt community service and recreation were effective for reducing delinquent behavior. This difference may be related to changes that were made in late 2005 after the move to the new

The majority of staff felt services provided by the program are effective in meeting participant needs.

program location, including the reimplementation of Saturday School (which clients can choose to attend to earn community service hours) and weekly trips to the Kroc Center for recreation.

Table 1.3
Effectiveness of Program Services in Reducing
Delinquent Behavior and Improving Family Functioning

	Reduce Delinquent Behavior	Improve Family Functioning
Case/resource management	17	15
Drug/alcohol testing	17	14
Substance abuse group counseling	17	14
Tutoring	17	13
Social skills training	16	15
Recreation	16	14
Job preparation	16	14
Job placement	16	14
Individual counseling	16	14
Academics	16	13
Transportation to program	16	13
Independent life skills training	16	13
Cultural enrichment activity	16	13
Team building	16	12
Health education	16	12
Mental health goal setting	16	12
Community service	16	11
Parent education/advocacy	15	14
Anger management	15	13
Mental health counseling	15	13
Relapse group counseling	15	13
Tolerance group counseling	15	13
Gang diversion education	15	12
Mental health medication	15	11
Peer adjudication	15	11
Family counseling	15	13
Therapy group counseling	14	12
Teen Pregnancy Prevention	10	9
TOTAL	15 - 17	12 -15

NOTE: Cases with missing information not included.

SOURCE: SANDAG's Reflections Report; Staff Survey, August 2008

It should be noted that the activity rated as “very effective” in reducing delinquent activity by the highest number of staff was transportation (11). An equal number of respondents felt that individual counseling and parent education/advocacy were “very effective” in improving family functioning (10). These results highlight the importance of having practical (e.g., transportation) as well as counseling and educational services available in order to help these youth and their families.

SUMMARY

The *Reflections* program has targeted 1,541 youth during the course of this evaluation. The current report includes historical information since the evaluation began, highlighting clients since 2000. The needs of participants are identified through an assessment process by a multi-disciplinary team that is responsive to the changing needs of the families. Staff members bring a variety of skills to their positions and are committed to this unique program. Program leaders facilitate the level of cooperation and cohesiveness among employees from different agencies and organizations by having a number of team-building activities and offering training opportunities. A number of the challenges faced by the program staff are related to limited resources.

CHAPTER 2

RESEARCH METHODOLOGY

INTRODUCTION

The impact evaluation of the *Reflections* program was designed to measure the effects of the program on the subsequent behavior of targeted youth, sibling(s), and parent(s), as well as family functioning and recidivism (i.e., subsequent delinquency of targeted youth and sibling(s)). A pre-test/post-test single sample design was used because a control group was not feasible for reasons described later in the chapter. In addition, a process evaluation was also conducted to document the implementation of the program components, service delivery, and challenges faced by the program staff during the course of the evaluation. The current chapter describes the methods used to collect the information that is presented in this report.

SAMPLE SELECTION

Adjudicated youth (985) who entered the program for the first time¹² beginning in January 2000¹³ and were enrolled for more than 14 days are included in the sample for the evaluation. In 2007, Probation requested that the evaluators begin collecting data for each client's most recent time in the program, instead of their first time. These data were collected for 27 additional clients who were in the program for a second or third time in 2007 and are presented separately.

RESEARCH QUESTIONS

The evaluation was designed to answer the following questions.

- ▶ How many clients were served by *Reflections*?
- ▶ Did the program target the intended population (i.e., high-risk youth and families)?
- ▶ What were the characteristics of program participants?
- ▶ How long did it take to complete the program?
- ▶ Was *Reflections* implemented as designed?
- ▶ Was individual behavior improved?
- ▶ Were bonds to the community strengthened?
- ▶ Did positive changes occur in family functioning?
- ▶ Was recidivism reduced (i.e., delinquency for targeted youth and sibling(s))?
- ▶ Did staff feel the program was effective?

¹² Four clients were enrolled fewer than 14 days their first time, so their second enrollment is included here.

¹³ In January 2000, the criterion that target youth have an Axis I mental health diagnosis, other than a substance use disorder (SUD), was added, changing the program eligibility requirements to the extent that previous participants were not comparable to those identified using the revised criteria through December 31, 2007. Due to this change, the current evaluation focused on the sample of participants who entered in the past eight years.

RESEARCH DESIGN

The research design for the *Reflections* evaluation originally included a pre-test/post-test comparison group design using a convenience sample as the comparison group. The comparison group was to be composed of youth under consideration for placement in a residential facility and their families who resided outside the service area (i.e., in the northern area of the San Diego region) who could not access *Reflections* due to geographic constraints. Random assignment was not feasible due to the fact that the program was designed to serve all individuals residing in the service area (i.e., the central, eastern, and southern portions of the region).

During the first year of the evaluation, however, factors beyond the control of the research team eliminated the possibility of using this group for comparison purposes, necessitating that modifications be made to the research design. Specifically, in an effort to meet the needs of juveniles throughout the region, the Probation Department received a grant from the State Board of Corrections (BOC) to expand the *Reflections* program to the northern area of the county from which the control group was to be drawn, as well as to provide a comprehensive continuum of services to all at-risk juveniles in the region, regardless of residence location.

In order to maintain the comparison group component in the research design, a retrospective sample was considered. However, the original method of screening and referring juveniles to *Reflections* no longer existed. When the grant proposal was designed, a central committee screened juveniles assigned to probation supervision. Due to the local demand for services targeting youth and their families, the courts began assigning juveniles to the program directly, bypassing the screening committee. This process impacted the ability to systematically identify a comparison group of individuals with the same characteristics as the *Reflections* participants for the evaluation. Thus, the total pool of juveniles potentially eligible for the program from which comparison cases could have been isolated is unknown.

Despite this change in the research, the evaluation provides valuable information on cases referred to the *Reflections* program. The measures identified are very detailed and comprehensive in scope, beyond anything previously available. Individuals assigned to the program according to the eligibility criteria described in Chapter 1 are compared in various categories. For example, individuals graduating from the program are compared to those completing the program without graduating and with those who were terminated because of a probation violation or new charge. Further, the needs of juveniles assigned to the program are assessed in detail and over time. The amount of information available through this project provides ample opportunity to determine how to most effectively address the needs of juvenile offenders with mental health needs.

DATA COLLECTION

Information regarding the participants and their family members is collected through a number of different methods, including administering an assessment instrument and collecting criminal and location history information from archival records. Information regarding program components and staff perceptions was collected through a review of program documentation, as well as a staff survey¹⁴ conducted in 2005 and 2008.

Assessing Needs

A risk assessment instrument was completed with youth when they entered the program and again when they exited. This form was based on several different scales (Charles Bruner, Home Start, Colorado Youth Offender Level of Service Inventory, San Diego County Department of Health and Human Services Family Assessment Analysis, NCCD Michigan Delinquency Risk Assessment Scale, and Wisconsin Delinquency Risk Assessment Scale) previously established for assessing the needs of juveniles and was closely reviewed by the research advisory committee and modified as needed to be as objective as possible. *Reflections* staff (from Probation and community-based organizations) administering this assessment received comprehensive training from SANDAG researchers to ensure that reliable information was collected. It is acknowledged that a confound possibly exists as a result of administering the risk assessments in that the people who conduct the assessments are aware of the exit status of the participants, which could intentionally or unintentionally affect how they rate the juveniles.

Specifically, the youth and their families are rated as either at risk, safe, or thriving on 52 items that are categorized into 14 dimensions pertaining to (1) youth substance abuse; (2) parental substance abuse; (3) youth mental health, stress, and anger management; (4) parental mental health, stress, and anger management; (5) youth educational experience and attitude; (6) parental educational experience and attitude; (7) peer/gang affiliation, community ties, and family relations; (8) parenting; (9) criminal behavior; (10) parental employment; (11) family income/budget; (12) family health care; (13) family nutrition; and (14) shelter for the family.

In this report, information is presented from completed intake assessments for adjudicated youth who entered the program between January 1, 2000 and December 31, 2007 and comparisons are made between the intake and exit assessments for 754 participants who left the program during this time period (exit assessments were not available for 193 participants for a number of reasons, including not having the opportunity to do the exit assessment before a sudden departure from the program). A copy of the assessment instrument is provided in Appendix A.

Examining Official Records

To examine the impact of the program based on official records, criminal and location history information were collected for each juvenile, as well as for siblings under the age of 18 who were residing in the same household as the juvenile for the one-year prior to program entry, during the

¹⁴ A similar survey was conducted in 1997, but results are not presented here due to the amount of time that has passed and changes to the program.

time spent in *Reflections*, and for the one-year period after leaving the program. Information regarding the following items was collected through this data collection process:

- ▶ target youth gender, ethnicity, and age;
- ▶ primary diagnosis of target youth (provided by the program in aggregate form due to confidentiality rules; SANDAG has not compiled or analyzed this information for research purposes);
- ▶ Global Assessment of Functioning (GAF) score of target youth at intake and exit;
- ▶ number of days in the program/length of program participation (i.e., entry and exit dates);
- ▶ exit status for targeted youth (e.g., graduated, administratively released, terminated for a new charge, terminated for a probation violation);
- ▶ delinquency/criminality of targeted youth and sibling(s) as documented in local juvenile justice computer records¹⁵, including number of petitions filed, highest charge filed, highest charge sustained, and presence of drug-related charges; and
- ▶ location history for targeted youth and sibling(s) (e.g., in-home, under home supervision, in a foster home or group home, in a social service program, at Juvenile Hall, at another local detention facility, at another institution, absent without leave (AWOL), or at the California Youth Authority).

Staff Surveys

As discussed in Chapter 4, program staff members were invited to complete a staff survey, based on one done as part of the initial Office of Criminal Justice Planning (OCJP) study, in order to obtain their input regarding their experiences in the program and opinions about working with at-risk juveniles more recently. A copy of the survey instrument is included in Appendix C.

Vignettes

Program staff provided summaries of the individual situations at intake and progress in *Reflections* for four students who participated in the program during 2007. Students who were considered by program staff to be representative of a typical *Reflections* graduate were selected and SANDAG was provided with anecdotal data about these program participants.

DATA ENTRY

All data (except vignettes and diagnosis data) were entered and analyzed using the Statistical Package for the Social Sciences (SPSS) software.

¹⁵ Adult criminal record and location history information were not collected as part of this evaluation.

ANALYSIS PLAN

The original program evaluation completed for the OCJP study was broader in scope than the current report, and included a full process and impact evaluation. Since the end of the grant period in June 1999, the focus of the evaluation activities has remained on the findings related to program impact. While information has been collected about some services available to clients and the program has kept record of additional data (e.g., parent feedback), analyses focusing on process factors have not been done due to limited funding after the grant period.

The analysis plan to measure impact was developed to determine if the program met the intended outcomes related to completion rates, improved behavior on the part of targeted youth, sibling(s), and parent(s), increased family functioning, and reduced recidivism (i.e., subsequent delinquency/criminality by targeted youth and sibling(s)). Because random assignment to an experimental and control group was not feasible, comparisons are made between participants as a function of their exit status, as well as over time. Thus, all conclusions that are made from these data should be made with the understanding that, because an experimental design was not used, any statements about causality should be limited. In addition to presenting data frequencies, measures of central tendency and cross-tabulations are included. A p value of .05 was used for all statistical tests. When a result is statistically significant, it means that the difference is real and not due to chance variation or error.

CHAPTER 3

PROGRAM PARTICIPANTS

INTRODUCTION

Between January 1, 2000 and December 31, 2007, 985 first-time participants were referred by the juvenile justice system and entered the *Reflections* program. An additional 27 clients were in the program for the second or third time in 2007 and their information is presented separately. Demographic information for these individuals, collected from program records, is provided in the current chapter. In addition, information is presented regarding their level of risk at program entry and their prior criminal history.

PARTICIPANT CHARACTERISTICS

Demographic information was available for 947 first-time participants. Almost three-quarters (72%) of participants were male, reflecting the greater proportion of males in the juvenile justice system, rather than a criterion to select program participants. Several ethnic groups were represented among program participants. Forty-one percent (41%) were Hispanic, slightly less than one-third (29%) were White, one-quarter (25%) were Black, 3 percent represented other ethnic groups, and 2 percent were of Asian descent. The mean age at intake for the participants was 15.8 years (range 12 to 17). The mean number of siblings (for youth with siblings) was 2.1 (range 1 to 8). Forty-six percent (46%) of target youth had no siblings under 18 years of age living with them (not shown).

Of the 842 participants for whom special education information was collected, 68 percent did *not* have any identified special education needs at the time of program entry, 21 percent had learning difficulties or were learning handicapped, and 9 percent were considered emotionally disturbed. The program design includes an accommodation for specially challenged individuals through the use of teachers with special education training at the program site. Of the 270 individuals for whom information was available, 92 percent had been identified as specially challenged through an Individualized Education Plan (IEP)¹⁶ (not shown).

Axis I diagnosis information (as defined in the Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, or DSM-IV (American Psychiatric Association (APA), 1994)) was obtained for clients who entered the program for the first time in 2005, 2006, and 2007. Due to confidentiality issues, diagnosis data were provided in aggregate form, so additional analysis by diagnosis was not possible.

The most common Axis I diagnosis was Oppositional Defiant Disorder (ODD).

¹⁶ An Individualized Education Plan (IEP) is a written plan for special education services for a particular student. Learning expectations and educational accommodations for the student are specified in his/her IEP.

Table 3.1 shows the primary diagnosis for the clients, although some clients may have had more than one diagnosis. With one-quarter to one-half diagnosed as having Oppositional Defiant Disorder (ODD), this was the most common mental health issue each of the past three years. Conduct and Disruptive Behavior Disorders increased during the same period, with nearly one in five youth having one of these diagnoses in 2007. Conversely, fewer youth were diagnosed with mood disorders, which decreased 11 percent from 2005 to 2007 (25% to 14%, respectively). Other issues, which have generally been less common, have included attention-deficit, impulse control, adjustment, anxiety, and psychotic disorders. These results illustrate the diverse mental health issues the *Reflections* program aims to treat.

Table 3.1
Primary Diagnosis for *Reflections* Participants, 2005 - 2007

Primary Diagnosis	2005	2006	2007
Oppositional Defiant Disorder (ODD)	37%	47%	26%
Conduct Disorder	0%	12%	19%
Disruptive Behavior Disorder NOS	4%	2%	17%
Mood Disorders ¹⁷	25%	19%	14%
Attention-Deficit/ Hyperactivity Disorder (ADHD)	8%	8%	8%
Impulse Control Disorders ¹⁸	7%	5%	7%
Adjustment Disorders	16%	2%	7%
Anxiety Disorders ¹⁹	4%	5%	1%
Psychotic Disorders ²⁰	0%	1%	1%
TOTAL	114	106	96

NOTE: Cases with missing information not included. Percentages may not equal 100 percent due to rounding. ODD, Conduct Disorder, ADHD, and Disruptive Behavior Disorder NOS are disorders diagnosed in childhood or adolescence.

SOURCE: SANDAG's Reflections Report, August 2008

Counseling staff rate participant psychological, social, and occupational functioning at intake using the Global Assessment of Functioning (GAF) Scale (which ranges from 1 to 100 with 1 indicating *persistent danger to self or others* and 100 indicating *superior functioning*). GAF score at intake was available for 282 clients who entered the program for the first time between 2004 and 2007. At intake, more than four out of five (86%) participants were considered to have at least *serious symptoms*, indicated by a score of 50 or below. Specifically, 2 percent had a score of 40, 20 percent had a score between 41 and 49, and 64 percent had a score of 50 (not shown). Only 14 percent had *moderate to mild symptoms* (12 percent had a score between 51 and 60 and 2 percent had a score

¹⁷ Includes Major Depressive Disorder, Bipolar Disorder, Dysthymic Disorder, and Mood Disorder NOS.

¹⁸ Includes Intermittent Explosive Disorder and Impulse Control Disorder.

¹⁹ Includes Posttraumatic Stress Disorder (PTSD) and Obsessive-Compulsive Disorder.

²⁰ Includes Schizoaffective Disorder and Psychotic Disorder NOS.

between 61 and 70) (not shown). The mean score on the 100 point scale was 49.8 (not shown), indicating serious psychiatric symptoms and impairment in functioning (APA, 2000).

RISK AND THRIVING AREAS

Initial assessments of program participants were completed at program entry by Probation staff and other service providers (a copy of the assessment instrument is included in Appendix A). Specifically, program participants were rated as either at risk, safe, or thriving on **52 items** that were grouped into **14 dimensions**:

- ▶ juvenile substance abuse;
- ▶ parental substance abuse;
- ▶ mental health of juvenile;
- ▶ mental health of parents;
- ▶ juvenile's education;
- ▶ parental education and educational views;
- ▶ peer affiliation and community ties;
- ▶ parenting;
- ▶ criminal behavior;
- ▶ parental employment;
- ▶ family income;
- ▶ family health care;
- ▶ family nutrition; and
- ▶ shelter of family.

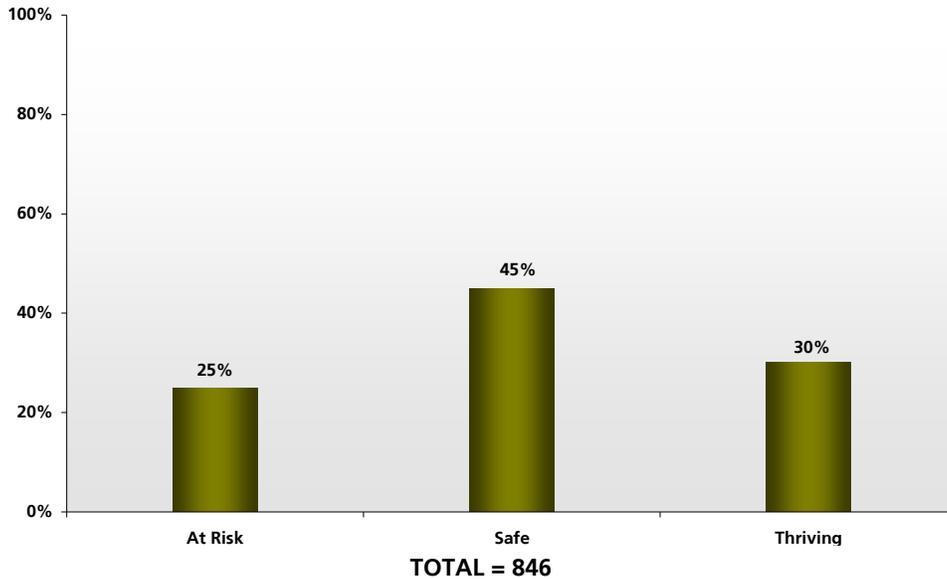
Intake assessments were conducted and submitted for 846 participants²¹. Figure 3.1 presents the average at risk, safe, and thriving scores for participants at intake. For example, participants were safe on an average of 23.6 factors, representing 45 percent of a possible score of 52. Higher at risk scores indicate a greater need for services, while higher safe and thriving scores demonstrate a lower level of need. It was hypothesized that at risk scores would be reduced through participation in *Reflections*, while safe and thriving scores would increase. Changes in risk and thriving levels after program participation are described in Chapter 4.

²¹ Four of these clients were in foster care and therefore were not rated on the following items: parental substance abuse, mental health of parents, parental education and educational views, parental employment, family income, family health care, family nutrition, and shelter of family.

Client Risk Areas

Participants entered *Reflections* with a number of needs to be addressed. As Figure 3.1 shows, at program entry, participants were rated as at risk overall on 25 percent of the factors, as safe on 45 percent, and as thriving on 30 percent.

Figure 3.1
Average Intake Assessment Scores

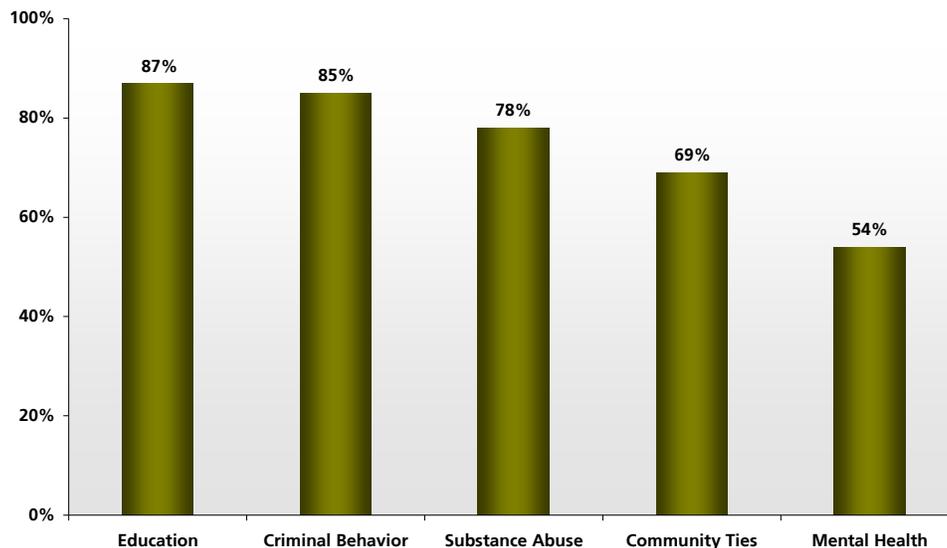


NOTE: Cases with missing information not included. Percentages were calculated by dividing the average rating score (i.e., at risk, safe, or thriving) by 52 (the number of rated factors).

SOURCE: SANDAG's Reflections Report, August 2008

Participants were at greatest risk in terms of education, crime, substance abuse, community ties, and mental health. Specifically, 87 percent of participants were rated as at risk on at least one of the educational items, as were 85 percent on crime factors, 78 percent on substance abuse factors, 69 percent on community ties, and 54 percent on mental health issues (Figure 3.2). In addition, 53 percent were at risk on parenting, 51 percent on parental substance abuse, 43 percent on parental education, 39 percent on mental health of parents, 33 percent on parental employment, 23 percent on shelter of family, 18 percent on family income, 12 percent on family health care, and 3 percent on family nutrition (not shown).

Figure 3.2
Dimensions with the Highest Percentage of Participants at Risk at Intake



TOTAL = 850

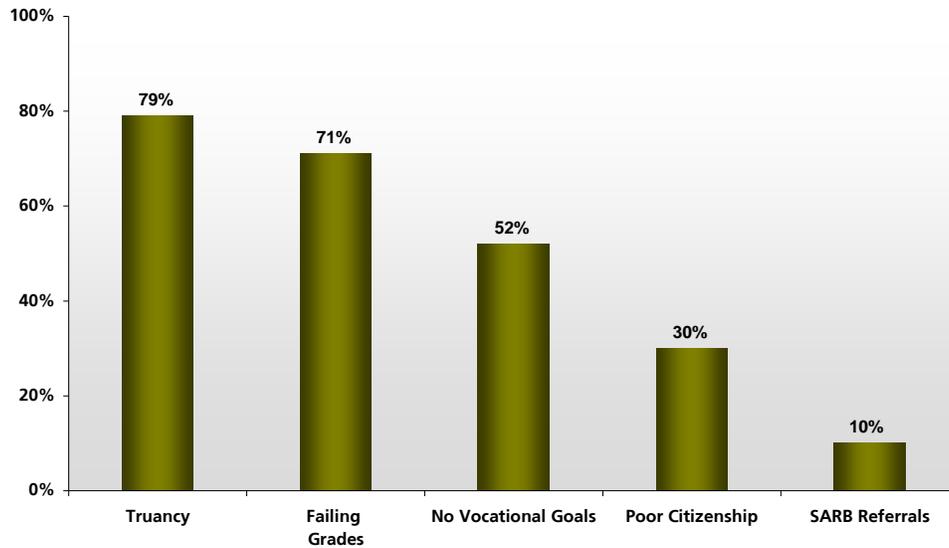
NOTE: Cases with missing information not included.

SOURCE: SANDAG's Reflections Report, August 2008

Figures 3.3 through 3.7 present the percentages of participants that were rated as at risk at intake on specific items included in those five dimensions with the greatest level of risk as presented in Figure 3.2.

Figure 3.3 illustrates that participants were most likely to be at risk in education because of a pattern of truancy and unexcused tardiness in the 12 months prior to program entry (79%), failing grades (71%), and because they had either no or unrealistic vocational goals (52%). Less than half were at risk because they displayed serious misconduct in class or had failing citizenship grades (30%), and/or had one or more School Attendance Review Board (SARB) referrals (10%).

Figure 3.3
Percentage of Participants at Risk on Education Intake

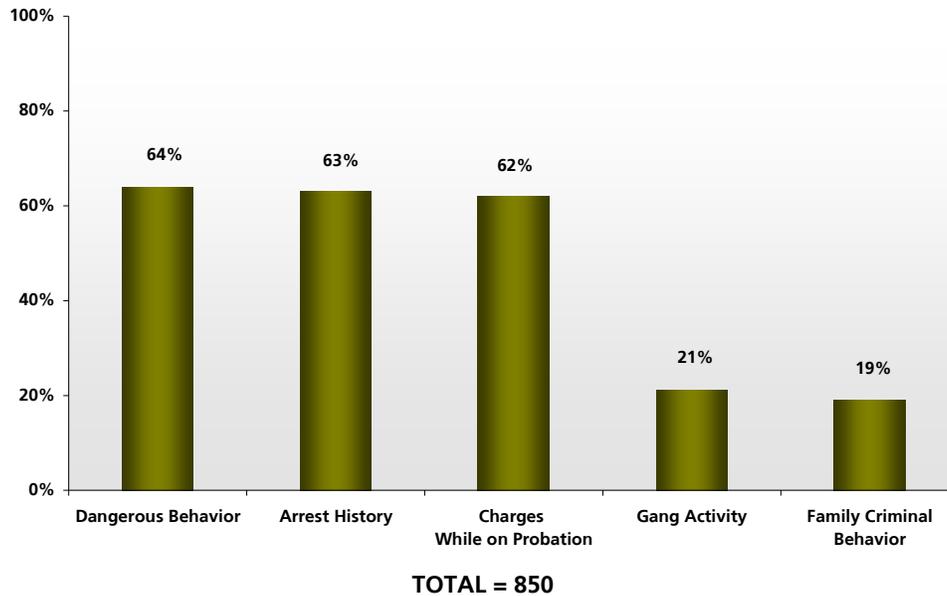


TOTAL = 850

NOTE: Cases with missing information not included.
SOURCE: SANDAG's Reflections Report, August 2008

As Figure 3.4 shows, almost two-thirds of the participants had engaged in criminally dangerous or violent behavior (64%), entered the program with a prior arrest history involving criminal offenses²² (63%), and/or had charges that occurred while on probation, diversion, or some other court-sentenced program (62%). One-fifth of the participants were involved in gang activity themselves (21%) and/or had family members who were involved in some type of criminal activity (19%).

Figure 3.4
Percentage of Participants at Risk on Criminal Behavior at Intake



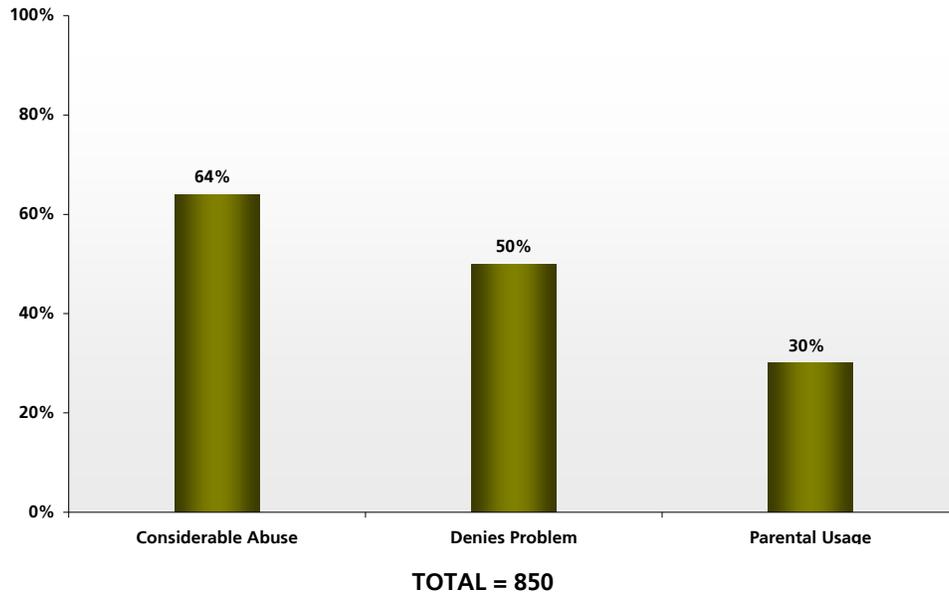
NOTE: Cases with missing information not included.

SOURCE: SANDAG's Reflections Report, August 2008

²² Offenses involving drug use were not included for this item and were recorded under the drug use section.

Regarding the juvenile substance abuse factors, nearly two-thirds (64%) had considerable substance abuse with serious consequences, while half (50%) denied having a problem. Approximately one-third (30%) had been exposed to parents using drugs or alcohol (Figure 3.5).

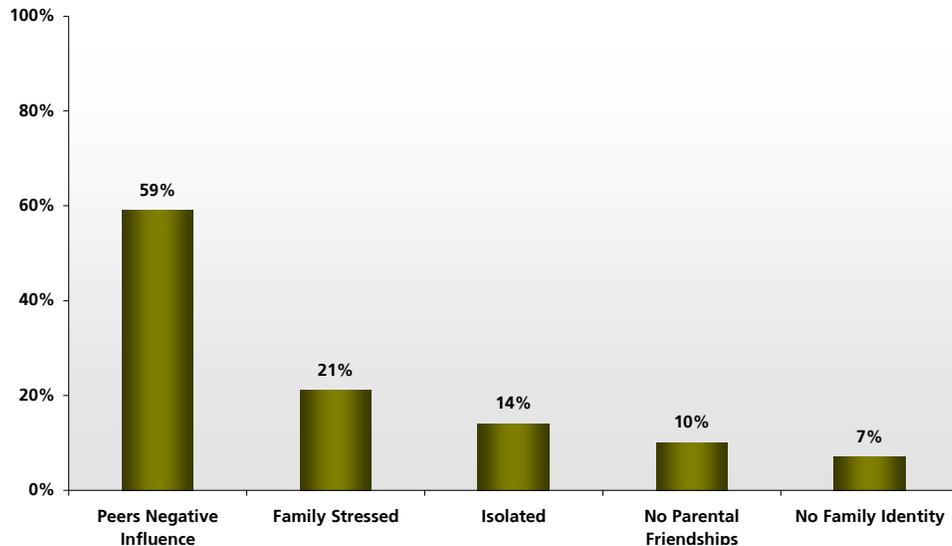
Figure 3.5
Percentage of Participants at Risk on Substance Abuse at Intake



NOTE: Cases with missing information not included.
SOURCE: SANDAG's Reflections Report, August 2008

As Figure 3.6 shows, 59 percent of participants were rated as having peers who were a negative influence, making it the highest risk factor in community ties dimension. Less than one-quarter were rated as being part of a family unit that was highly stressed (21%), being isolated from the community (14%), having parents with no close friendships or social ties (10%), and/or being part of a family with no identity in which family structure is constantly in flux (7%).

Figure 3.6
Percentage of Participants at Risk on Communities Ties at Intake



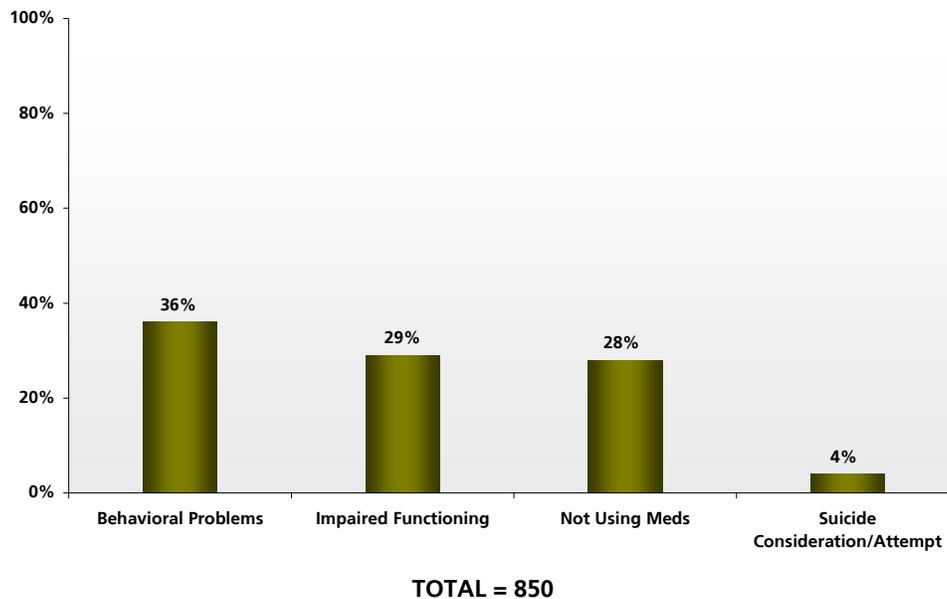
TOTAL = 850

NOTE: Cases with missing information not included.

SOURCE: SANDAG's Reflections Report, August 2008

Around one-third of clients were at risk on the mental health dimension due to serious behavioral problems (36%), impaired functioning and daily activities (29%), and/or not using medication or treatment even though their behavior indicated a need (28%). Four percent (4%) had some significant ideas and consideration of suicide and/or an actual suicide attempt (Figure 3.7).

Figure 3.7
Percentage of Participants at Risk on Mental Health at Intake



NOTE: Cases with missing information not included.

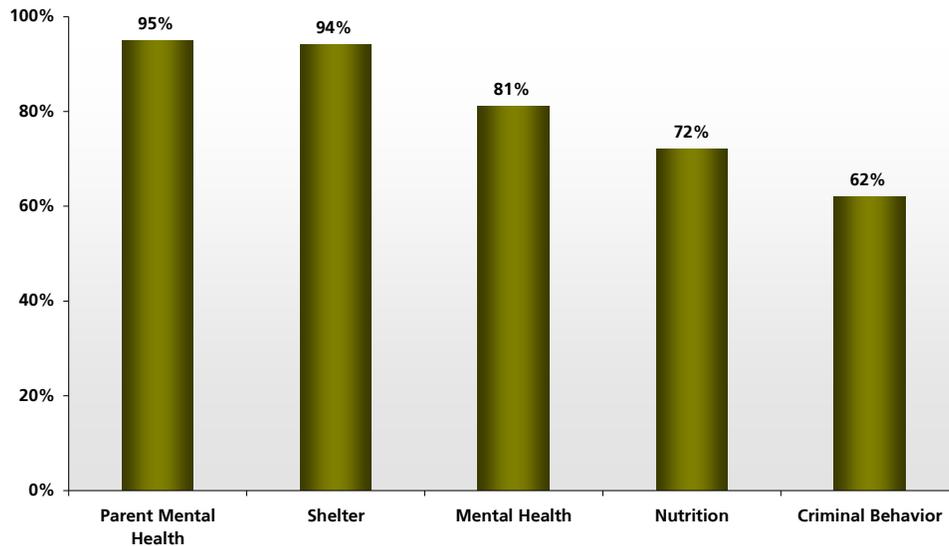
SOURCE: SANDAG's Reflections Report, August 2008

Client Thriving Areas

As noted earlier, participants were thriving on 30 percent of the factors at intake. Knowing on which dimensions participants are thriving is just as important as identifying risks when assessing level of need, considering that these factors can buffer against future delinquency. Just as Figure 3.2 showed the five highest *risk* dimensions at intake, Figure 3.8 shows the top five dimensions on which the greatest percentage of participants were *thriving* at intake: parent mental health, shelter, juvenile mental health, nutrition, and criminal behavior. Specifically, 95 percent of participants were rated as thriving on *at least* one of the parent mental health factors, as were 94 percent on shelter factors, 81 percent on juvenile mental health factors, 72 percent on nutrition, and 62 percent on criminal behavior. Although one of the recent criteria added for participation in **Reflections** is an Axis I diagnosis, other than a substance use disorder (SUD), many participants were rated as thriving in the dimension of juvenile mental health. The reason that a dimension can have a large number of clients rated as both at risk and thriving is due to the range of categories within the dimension. For example, within the juvenile mental health dimension, a large proportion of clients were rated as thriving on two of the factors (no suicidal thoughts and no need to

medicate or stable on medication), while a smaller proportion of clients were rated as at risk on the other two factors (daily functioning impaired by mental health symptoms and ability to redirect anger).

Figure 3.8
Dimensions with the Highest Percentage of Participants Thriving at Intake



TOTAL = 846 - 850

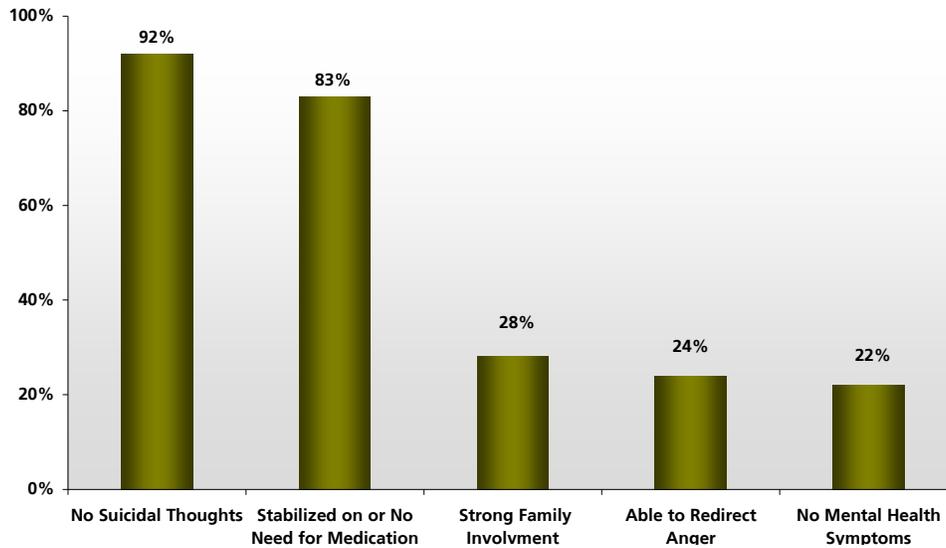
NOTE: Cases with missing information not included.

SOURCE: SANDAG's Reflections Report, August 2008

Figures 3.9 through 3.13 present the percentage of participants that were rated as thriving at intake on the specific items that are included in the top five dimensions shown in Figure 3.8.

In regard to the parent mental health dimension, the majority (92%) of parents did *not* have suicidal thoughts, and over three-quarters (83%) either were currently stabilized on their medication or did *not* need psychotropic medication. In contrast, far fewer participants had parents with the following characteristics: strong family involvement (28%), ability to redirect their anger (24%), and no mental health symptoms (22%) (Figure 3.9).

Figure 3.9
Percentage of Participants Thriving on Parent Mental Health at Intake

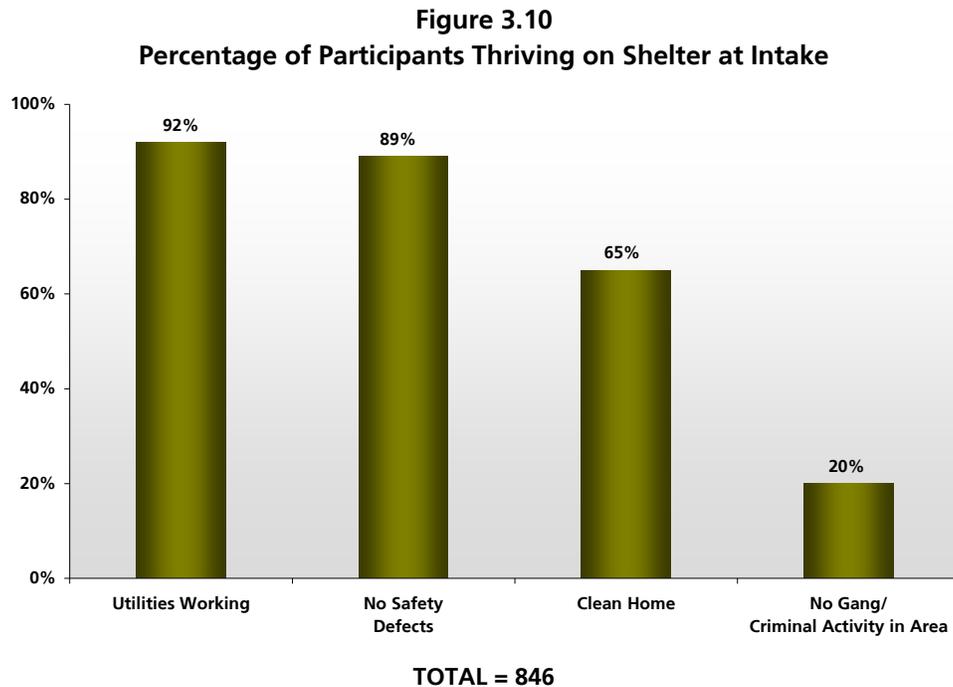


TOTAL = 846

NOTE: Cases with missing information not included.

SOURCE: SANDAG's Reflections Report, August 2008

As Figure 3.10 shows, participants were most likely to be thriving in terms of having adequate shelter because their utilities were working (92%) and there were no safety defects in the home (89%). In addition, about two-thirds (65%) had a clean home, but only one-fifth (20%) had no apparent gang or crime activity in their neighborhoods.

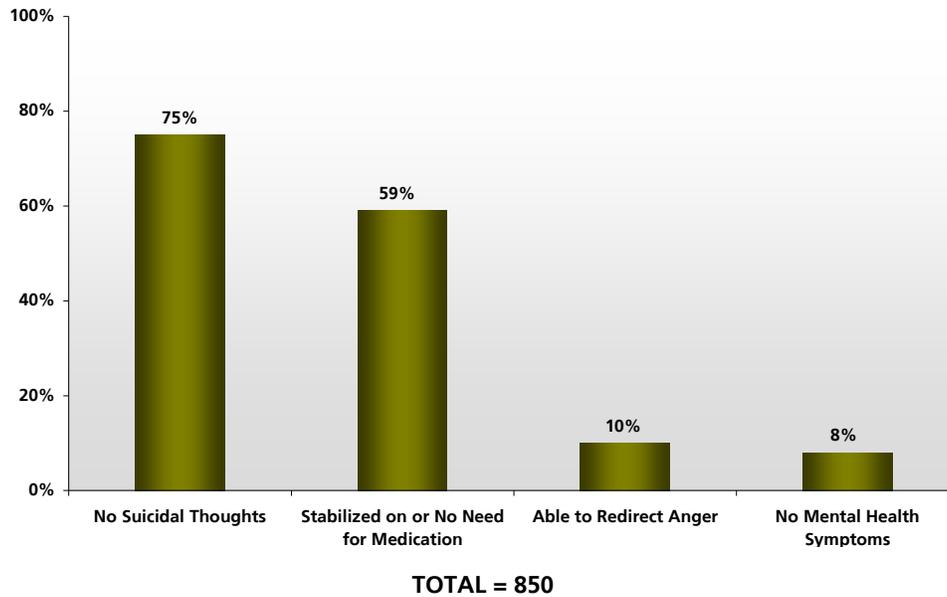


NOTE: Cases with missing information not included.

SOURCE: SANDAG's Reflections Report, August 2008

For the juvenile mental health factors, three-quarters (75%) did *not* have suicidal thoughts and 59 percent either were currently stabilized on their medication or did *not* need psychotropic medication. However, only one in ten was able to appropriately redirect their anger (10%) and/or did not display mental health symptoms (8%) (Figure 3.11).

Figure 3.11
Percentage of Participants Thriving on Mental Health at Intake

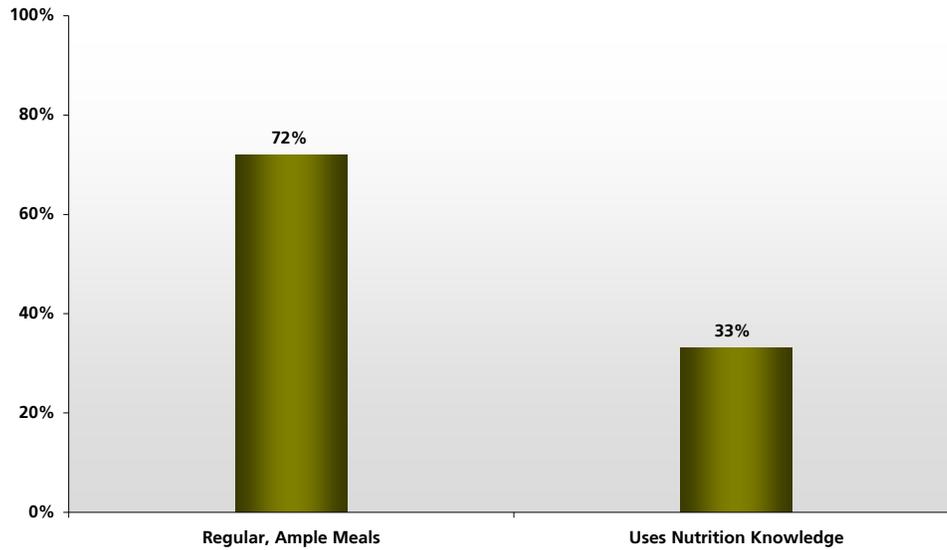


NOTE: Cases with missing information not included.

SOURCE: SANDAG's Reflections Report, August 2008

In the nutrition dimension, almost three-quarters (72%) of the juveniles were served regular and ample meals every day. However, only one-third (33%) had and used nutrition knowledge (Figure 3.12).

Figure 3.12
Percentage of Participants Thriving on Nutrition at Intake



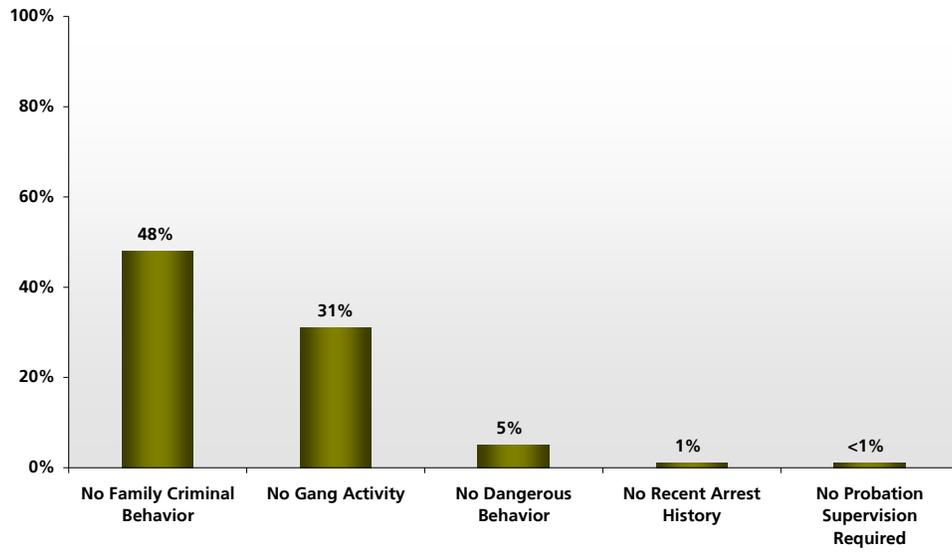
TOTAL = 846

NOTE: Cases with missing information not included.

SOURCE: SANDAG's Reflections Report, August 2008

As Figure 3.13 shows, around half (48%) of the juveniles had no family members involved in criminal activities in the past year and almost one-third (31%) of the juveniles had no gang affiliation. However, there were very few who did not exhibit dangerous behavior (5%), had no arrests in the past six months (1%), and did not need probation supervision (<1%).

Figure 3.13
Percentage of Participants Thriving on Criminal Behavior at Intake



TOTAL = 850

NOTE: Cases with missing information not included.

SOURCE: SANDAG's Reflections Report, August 2008

CRIMINAL HISTORY

In addition to completing an assessment instrument with participants, criminal history information was collected from Probation records for 947 participants for the one-year period prior to their entry into the *Reflections* program.

Criminal history information revealed that the majority (79%, or 746) of participants had at least one sustained petition (other than a probation violation) in the year prior to entry into the *Reflections* program (not shown). As shown in Table 3.2, for 40 percent of participants, the highest sustained petition was for a property crime and for 33 percent the petition was for a violent crime. Twenty-one percent (21%) of participants had a sustained petition for an other type of crime (such as failing to appear in court, resisting arrest, and weapons-related charges) and seven percent had a drug charge. Fifty-one percent (51%) of these petitions were sustained at the felony level and 49 percent were at the misdemeanor level. The type of sustained petition was not predictive of exit status or assessment scores at intake or exit.

Table 3.2
Highest Sustained Petition One Year Prior to Program Entry

Charge Type	
Property	40%
Violent	33%
Other	21%
Drug	7%
Charge Level	
Felony	51%
Misdemeanor	49%
TOTAL	746

NOTE: Cases with missing information not included. Percentages may not equal 100 due to rounding.

SOURCE: SANDAG's Reflections Report, August 2008

REENTRIES

In 2007, the evaluators began tracking participants' most recent time in the program (rather than their first time) in order to provide information on how youth may do during subsequent program enrollments. Twenty-seven (27) clients were in the program for the second (89%) or third (11%) time in 2007. The majority (89%) of these clients had exited due to a probation violation their previous time(s) in the program, while one each (4%) had graduated, been administratively released, or exited due to a new charge (not shown). An average of 175.7 days (range 13 to 690, median 117) elapsed between their previous exit and their current reentry (not shown).

As shown in Table 3.3, clients who reentered the program had similar characteristics to those who were enrolled for the first time, with one exception; reentries were significantly older than first-time participants (16.3 on average, range 14 to 17 and 15.8 on average, range 14 to 17, respectively) ($F(1, 973) = 4.68$). In addition, while risk scores were similar between the two groups, reentries were rated as thriving on significantly fewer items, on average, compared to first-time participants (21% and 30%, respectively) ($F(1, 872) = 8.85$) (not shown).

Table 3.3
Characteristics of Program Participants at Entry

	Reentries	First-Time Participants
Gender		
Male	78%	72%
Female	22%	28%
Ethnicity		
Hispanic	56%	41%
White	19%	29%
Black	19%	25%
Asian	0%	2%
Other	7%	3%
Average age*	16.3 (range 14 to 17)	15.8 (range 14 to 17)
No siblings	50%	46%
Special education	33%	32%
GAF scores		
50 or lower	85%	86%
51 or higher	15%	14%
TOTAL	27	947

NOTE: Differences significant at $p \leq .05$ denoted by *. Percentages may not equal 100 due to rounding.

SOURCE: SANDAG's Reflections Report, August 2008

Criminal history information was available for 22 of the clients who were in the program for the second or third time in 2007. Significantly fewer had a sustained petition (other than a probation violation) in the one year period prior to their reentry into *Reflections*, compared to first-time participants (36% and 79%, respectively) ($\chi^2(1) = 20.01$). This may indicate that clients who have participated in the program before are likely to return due to a probation violation or as part of their Breaking Cycles program graduated sanctions. There were no significant differences between the two groups in the level and type of the prior highest sustained petition (not shown).

SUMMARY

The *Reflections* program targeted the at-risk population it was designed to serve. The majority of first-time *Reflections* participants during the evaluation period were male. Over two-thirds were either Hispanic (41%) or White (29%), and one-quarter (25%) were Black. Approximately one-third (32%) of participants had some type of special education need. Data from the initial assessments that were conducted by program staff revealed that at program entry participants were at risk in one-quarter (25%) of rated items, with considerable need in terms of education, criminality, substance abuse, community ties, and mental health. Participants were thriving in almost one-third (30%) of the items, with high scores in the parent mental health, shelter, juvenile mental health, nutrition, and criminal behavior dimensions. The majority of participants (79%) had at least one sustained petition, with the majority (51%) at the felony level. The majority of the 27 clients who were in the program for the second or third time in 2007 had previously exited due to a probation violation and had similar needs at intake to first-time participants.

CHAPTER 4

MEASURES OF SUCCESS

INTRODUCTION

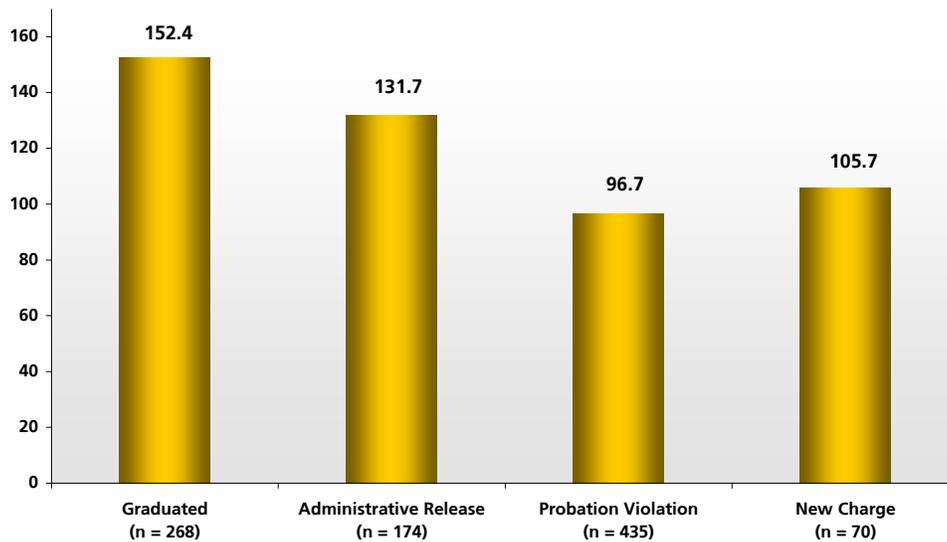
The goals of the *Reflections* program include reducing recidivism, improving the individual behavior of targeted youth, sibling(s), and parent(s), making positive changes in family functioning, and strengthening family bonds with the community. A number of different measures of success were utilized to determine if these goals were realized. First, assessment risk scores were compared at intake and exit with the expectation that risk scores would decrease as a result of successful program completion, especially on the dimensions initially associated with the greatest level of risk. Second, criminal history was collected for one year after program exit to determine if completion was associated with fewer sustained petitions, and location history information was collected to determine if completion was related to a lower probability of detention or commitment. Because an equivalent comparison group was not included in the research design, comparisons between participants based on status upon leaving the program are made over time. A table showing outcomes for graduates by exit year is included in Appendix B.

PARTICIPANT EXIT STATUS

Information for this report was available for 947 wards who entered the *Reflections* program for the first time after January 1, 2000 and exited before December 31, 2007. Over one-quarter had graduated (28%), 18 percent were administrative releases (participants who completed the program but were not as actively engaged as the graduates or exited through no fault of their own), and 7 percent left the program because they had a new charge. Almost half (46%) were released because they had been cited for a probation violation (such as repeatedly failing to attend the program, violating curfew, or having three positive drug tests), which demonstrates the level of accountability for participants. Program staff members attribute this high percentage of probation violators to the program being comprised of participants who have a history of drug use, use multiple drugs, are on medication for mental health issues, or have a combination of these issues.

Overall, the average number of days in the program for all first-time participants was 119.54 (not shown), with individuals who graduated spending a significantly greater amount of time in the program (152.4 days, on average, range 29 to 444) ($F(3, 946) = 32.53$). Individuals who were administratively released spent an average of 131.7 days in the program (range 15 to 400), while those with a probation violation averaged 96.7 days (range 15 to 451) and those with a new charge averaged 105.7 days (range 21 to 471) (Figure 4.1).

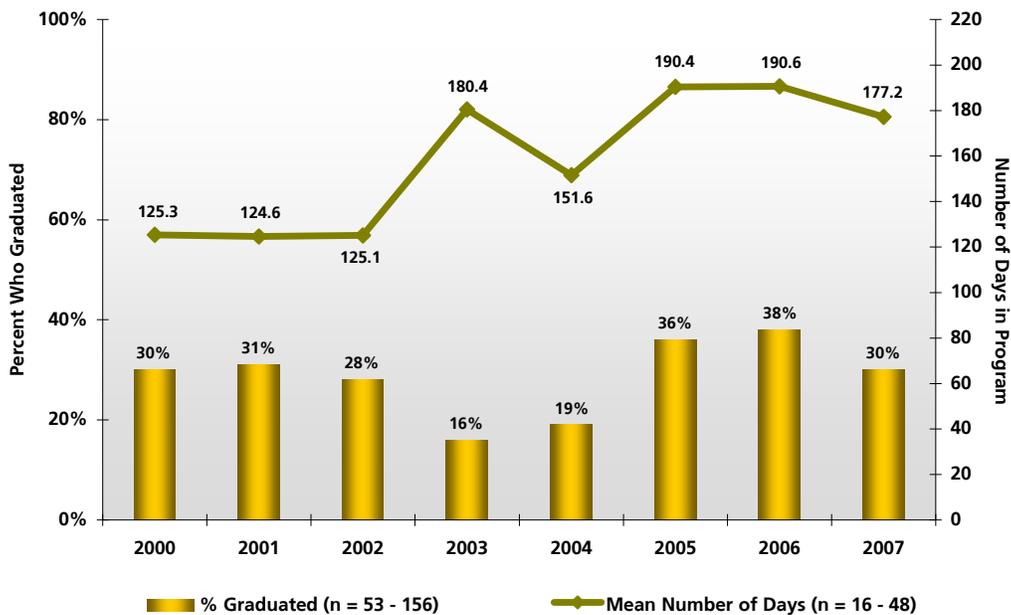
Figure 4.1
Average Number of Days in Program by Exit Status



NOTE: Cases with missing information not included.
SOURCE: SANDAG's Reflections Report, August 2008

Additional analyses revealed that there was variation in the percentage of participants who successfully graduated from the program each year, as well as the number of days graduates spent in the program (from 2000 to 2007). Specifically, more than one-quarter graduated between 2000 and 2002, but the graduation rate decreased significantly to less than one-fifth in 2003 ($\chi^2(1) = 5.06$) (Figure 4.2). After remaining low in 2004, the percentage of graduates rose again to over one-third in 2005 ($\chi^2(1) = 7.71$) and remained at that level in 2006. In 2007, the percentage of graduates (30%) did not vary significantly from prior years. In addition, the average amount of time graduates spent in the program was significantly longer in the five most recent years, peaking in 2005 and 2006 at 191 days, compared to the three earlier years (2000 through 2002) ($F(1, 946) = 31.58$) (Figure 4.2). There were no formal programming or policy changes that explain this increase, but staff felt each new program manager had slightly different expectations, which may have contributed to this change.

Figure 4.2
Percentage of Graduates and Average Number of Days
in Program by Program Entry Year



NOTE: Cases with missing information not included.

SOURCE: SANDAG's Reflections Report, August 2008

According to program staff, a number of conditions can be associated with the two-year drop in graduation rates in 2003 and 2004, including:

- ▶ an unsuccessful structural change that resulted in the creation of a level system to offer incentives and rewards for clients to earn points for graduation.
- ▶ staffing changes, such as a transition to a new Program Manager, as well as the loss of six student workers due to lack of funding, which reduced support services in various areas;

► fewer resources, such as a smaller pool of community-based programs to refer participants to, as well as the phasing out the girls' literacy program due to overall county budget constraints; and Graduation rates began to rise again over the next few years as more positive changes occurred. In 2004, the program evolved into the current team structure, which staff found to be successful as time went on and may be related to these improvements. Though there continued to be changes in program staff over the next few years, the Program Manager who joined in December 2004 remained with the program for the next three years, allowing staff and clients to adjust to her expectations. In addition, some funding was restored and four student workers were reinstated in 2005, increasing support services in the areas of site supervision, drug testing, transportation services, manpower for truancy sweeps, and client and family support.

CHANGES IN FUNCTIONING

Counseling staff assessed participants' psychological, social, and occupational functioning at program intake and exit using the Global Assessment of Functioning (GAF) Scale. GAF score data were only available for participants who entered the program between 2004 and 2007. Analyses conducted by research staff suggest that clients were functioning at a higher level by the time they left the program based on a comparison of their intake and exit GAF scores. Specifically, GAF scores increased an average of 6.7 points during program participation for successful graduates, and 55 participants (39 of whom went on to graduate) had advanced from a score indicating at least *serious symptoms* (with a score of 50 or less on the scale) to a score that was higher than 50 which is characteristic of moderate or milder symptoms that do not impede functioning (Sign test $n = 239$, 55 positive differences) (not shown).

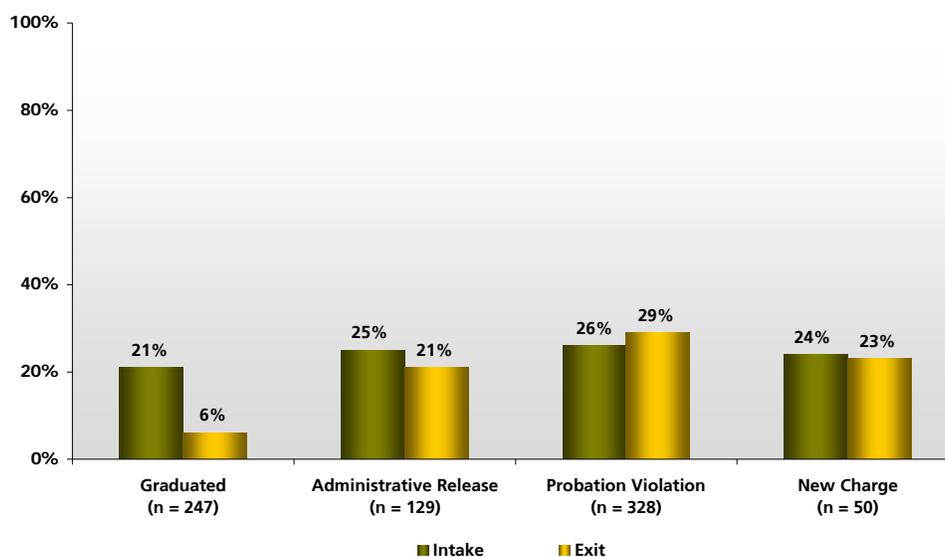
CHANGES IN NEED AND RISK

Intake and exit assessments were completed and analyzed for 754²³ participants who left the *Reflections* program prior to December 31, 2007. The information collected from these pre- and post-assessments was compared to determine how the assessment scores changed after program participation and how these changes were related to participants' exit status. Assuming that lower scores are associated with a lower level of need, the goal of the program is to reduce at risk scores. Of the 754 participants with an intake and exit assessment, 247 (33%) graduated, 129 (17%) were administratively released, 328 (44%) had a probation violation, and 50 (7%) had a new charge (not shown).

²³ These assessments were not available for 193 participants for a number of reasons, including not having the opportunity to do the exit assessment before a sudden departure from the program.

Wards who graduated from *Reflections* were less at risk overall after completing the program, compared to when they entered it. As Figure 4.3 shows, graduates, who were at risk on an average of 21 percent of the 52 factors at intake, were subsequently rated as at risk on 6 percent of the factors at program completion, a significant positive change ($t(246) = 19.42$). Administrative releases showed significant positive change over time as well, though to a lesser degree than graduates²⁴ ($t(128) = 3.38$). It is important to note that the average percentage of risk factors at intake for graduates was significantly lower than that of administrative releases ($\underline{t}(374) = 0.41$) and probation violators ($\underline{t}(573) = 2.00$). Thus, it appears that the program is most effective for clients who present with a lower level of risk initially.

Figure 4.3
Average Percentage of Factors Rated as At Risk by Exit Status



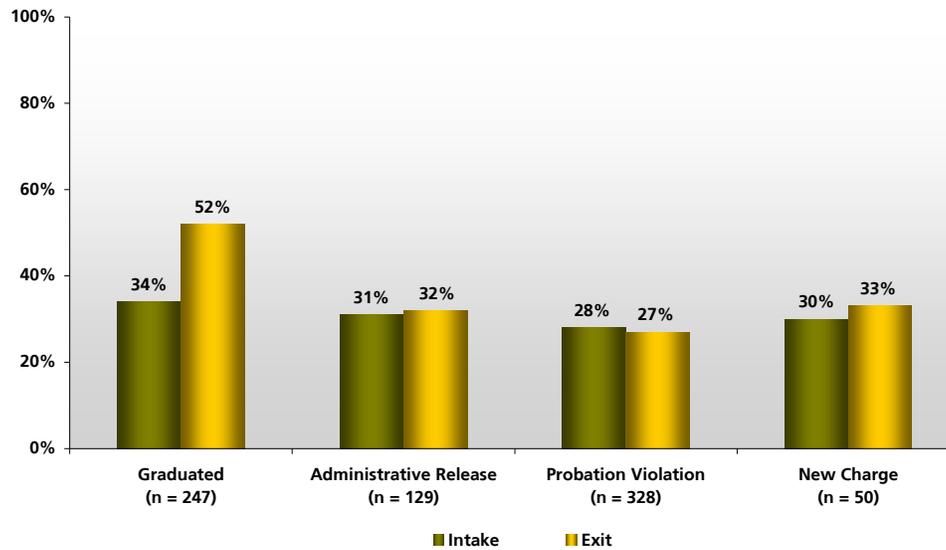
NOTE: Cases with missing information not included.

SOURCE: SANDAG's Reflections Report, August 2008

²⁴ Changes in the negative direction were significant over time for those who exited with a probation violation ($t(327) = -3.78$). This increase in risk is likely related to their reason for exiting the program.

As Figure 4.4 shows, graduates were thriving on 34 percent of the 52 factors at intake and were subsequently rated as thriving on 52 percent of the factors at program completion, which was a significant improvement ($t(246) = -16.87$). There was little change in the thriving levels for the other three groups of participants (non-graduates). Similar to the risk scores, graduates were more likely than the other groups to be rated as thriving after completing the program, compared to when they entered. It is important to note that graduates were rated as thriving on a greater percentage of factors at intake (34%), compared to clients who exited due to a probation violation (28%) ($t(573) = 10.17$). Thriving scores of graduates were not significantly different than scores of administrative releases or new charges at intake.

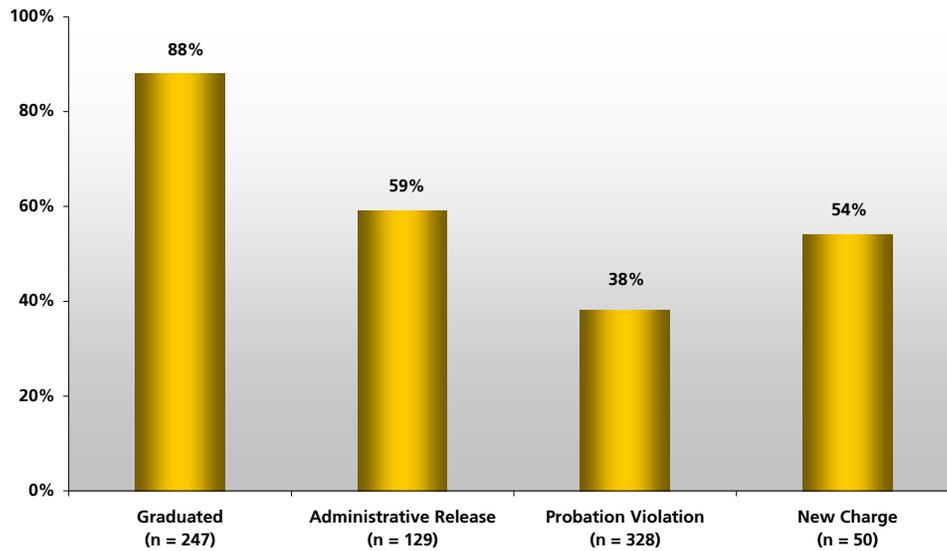
Figure 4.4
Average Percentage of Factors Rated as Thriving by Exit Status



NOTE: Cases with missing information not included.
SOURCE: SANDAG's Reflections Report, August 2008

In addition to the average percent of items for which participants were at risk, another measure of success is the percentage of participants who were less at risk at exit, compared to intake. When this measure was analyzed, graduates were most likely to show improvement, with 88 percent less at risk at exit, compared to 59 percent of those administratively released, 38 percent of those with a probation violation, and 54 percent of those with a new charge, a statistically significant difference ($\chi^2 (3) = 147.92$) (Figure 4.5).

Figure 4.5
Percentage of Participants with Lower At Risk Scores at Exit

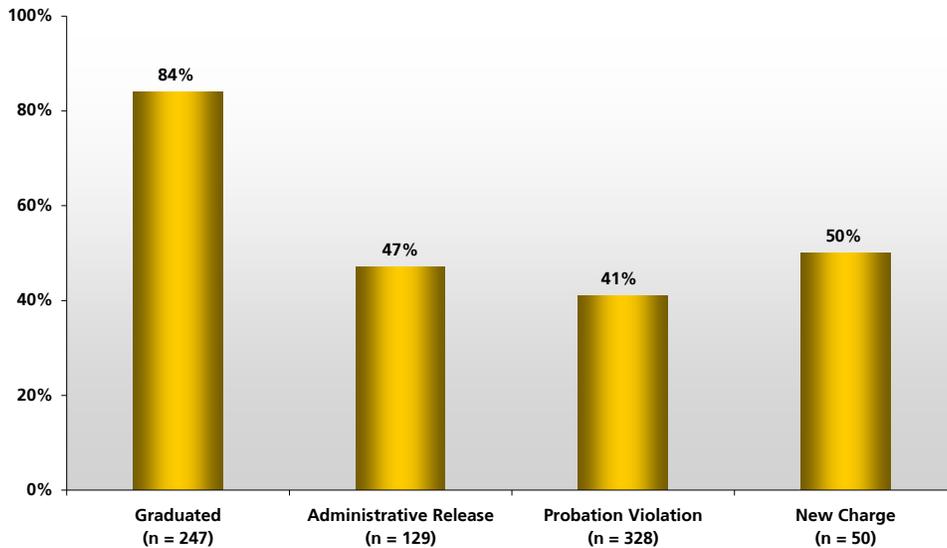


NOTE: Cases with missing information not included.

SOURCE: SANDAG's Reflections Report, August 2008

Similar results were found between the four groups when comparing differences in thriving scores. Graduates were significantly more likely to have increased thriving scores (84%) compared to those who exit as administrative releases (47%), probation violations (41%), or new charges (50%) ($\chi^2 (3) = 115.30$) (Figure 4.6).

Figure 4.6
Percentage of Participants with Higher Thriving Scores at Exit



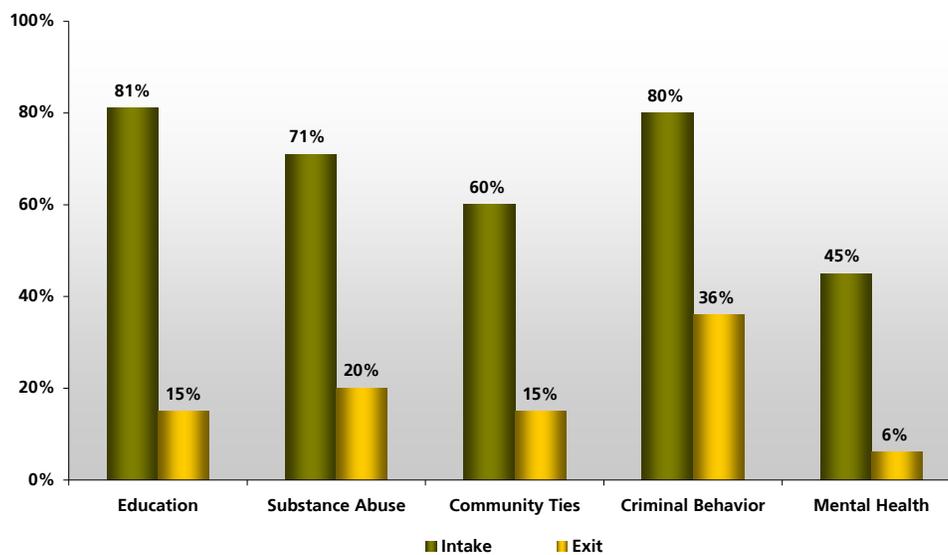
NOTE: Cases with missing information not included.

SOURCE: SANDAG's Reflections Report, August 2008

In addition to affecting a reduction in overall risk, *Reflections* effectively targeted those areas where the greatest need existed initially. As Figure 4.7 shows, over four out of five (81%) of the graduates were rated as having some educational risk when entering the program. At exit, only 15 percent of participants were rated at risk in terms of their education. Similar gains were also seen for the other four most prominent risk dimensions:

- ▶ 20 percent were at risk in terms of their substance abuse at exit, compared to 71 percent at intake;
- ▶ 15 percent were at risk in terms of their community ties at exit, compared to 60 percent at intake;
- ▶ 36 percent were at risk in terms of their criminality at exit, compared to 80 percent at intake; and
- ▶ 6 percent were at risk in terms of their mental health at exit, compared to 45 percent at intake.

Figure 4.7
Percentage of Graduates At Risk at Intake and Exit



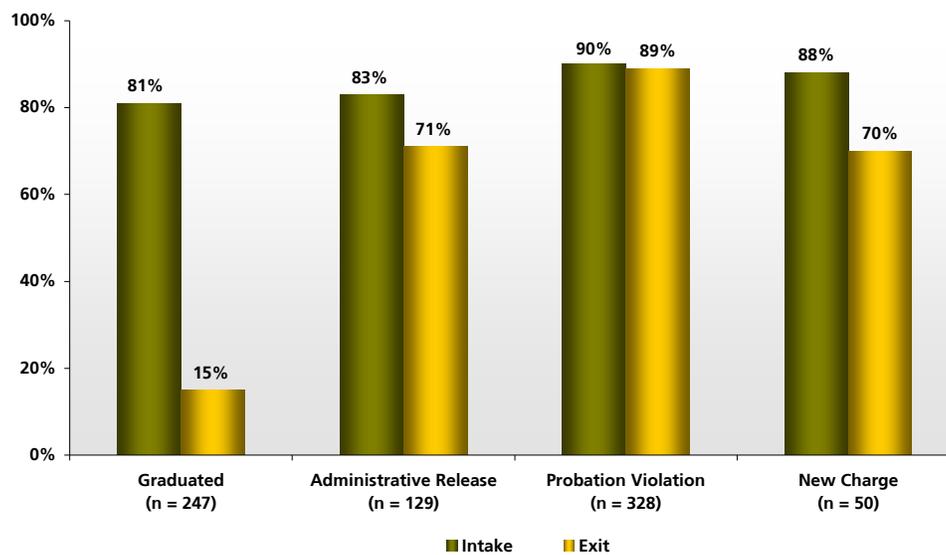
TOTAL GRADUATES WITH BOTH INTAKE AND EXIT ASSESSMENTS =247

NOTE: Cases with missing information not included.
SOURCE: SANDAG's Reflections Report, August 2008

For comparison purposes, the following figures (Figures 4.8 to 4.12) show more detailed data for each of the five highest risk categories: juvenile education, juvenile substance abuse, community ties, criminal behavior, and juvenile mental health.

As seen in Figure 4.8, a significant decrease in risk level on education was realized for those who graduated²⁵ from the program (81% to 15%; Sign test, n = 247, 164 positive differences), as well as those who were administratively released (83% to 71%; Sign test, n = 129, 24 positive differences) or received a new charge (88% to 70%; Sign test, n = 50, 11 positive differences). These outcomes indicate that the program may benefit clients on this dimension even if they do not exit successfully; however, the benefit is greater for those who graduate.

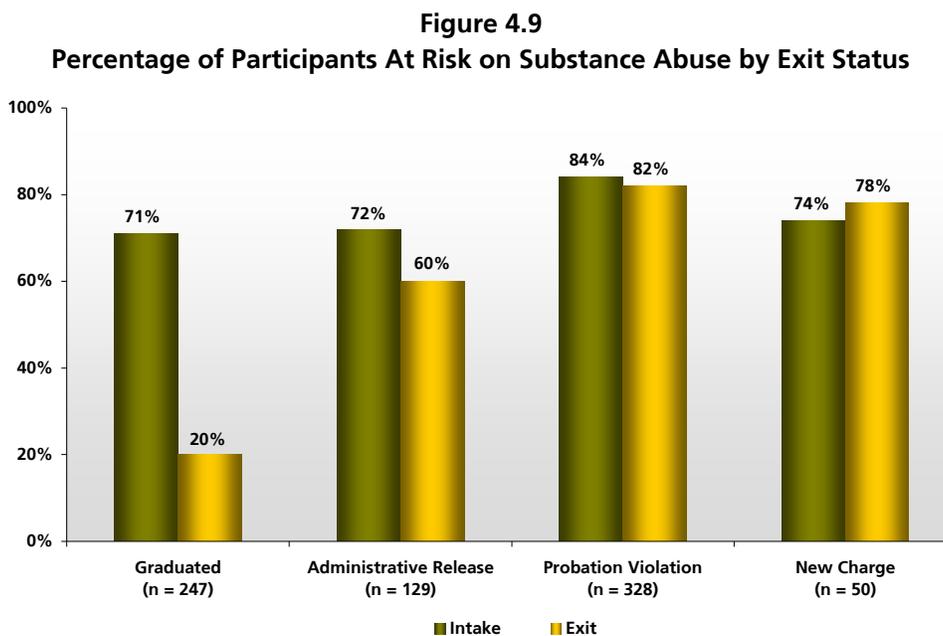
Figure 4.8
Percentage of Participants At Risk on Education by Exit Status



NOTE: Cases with missing information not included.
SOURCE: SANDAG's Reflections Report, August 2008

²⁵ At intake, the only significant difference in risk on the juvenile education dimension was between those who would eventually exit through graduation and probation violations ($\chi^2 (1) = 8.73$).

As Figure 4.9 shows, a significant decrease in risk level on substance abuse was realized for those who exited the program as graduates (71% to 20%; Sign test, $n = 247$, 135 positive differences). Administrative releases also experienced significant positive change, though to a lesser degree than graduates (72% to 60%; Sign test, $n = 129$, 26 positive differences).²⁶

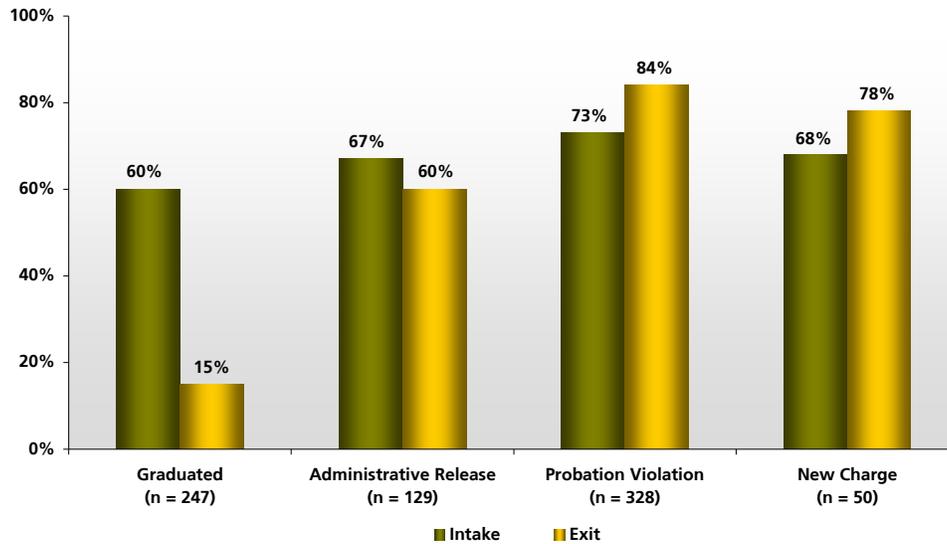


NOTE: Cases with missing information not included.
SOURCE: SANDAG's Reflections Report, August 2008

²⁶ Both graduates ($\chi^2 (1) = 14.70$) and administrative releases ($\chi^2 (1) = 8.39$) were significantly less likely to be rated as at risk at intake than those who exited due to a probation violation.

For the community ties dimension, the graduates were the only group to show significant positive change (60% to 15%; Sign test, n = 247, 120 positive differences), with participants with a probation violation exiting with significantly higher risk on this dimension at exit compared to intake (73% to 84%; Sign test, n = 328, 63 negative differences) (Figure 4.10).²⁷

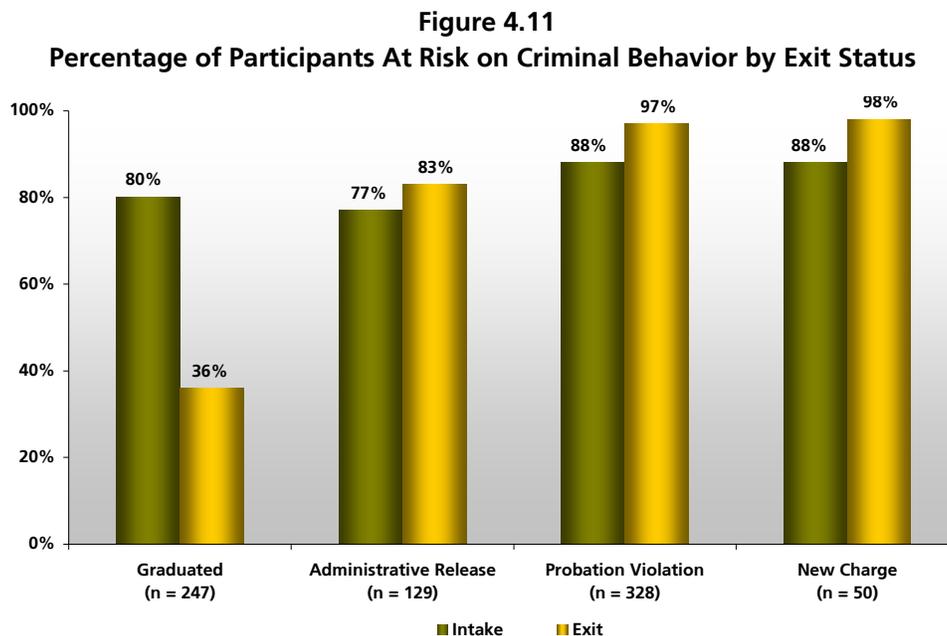
Figure 4.10
Percentage of Participants At Risk on Community Ties by Exit Status



NOTE: Cases with missing information not included.
SOURCE: SANDAG's Reflections Report, August 2008

²⁷ The only significant difference at intake on the community ties dimension was between those who graduated and received a probation violation ($\chi^2(1) = 9.54$).

While administrative releases were the least likely to be at risk on the criminal behavior dimension at intake, graduates²⁸ were the only group to show significant positive change in that dimension over time (80% to 36%; Sign test, n = 247, 116 positive differences), compared to individuals who left the program under different circumstances (Figure 4.11). Those who exited due to a probation violation exited with significantly higher risk on this dimension (88% to 97%; Sign test, n = 328, 35 negative differences), which is possibly related to the circumstances under which they left the program.

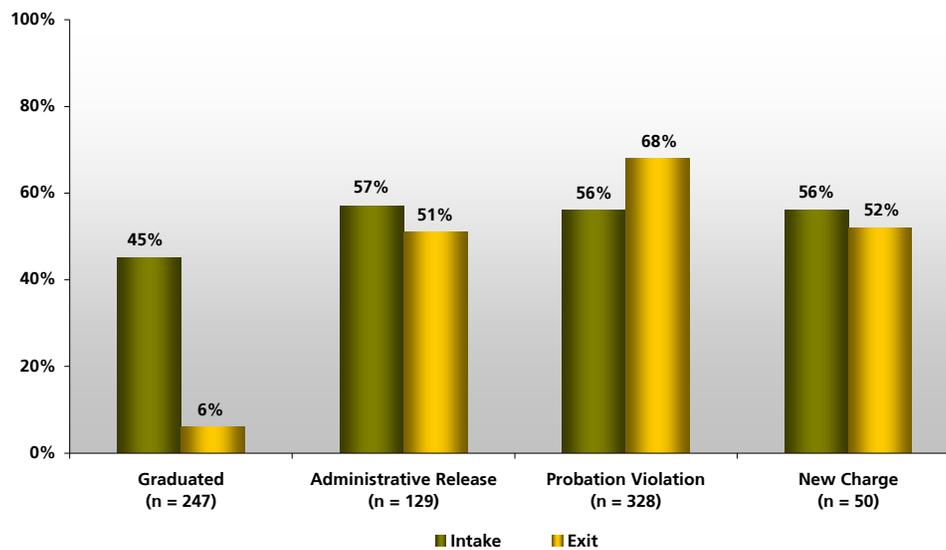


NOTE: Cases with missing information not included.
SOURCE: SANDAG's Reflections Report, August 2008

²⁸ At intake, the only significant difference in risk on the criminal behavior dimension was between those who would eventually exit through graduation and probation violations ($\chi^2 (1) = 6.27$).

As shown in Figure 4.12, most groups of participants had positive changes in the mental health dimension, but graduates²⁹ showed the only significant degree of positive change (45% to 6%; Sign test, n = 247, 101 positive differences). Participants who exited as the result of a probation violation showed significant change in the negative direction (56% to 68%; Sign test, n = 328, 73 negative differences).

Figure 4.12
Percentage of Participants At Risk on Mental Health by Exit Status



NOTE: Cases with missing information not included.
SOURCE: SANDAG's Reflections Report, August 2008

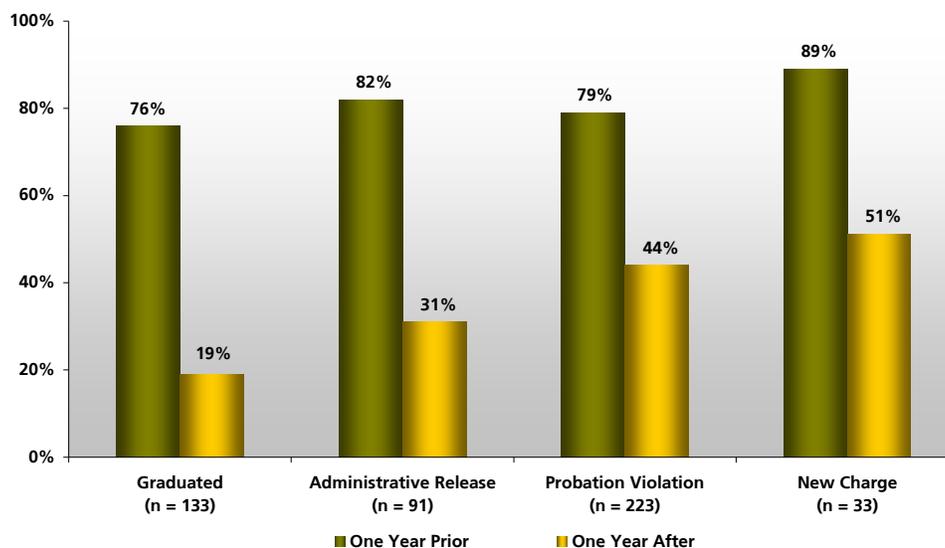
In addition, fewer graduates were at risk in terms of the parenting they were receiving at exit (15%) compared to intake (44%) (not shown). Thus, positive changes occurred in family functioning even though parents were not as engaged in the program as the program would hope.

²⁹ Graduates were significantly less likely to be at risk on the juvenile mental health dimension at intake than both administrative releases ($\chi^2 (1) = 4.46$) and those who exited due to a probation violation ($\chi^2 (1) = 6.70$).

NEW CRIMINAL BEHAVIOR

Successful completion of probation is defined as a case with no new sustained petitions for a criminal offense within one year of exiting the program. Of the 947 participants who exited by December 31, 2007, criminal history information for the one year prior to and after program participation was available for 855³⁰ participants (one-year-after information is not available for clients who exited after December 31, 2006). Once again, program graduation was associated with improvement in participant behavior. As Figure 4.13 shows, during the one year prior to entry into *Reflections*, three out of four or more in each of the exit status groups had at least one sustained petition, other than a probation violation. Because there was no significant difference in pre-behavior, this shows that all participants had similar criminal histories at the outset. In addition, the percentage with at least one sustained petition, other than a probation violation, in the one year after participation decreased for all of the groups, regardless of the reason they left the program. More noteworthy, however, is that the greatest percent change was for program graduates (19% during the post-period from 76% during the pre-period). While all groups experienced significant reduction in the number of sustained petitions from the pre- to post-period³¹, participants who graduated were significantly less likely to have a sustained petition one year after exiting the program compared to those who did not graduate ($\chi^2 (1) = 37.91$).

Figure 4.13
Percentage of Participants with Sustained Petitions by Exit Status



NOTE: Cases with missing information not included.

SOURCE: SANDAG's *Reflections Report*, August 2008

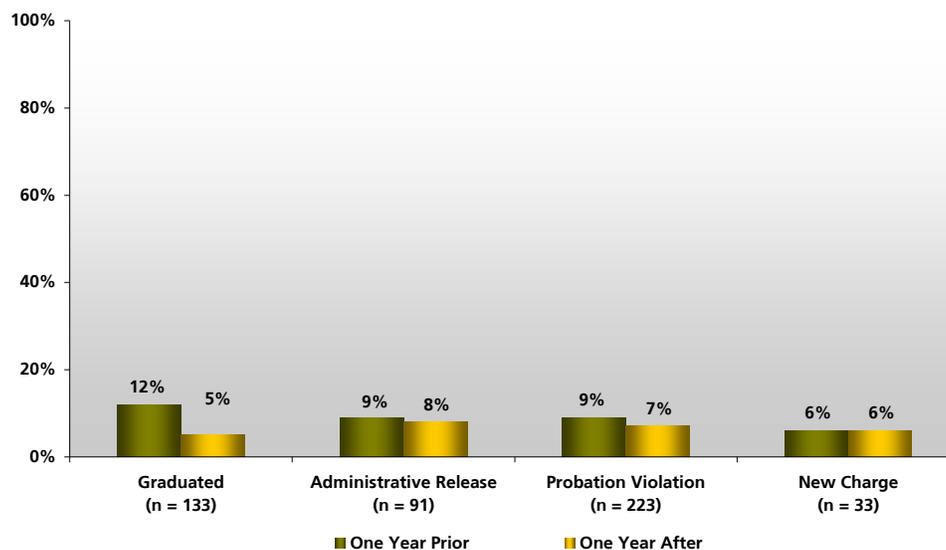
³⁰ It is possible that 195 participants who were 18 years old for at least part of the data collection period have a criminal record in the adult system. Adult criminal record information is not collected as part of this evaluation.

³¹ Sign test, n = 238, 143 positive differences for graduates; Sign test, n = 159, 88 positive differences for administrative release; Sign test, n = 397, 163 positive differences for probation violation; Sign test, n = 61, 26 positive differences for new charge.

Sibling Criminal Behavior

An additional goal of the *Reflections* program is to have a positive impact on the siblings of participants, as well as on the participants themselves. One way to determine if this is occurring is to compare sibling criminal behavior for the four exit status groups for the one year prior to and after program participation. Figure 4.14 shows the percentage of participants in each group who had one or more siblings with at least one sustained petition during the two periods mentioned. According to results from statistical analyses, any differences across groups were due to chance and not because of some other factor.

Figure 4.14
Percentage of Participants with One or More Siblings
with Sustained Petitions by Participant Exit Status



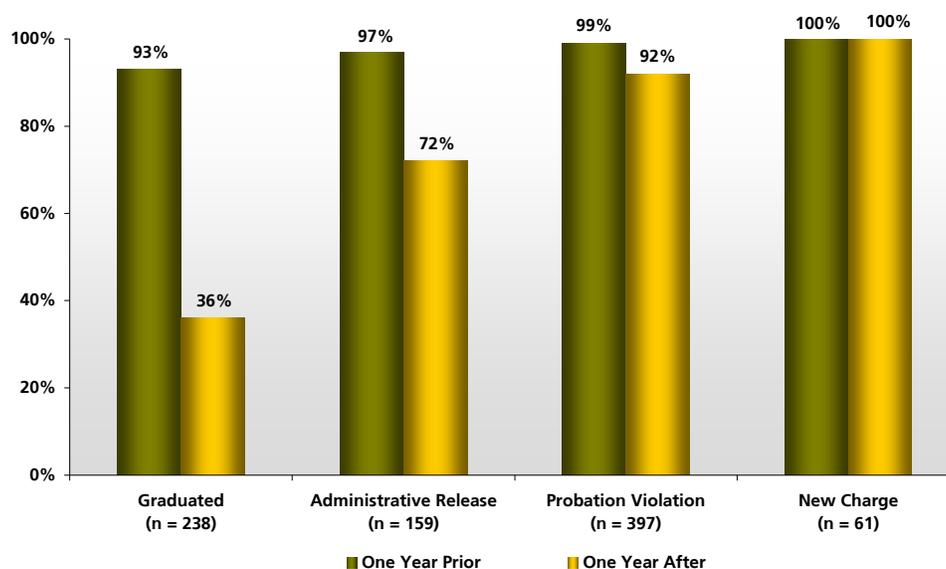
NOTE: Cases with missing information not included.
SOURCE: SANDAG's Reflections Report, August 2008

Detainments and Commitments

Another measure of success in terms of criminal behavior is the percentage of participants who were detained in Juvenile Hall and/or committed to Juvenile Hall, Juvenile Ranch Facility (JRF), Girls Rehabilitation Facility (GRF), Camp Barrett, a California Department of Corrections and Rehabilitation - Division of Juvenile Justice (DJJ) (formerly the California Youth Authority (CYA)) facility, and/or jail. This information was available for 855 participants. Analyses of these measures revealed that graduates were significantly less likely to be detained or committed in the year after leaving *Reflections*, compared to the year prior and to participants who did not graduate.

Individuals who eventually left the program with a probation violation were significantly more likely than graduates to have been detained or committed to an institution in the previous year (99% and 93%, respectively; $\chi^2 (1) = 16.26$) (Figure 4.15). In addition, 57 percent fewer graduates spent time in any of these institutions in the one year after completion and this difference was significant (Sign test, $n = 238$, 139 positive differences). Differences in the percentage of participants detained or committed from the pre- to the post-period were also significant for the groups that left as an administrative release (Sign test, $n = 159$, 40 positive differences) and left with a probation violation (Sign test, $n = 397$, 30 positive differences). Results from these analyses indicate that even participants who did not exit the program successfully experienced positive outcomes related to detainments and commitments after being in the program. It should be noted that the percentage of participants who were detained or committed may be higher than the percentage who had a sustained petition (Figure 4.13) because clients can be detained without receiving a sustained petition and can receive a commitment for a true finding on a probation violation.

Figure 4.15
Percentage of Participants with a Detainment or Commitment by Exit Status

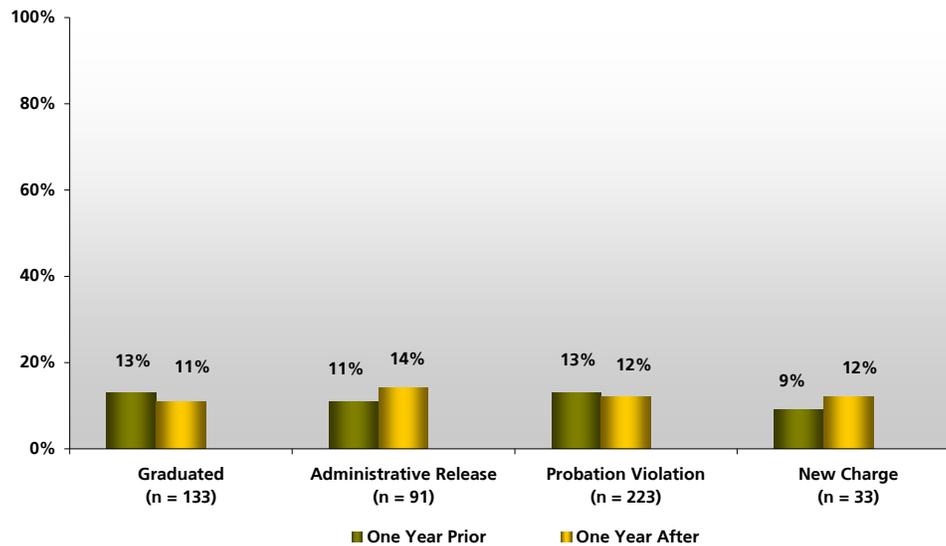


NOTE: Cases with missing information not included.

SOURCE: SANDAG's Reflections Report, August 2008

One of the goals of *Reflections* is to reduce the number of out-of-home placements³² not only for the target youth, but for siblings as well. There were no significant differences in out-of-home placements of siblings one year prior and one year after program participation. Overall, 12 percent of the 480 participants for whom sibling pre- and post-information was available received an out-of-home placement in the one year prior to the program intake as well as the one year after (not shown). Finally, whether or not a sibling received an out-of-home placement was not significantly affected by client exit status. Figure 4.16 shows the percentage of participants who had one or more siblings with out-of-home placements one year prior to and one year after program participation. There were no significant differences across groups during the pre-period and any change overtime is because of chance and not some other factor.

Figure 4.16
Percentage of Participants with One or More Siblings
with an Out-of-Home Placement by Participant Exit Status



NOTE: Cases with missing information not included.
SOURCE: SANDAG's Reflections Report, August 2008

³² For purposes of this analysis, out-of-home placement refers to any time spent in foster care, a group home, a residential treatment facility, a facility run by another type of community-based organization, Juvenile Hall, JRF, GRF, Camp Barrett, a DJJ facility, or jail.

REENTRIES

Of the 27 clients involved in the program for the second or third time in 2007, 22 (81%) had exited by December 31, 2007. They were similar to first-time participants on exit status, with six (27%) graduating (not shown).

In terms of change in thriving scores, however, reentries were rated as thriving on significantly fewer items, on average, compared to first-time participants at exit (27% and 37%, respectively) ($F(1, 775) = 5.22$) (not shown). Because all of these reentry clients exited in 2007, criminal history and placement information for the one year period after exit were not available.

SUMMARY

Comparisons between program participants over time reveal that successfully completing the *Reflections* program was related to improved functioning in the areas where greatest need had initially been documented: education, substance abuse, criminality, community ties, and mental health. Graduates consistently benefited the most from the program, as demonstrated by lower at risk scores and fewer sustained petitions, detentions, and institutional commitments in the one-year period after leaving the program. Graduates had lower risk scores to begin with, indicating less at-risk clients may benefit from the program the most.

CHAPTER 5

REFLECTIONS VIGNETTES

INTRODUCTION

The following four vignettes were provided by ***Reflections*** staff and add a rich source of information and insight into the experiences of youth who have participated in the program. These anecdotes showcase a variety of issues program staff members face with youth and families. Each of these clients participated in the program for the first time during 2007.

CLIENT STORIES

Jake³³

Introduction and Background Jake entered the ***Reflections*** program in May 2006 at the age of 15 following a true finding for vandalism. Jake stated that he had been in a heated argument with his mother and tried to throw the couch out of the window. Jake's mother stated he was previously diagnosed with depression, but refused to take any medication.

Client History When he entered ***Reflections***, Jake had problems with truancy, low self-esteem, anger outbursts, depressed mood, difficulty falling asleep, nightmares of past domestic violence, fatigue, and substance abuse. He was diagnosed with Posttraumatic Stress Disorder and Major Depressive Disorder. Jake said that he began smoking cigarettes at the age of 7 and started smoking marijuana and drinking alcohol at the age of 13, consuming four drinks and smoking one gram of marijuana daily. He was once part of a tagging crew, though he no longer associates with the members, and briefly lived in a group home about two years prior to his arrival at ***Reflections***.

Family History When he entered ***Reflections***, Jake lived with his parents and 17-year old brother in a turbulent household. Jake often fought with his brother and felt that his parents usually took his brother's side. This cycle created a lot of anger and envy in Jake toward his family. Jake's parents also dealt with substance abuse issues. His father was an alcoholic whose health was beginning to deteriorate due to alcohol consumption, and his mother was a recovering methamphetamine addict.

³³ Client names have been changed to protect their confidentiality.

Jake (cont'd)

Family History (cont'd) Jake's mother told program staff that Jake witnessed domestic violence between his parents while growing up and was also abused by his father. Child Welfare Services investigated the family on several occasions for physical and emotional abuse. Jake's parents were separated for a year while he was in **Reflections**, but moved back in together due to financial difficulties.

Program Intervention When Jake entered **Reflections**, he was compliant but not fully invested in completing the program. Upon his arrival, it became increasingly clear to staff that his home life was very unstable. Shortly after entering the program, he was placed in a group home to give him stability as well as safety. When Jake entered **Reflections**, he had no support system. While in the program, he was exposed to staff members who showed care and concern for his well being. He became more involved in church and acquired a mentor that he enjoyed meeting with weekly.

Upon arriving at **Reflections**, Jake complained of depression, nightmares, and hearing voices. Probation staff and Jake's counselor all worked very closely with the program psychiatrist to reduce his symptoms. Jake reported that the medications were very helpful and his symptoms decreased. Early in his time in the program, Jake struggled with drug use, but after four months of classes, drug testing, and weekly meetings with a drug counselor, his drug use significantly decreased. Jake also used his counseling sessions to deal with the domestic violence in his family, learn anger management techniques, and work on ways to increase his self-esteem. He explored the sense of loss he felt from having a family that did not care for him properly. Jake worked diligently at school and got caught up with his credits. He expressed interest in art and was given art supplies as a reward for his positive behavior.

As family reunification is a goal of the program, Jake and his mother met with a counselor weekly to work toward this goal. As time went on, Jake's mother began to show up less frequently for counseling sessions and also failed to make the changes necessary to allow her son to return home. It was decided by the treatment team that, upon completion of the **Reflections** program, Jake would be placed with his adult sister in Georgia.

Jake was at the **Reflections** program for over a year due to his unusual family situation. During his time in the program, Jake became a role model for other students and was always eager to help when any opportunity arose, including volunteering to go to other schools and public agencies to provide education on teen and domestic violence as part of the Teen Relationship Violence team. Jake was nervous but very hopeful the day he graduated from **Reflections**. Many staff members at the graduation ceremony were tearful. It was evident that Jake had just as big an impact on staff members as they had on him.

Elliot³⁴

Introduction and Background Elliot entered *Reflections* in May 2007 at the age of 16 following a true finding for assault with a deadly weapon. According to reports, Elliot assaulted his stepfather during an argument and then fled the scene. Officers found him a few blocks from his home and transported him to Juvenile Hall because both his stepfather and mother feared for their safety.

Client History Prior to entering *Reflections*, Elliot had trouble handling his emotions appropriately and following the rules at home. He started having trouble in 2006 when he began hanging around a different group of peers and using drugs. Elliot's mother suffered a traumatic neck and back injury that left her incapable of cooking and cleaning which put her husband in charge of the house and managing the children. When Elliot's stepfather stepped into the main position of authority, the conflicts between him and Elliot escalated quickly. Elliot began running away with increased frequency, became both verbally and physically aggressive, started skipping school, and became disruptive in class. He was diagnosed as having problems with his primary support group and with Oppositional Defiant Disorder.

Family History Upon entering *Reflections*, Elliot lived with his mother, stepfather, and three siblings (ages 18, 13, and 9). His mother, a recovering addict, reported that she had not used drugs in ten years and had abstained from alcohol use for nine months. In addition, she attended regular Alcoholics Anonymous meetings and had a sponsor. She also had a history of law enforcement contact including an arrest for drug possession and battery which resulted in summary probation. She was ordered to complete anger management and parenting classes, as well as 40 hours of community service. The family had 18 closed referrals to Child Protective Services, two of which were substantiated. There was no documented criminal history for Elliot's stepfather or siblings, though program staff noted his stepfather was aggressive and had poor parenting skills. Elliot's father, who resides in Texas, was not involved in his life.

Program Intervention When Elliot entered the program, he was reserved and somewhat withdrawn. During his intake orientation, Elliot verbalized his anxieties with regard to the structure and expectations of the program. However, he quickly established healthy rapport with program students and staff. He was a quiet leader who led by example and earned the respect of his peers. From the beginning, Elliot was articulate and displayed appropriate social skills. He maintained sobriety while in the program and also returned to a youth program at the family's church, participating in positive social events and outings. He completed a number of groups, including Anger Management and Gang Diversion, and participated in both individual and family counseling.

³⁴ Client names have been changed to protect their confidentiality.

Elliott (cont'd)

Program Intervention (cont'd) Initially the communication in family sessions was difficult and argumentative, but both Elliot and his mother learned to speak thoughtfully and calmly in order to resolve their issues. Although Elliot's stepfather never participated in family counseling, both Elliot and his mother reported that they were utilizing the tools learned in therapy at home and that all the relationships among family members had improved significantly.

Elliot graduated from *Reflections* in August 2007 at age 16. He is one of only a few students to successfully complete the program in just three months. Elliot, who had a part-time job at the time of graduation, successfully transitioned into a regular high school and is reportedly doing very well.

Janelle³⁵

Introduction and Background Janelle entered *Reflections* in May 2007 at the age of 16 after ammunition was found in her backpack at school. She was first arrested at the age of 12 for stealing, but had no other criminal history.

Client History Prior to entering *Reflections*, Janelle had problems with bullying, failing grades, truancy, fighting, and opposition and defiance towards school staff and other adults. She was diagnosed with Disruptive Behavior Disorder and Depressive Disorder. Janelle stated that she used to drink and smoke marijuana and methamphetamine on a regular basis. She also admitted to a suicide threat when she was young and a recent suicide attempt prior to starting the program. Janelle was sexually abused in the past and received psychiatric treatment and counseling. She also spent time in foster care for several years during her childhood.

Family History Upon entering the *Reflections* program, Janelle lived with her mother, father and older sister. Her younger brother was living in a group home. Janelle's mother and father had a history of drug addiction and mental health issues. Her mother was often homeless and her father was disabled. Her parents and older sister also had a history of involvement with the legal system. Child Protective Services investigated the family on several occasions.

Program Intervention During the time that Janelle was in *Reflections*, she received individual, group, and family counseling. She participated in a number of groups, including Chemical Dependency, Relapse Prevention, and Anger Management. Janelle was drug tested multiple times while in the program, frequently contacted by telephone to confirm she was following her curfew and encouraged to perform to her best academically. She completed all her assigned school work and excelled in creative writing.

³⁵ Client names have been changed to protect their confidentiality.

Janelle (cont'd)

Program Intervention (cont'd) Janelle showed a positive reaction to the program's intervention. She raised her grades to straight As and engaged positively with her teacher, staff, and peers. She maintained sobriety and did not engage in any anger outbursts or fights. Though she became pregnant while in the program, she received support and help seeking appropriate prenatal care. Despite ongoing adversity, Janelle graduated from *Reflections* in November of 2007.

Corey³⁶

Introduction and Background Corey entered *Reflections* in April of 2007 at the age of 15 due to a true finding for battery against his mother, with whom he had a very rocky relationship. Corey had a history of anger outbursts that often led to physical aggression and property destruction. On the day of the incident, his mother reported that Corey became angry and his anger seemed to escalate quickly. Corey became physically aggressive, knocked his mother's glasses off, and pushed her. Upon admittance to the program, Corey admitted that he held things from the past against his mother and recognized that he made a mistake.

Client History Prior to entering *Reflections*, Corey had difficulty following his probation conditions. In addition, he was suspended from school on multiple occasions for being defiant and disruptive in class, often truant, and had zero high school credits accumulated due to failing almost all of his classes. He had a history of struggling to control his impulses and was taking medication to help decrease his Attention Deficit Hyperactivity Disorder symptoms, which he was diagnosed with at age seven. He also described feeling depressed and disclosed that he had a history of self-mutilation. He made references to suicidal thoughts on a few occasions, but never had a plan or any thoughts on what means he would use. Corey started using alcohol at age 14 and marijuana at age 15, and his mother said his behavior became much worse when his substance use began.

Family History Upon entering the program, Corey lived with his mother and half sister. His mother and father divorced when he was three years old. A year later, his mother remarried, then divorced six months later. Corey's mother had another relationship from which her daughter was born. Corey's grandparents were a support system for him, and his sister had a relationship with her father, but Corey felt like his mother tried to keep him from having a relationship with his father. Corey and his mother were homeless in the past and some of Corey's resentment towards his mother stemmed from this. His mother had a history of depression, but no involvement with the legal system.

³⁶ Client names have been changed to protect their confidentiality.

Corey (cont'd)

Program Intervention When Corey entered *Reflections*, he was very quiet, kept to himself, and appeared to be depressed. He did not stand up for himself when he was teased by his peers for dressing in dark, tight clothing, and dying his hair black. He refused to participate in class or groups and was getting poor grades in groups due to his attitude. Over the first few months, he began to establish a relationship with his probation officer and his therapist. During therapy, he opened up about his feelings of anger about the past and his feelings of depression. As he began to feel more comfortable with staff, he began to open up in class and with his peers and learned to stand up for himself when peers teased him about his dress or appearance.

Over the first few months in the program, Corey and his mother slowly made progress in family counseling. They were able to communicate during their sessions and worked on trying to understand each other better while using different communication strategies. After being in the program for five months, Corey had a setback when he left the house without his mother's permission and then decided to run away because he was afraid of getting into trouble again. During this time, Corey's probation officer worked with Corey and his mother to convince Corey to turn himself in. Corey illustrated that he had learned to trust his probation officer, and his mother illustrated that she had learned to be less verbally aggressive with Corey.

As Corey and his mother continued family therapy, they were able to discuss issues from the past and Corey was able to let go of some of his anger. Toward the end of the program, Corey reported to his therapist that he was not feeling depressed and had stopped self-mutilation. He learned to deal with his feelings without taking it out on himself and assert himself with his peers. While in *Reflections*, Corey only had one positive drug test, which occurred in his first month. Corey said he felt he was a better person when he was not using drugs and felt that substance use brought him down in the past. His mother saw a huge change in Corey at home and said he was really trying to manage his emotions. Corey became more active in class and attended school daily and on time. At his graduation, he said that his plans for the future were to continue school and stay away from drugs.

SUMMARY

To supplement the quantitative data presented in this report, client vignettes were provided in the current chapter as an added dimension. The four clients described here entered the program with different risks and supports. However, as demonstrated by these stories, program staff were successful in identifying ways to intervene and change the destructive patterns of behavior these youth exhibited, through their curriculum, multi-disciplinary teams, and collaboration.

REFERENCES

REFERENCES

American Psychiatric Association (1994). **Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Fourth Edition**. Washington, DC: American Psychiatric Association.

Hawkins, J. D., & Catalano, R. F. (1992). **Communities That Care**. San Francisco, CA: Jossey-Bass.

Sexton, T.L., & Alexander, J.F. (2000). **Juvenile Justice Bulletin – Functional Family Therapy**. Rockville, MD: Office of Juvenile Justice and Delinquency Prevention.

APPENDIX A
ASSESSMENT INSTRUMENT

SANDAG ID: _____

REFLECTIONS IN-HOME ASSESSMENT FORM

Date: _____ - _____ - _____

Check: Intake Exit and specify reason below:
 Term.: PV
 Term.: New Charge
 Completed/Admin. Release
 Graduated

Juvenile's Name: _____

Referred From: Probation/Court Breaking Cycles Drug Court

Current Location: In Home Foster Care Other Placement

Please specify if "other": _____

Parental Visitation (if in foster care) Yes No

Parental Custody: Multiple homes In one home

Special Education: Yes No Unknown

If yes, please specify: Learning Difficulties
 Learning Handicapped
 Severely Emotionally Disturbed

Based on: I.E.P./diagnosed
 Indicated, no I.E.P.

Type of Therapy: Functional Family Therapy
 Traditional Therapy

GAF SCORE: _____

Primary Language: _____

Officer: _____

REJIS Number: _____

TOTAL SCORES: After entire form is complete, please tally all scores below.

AT RISK: _____

THRIVING: _____

SAFE: _____

TOTAL: _____

SANDAG ID: _____

REFLECTIONS IN-HOME ASSESSMENT FORM

JUVENILE'S ALCOHOL/DRUG USE

At Risk Score: __

Enter number of boxes checked in this category.

- Considerable substance abuse with serious consequences.
- Denies problem, not in treatment.
- Has been extensively exposed to parental usage or consequences of usage.

Safe Score:

__ Enter number of boxes checked in this category.

- No or rare use of alcohol; rare use of marijuana, no use of other drugs.
- Willingness to address the problem, has sought treatment or currently in treatment.
- Has been minimally exposed to parental usage and/or consequences of parental use.

Thriving Score:

__ Enter number of boxes checked in this category.

- No drug or alcohol use.
- Former abuser that follows effective recovery treatment or no treatment necessary.
- Has not been exposed to parental usage or consequences of parental use.

Sources: Bruner Scale and Home Start Scale 18: Child's substance abuse

SANDAG ID: _____

REFLECTIONS IN-HOME ASSESSMENT FORM

PARENTAL ALCOHOL/DRUG USE (SKIP THIS SECTION IF IN FOSTER CARE)

At Risk Score: __

Enter number of boxes checked in this category.

- Considerable substance abuse with serious consequences.
- Denies problem, not in treatment.
- No discussion of drug/alcohol usage in the home.
- Exposes child to their usage.

Safe Score: __

Enter number of boxes checked in this category.

- No or rare use of alcohol; no use of other drugs including marijuana.
- Willingness to address the problem, has sought treatment or currently in treatment.
- Parent(s) discuss use of drugs/alcohol with juvenile and siblings, voices disapproval of use for all in home.
- Minimal exposure of children to parental usage.

Thriving Score: __

Enter number of boxes checked in this category.

- No drug or alcohol use.
- Former abuser that follows effective recovery treatment or no treatment necessary.
- Parent(s) direct juvenile and siblings into alternative activities needed for healthy, abuse-free lifestyle.
- No child exposure to parental usage.

Sources: Bruner Scale and Home Start Scale 18: Child's substance abuse

SANDAG ID: _____

REFLECTIONS IN-HOME ASSESSMENT FORM

MENTAL HEALTH OF JUVENILE

At Risk Score: ___

Enter number of boxes checked in this category.

- Juvenile's functioning and daily activities are impaired.
- Juvenile has some significant ideas and consideration of suicide and/or and actual suicide attempt.
- Juvenile not using medication or treatment, but behavior indicates a need.
- Actively act out anger or stress, damages other's or own property, extremely disruptive/violent/dangerous, chronic/sever hyperactivity or other serious behavioral problem.

Safe Score: ___

Enter number of boxes checked in this category.

- Though daily functioning not impaired, due to stressful life events, juvenile is experiencing psychological distress (i.e., demeanor includes anxiousness, stress, depression).
- Juvenile has some very transient and non-substantive thoughts about suicide.
- Juvenile has and uses medication appropriately.
- Anger displayed by verbal outbursts at appropriate people, disruptive or difficult to control, occasional pattern of mild hyperactivity.

Thriving Score: ___

Enter number of boxes checked in this category.

- Juvenile has no symptoms of psychological disturbance or acting out behavior.
- No thoughts at all about suicide.
- No need to medicate, stabilized on medication.
- Ability to redirect anger to alternative channels, no evidence of hyperactivity, minor behavioral problems are appropriately addressed.

Sources: Bruner Scale, CYO-LSI G2 questions regarding counseling/suicide, DSS Family Assessment Analysis Factor 7: Child's Behavior, and Home Start Scale 23: Child's mental health

SANDAG ID: _____

REFLECTIONS IN-HOME ASSESSMENT FORM

MENTAL HEALTH OF PARENT(S) (Skip this section if in Foster Care)

At Risk Score: __

Enter number of boxes checked in this category.

- Parent(s)' functioning and daily activities are impaired (Can't get up, go to work, etc.).
- Parent(s) have some significant ideas and consideration of suicide and/or and actual suicide attempt.
- Parent(s) not using medication or treatment, but behavior indicates a need.
- Denial of mental illness in home or family.
- Actively act out anger or stress, damages other's or own property.

Safe Score: __

Enter number of boxes checked in this category.

- Though daily functioning not impaired, due to stressful life events parent(s) are experiencing psychological distress (i.e., demeanor includes anxiousness, stress, depression).
- Parent(s) have some very transient and non-substantive thoughts about suicide.
- Parent(s) have and use medication appropriately.
- Family discusses mental illness & willing to look at options.
- Anger displayed by verbal outbursts at appropriate people.

Thriving Score: __

Enter number of boxes checked in this category.

- Parent(s) have no symptoms of psychological disturbance or acting out behavior.
- No thoughts at all about suicide.
- No need to medicate/Stabilized on medication.
- Strong family involvement and support.
- Ability to redirect anger to alternative channels.

Sources: Bruner Scale, CYO-LSI G2 questions regarding counseling/suicide, and Home Start Scale 7: Parent's mental health

SANDAG ID: _____

REFLECTIONS IN-HOME ASSESSMENT FORM

JUVENILE'S EDUCATION

At Risk Score: ___

Enter number of boxes checked in this category.

- Pattern of truancy and unexcused tardiness of juvenile documented in the last year.
- Failing grades, course work is incomplete.
- One or more referral to SARB within the past year.
- Juvenile displays serious misconduct in class, failing citizenship grades.
- No or unrealistic vocational goals and/or sees no connection between work and school.

Safe Score: ___

Enter number of boxes checked in this category.

- Minimal truancy or unexcused tardiness.
- Only one or two grades below average (C), course work is complete.
- No referrals to SARB within past year.
- Juvenile is occasionally disobedient or disruptive in class, citizenship grades below average but not failing.
- Has reasonable vocational goals and/or sees connection between work and school.

Thriving Score: ___

Enter number of boxes checked in this category.

- No unexcused absences or tardiness.
- Grades are average or better for at least one semester, established pattern of school achievement, improvement in coursework.
- No SARB referral ever.
- Not considered a problem student in class, citizenship grades are average or better for at least one semester.
- Has a plan for attaining vocational goals.

Sources: Bruner Scale, CYO-LSI Education/Employment Problems C1, and Home Start Scale 24:
Child's school adjustment

SANDAG ID: _____

REFLECTIONS IN-HOME ASSESSMENT FORM

PARENTAL EDUCATION AND EDUCATIONAL VIEWS (SKIP THIS SECTION IF IN FOSTER CARE)

At Risk Score: __

Enter number of boxes checked in this category.

- School drop out, history of academic failure.
- Does not consider formal learning/education important.
- Does not set nor pursue systematic career and personal goals or has not achieved career goals.

Safe Score:

__ Enter number of boxes checked in this category.

- Has High School diploma or GED.
- Ambivalent attitude toward formal learning.
- Sets and pursues short-term career and personal goals or has achieved short term career goals.

Thriving Score:

__ Enter number of boxes checked in this category.

- Has post secondary education or vocational training.
- Positive, supportive attitude toward formal learning.
- Sets and pursues long-term career and personal goals.

Source: Bruner Scale, *Reflections* Advisory Committee

SANDAG ID: _____

REFLECTIONS IN-HOME ASSESSMENT FORM

PEER AFFILIATION/COMMUNITY TIES/FAMILY RELATIONS

At Risk Score: ___

Enter number of boxes checked in this category.

- Juvenile's associations have strong negative influence. Most are involved in delinquent behavior/gangs.
- Parent(s) have no close friends or relatives that be counted on or turned to regularly.
- Isolated from community with no community ties.
- No family identity - family make-up changes frequently. Family structure is constantly in flux.
- Family is overwhelmed by any form of stress, regardless of how minor.

Safe Score: ___

Enter number of boxes checked in this category.

- Some of juvenile's peers are oriented toward delinquency, occasional negative results, or lack of peer relationships.
- Parent(s) have some contact with one or two close relatives or close friends who do not live in the household.
- Association with neighbors and/or cultural, ethnic, or religious associations is limited.
- Family structure has recently changed or appears likely to change in the near future but there are still some positive interactions and a sense of a family unit.
- Family copes adequately only with minor stress, and even then may show some signs of deterioration in functioning.

Thriving Score: ___

Enter number of boxes checked in this category.

- Juvenile's peers provide good support/influence, non-delinquent friends.
- Parent(s) have frequent and regular contact with several relatives and/or close friends who do not live in the household.
- Active in community, regularly involved with neighbors and/or cultural, ethnic, or religious associations.
- Family structure is intact. Strong, positive family identity. If changes have occurred, family is adapting well.
- Family appears to cope well with all forms of stress.

Sources: Bruner Scale, DSS Family Assessment Analysis Factor 17: Family Interactions/Relationships and Factor 18: Strength of Family Support Systems, Home Start Scale 5: Family's social support, NCCD Michigan Delinquency Risk Assessment Scale, and Wisconsin Delinquency Risk Assessment Scale.

SANDAG ID: _____

REFLECTIONS IN-HOME ASSESSMENT FORM

PARENTING

At Risk Score: ___

Enter number of boxes checked in this category.

- Very few established rules and few and inconsistent consequences.
- Know very few of juvenile's friends and/or are rarely aware of activities.
- Rarely demonstrate much attachment, affection, acceptance, or approval. Little or no evidence of bonding.

Safe Score: ___

Enter number of boxes checked in this category.

- Some consistent rules with relatively consistent consequences.
- Knowledge of what juvenile is doing, and who their friends are (at least by facial or name recognition).
- Occasional expression of attachment, affection, and acceptance with marginal bonding. Affection for and acceptance of juvenile usually expressed in measured terms and not often spontaneously.

Thriving Score: ___

Enter number of boxes checked in this category.

- Clear and consistent rules with clear and consistent consequences for violations that are appropriate to each child.
- Knowledge of where juvenile is, and know friends and their families.
- Warm response to desire for attachment affection, and acceptance, initiates same, highly bonded parent/child relationship.

Sources: Home Start Scale 19: Emotional scale and stimulation of children, Home Start Scale 26: Child's Home-related behavior, DSS Family Assessment Analysis Factor 8: Child/Caretaker Interaction and Factor 13: Caretaker's Parenting Skills/Knowledge, and CYO-LSI D-3

SANDAG ID: _____

REFLECTIONS IN-HOME ASSESSMENT FORM

CRIMINAL BEHAVIOR

- At Risk Score:** ___ Enter number of boxes checked in this category.
- Prior arrest history involving criminal offenses exists for the juvenile.
 - Present charges against the juvenile occurred while on probation, diversion, or other court sentenced program.
 - Juvenile engages in criminally dangerous or violent behavior.
 - Current criminal behavior by family members.
 - Juvenile currently active in gang activity.
- Safe Score:** ___ Enter number of boxes checked in this category.
- Juvenile is a first time offender or is involved in status offenses only.
 - Juvenile is performing adequately under criminal justice/probation supervision.
 - Juvenile's behavior has not been a danger to self and others, mainly a behavioral nuisance.
 - Family history of criminal behavior, though no current activity.
 - No Gang activity, however still "hangs out" w/ gang friends, may exhibit "wanna be" behavior.
- Thriving Score:** ___ Enter number of boxes checked in this category.
- Juvenile has not engaged in delinquent behavior or status offenses in the community for at least six months.
 - Juvenile no longer requires criminal justice/probation supervision.
 - Juvenile's behavior not perfect, but displays age appropriate behavior.
 - No family involvement in criminal behavior for the past year.
 - Has cut all ties with gang friends or no gang affiliation.

Sources: Bruner Scale, CYO-LSI Criminal History Question A1, and Home Start Scale 25: Child's delinquent behavior

SANDAG ID: _____

REFLECTIONS IN-HOME ASSESSMENT FORM

PARENTAL EMPLOYMENT (SKIP THIS SECTION IF IN FOSTER CARE)

At Risk Score: __

Enter number of boxes checked in this category.

- No job seeking skills for any parent/guardian.
- No entry level job skills by any parent/guardian.
- Short term, temporary, or no employment, no benefits, no growth opportunities for all parent(s)/guardian(s).

Safe Score: __

Enter number of boxes checked in this category.

- At least one parent/guardian has acquired some job seeking skills.
- At least one parent/guardian has attained marketable status.
- At least one parent/guardian is employed in a long-term position with some benefits.

Thriving Score: __

Enter number of boxes checked in this category.

- At least one parent/guardian is employed.
- At least one parent/guardian is constantly developing transferable skills (i.e., training within career).
- At least one parent/guardian is permanently employed with full benefits.

Source: Bruner Scale, *Reflections* Advisory Committee

SANDAG ID: _____

REFLECTIONS IN-HOME ASSESSMENT FORM

FAMILY INCOME / BUDGET (SKIP THIS SECTION IF IN FOSTER CARE)

At Risk Score: __

Enter number of boxes checked in this category.

- Because of financial difficulties, family is or will be evicted; or utilities have or will be turned off.
- Has no checking/savings account.
- Unpaid bills, overwhelming debt load.

Safe Score: __

Enter number of boxes checked in this category.

- Basic necessities can usually be paid for.
- Has a bank account, though unable to obtain credit.
- Pays bills on time for the most part; delays purchases to handle debt load.

Thriving Score: __

Enter number of boxes checked in this category.

- Family able to afford all necessities of daily living, with some money for recreation and/or savings.
- Able to obtain limited, secured credit.
- Pays bills on time; manages debt load without depriving family.

Sources: Bruner Scale and Home Start Scale 3: Financial problems

SANDAG ID: _____

REFLECTIONS IN-HOME ASSESSMENT FORM

FAMILY HEALTH CARE (SKIP THIS SECTION IF IN FOSTER CARE)

- At Risk Score:** __ Enter number of boxes checked in this category.
- Not covered by insurance.
 - Doesn't care for self, ignores health problems.
 - No knowledge of community medical resources
- Safe Score:** __ Enter number of boxes checked in this category.
- Insurance covers partial cost of care.
 - Sound basic health, seeks timely treatment.
 - Aware of community medical resources in the neighborhood but has not used them.
- Thriving Score:** __ Enter number of boxes checked in this category.
- Covered by comprehensive insurance.
 - Practices preventative health habits.
 - Utilizes free clinics in the neighborhood.

Sources: Bruner Scale and Home Start Scale 20: Physical needs of the child

SANDAG ID: _____

REFLECTIONS IN-HOME ASSESSMENT FORM

FAMILY NUTRITION (SKIP THIS SECTION IF IN FOSTER CARE)

At Risk Score: __

Enter number of boxes checked in this category.

- Juvenile and siblings are often hungry, parent(s) unable to prepare food, not enough food in the house.
- Little or no nutritional knowledge.

Safe Score: __

Enter number of boxes checked in this category.

- Juveniles and siblings are usually not hungry, though meals may be irregular or nutritionally unbalanced.
- Understands basic nutrition.

Thriving Score: __

Enter number of boxes checked in this category.

- Juveniles and siblings are not hungry, meals are regular and ample.
- Has and uses knowledge of basic nutrition, serving a variety of foods.

Sources: Bruner Scale and Home Start Scale 20: Physical needs of the child

SANDAG ID: _____

REFLECTIONS IN-HOME ASSESSMENT FORM

SHELTER OF FAMILY (SKIP THIS SECTION IF IN FOSTER CARE)

At Risk Score: __

Enter number of boxes checked in this category.

- Physical or structural problems, safety hazards, dilapidated conditions, and/or poor maintenance possibly resulting in accident or illness and posing an immediate threat to well-being of family.
- Non-working utilities and no plan to reinstate them
- Filthy home environment, poor sanitation posing an immediate threat to well-being of family.
- Extensive graffiti, gang, and criminal activity apparent in neighborhood.

Safe Score: __

Enter number of boxes checked in this category.

- Some structural problems and safety hazards posing no immediate threat. Problems are fairly routine and could be repaired or corrected by family if necessary, but if ignored problem(s) would deteriorate.
- Some utilities may be inoperative. Necessary repairs are being made or can be arranged, others are currently unnecessary due to weather conditions or substitutes are in place.
- Trash may pile up on occasion. Minor housekeeping problems.
- Minimal graffiti, gang, and criminal activity apparent in neighborhood.

Thriving Score: __

Enter number of boxes checked in this category.

- Reasonably maintained and structurally safe inside and outside. No safety defects.
- Utilities available, working, functional, and reliable.
- No housekeeping problems, proper waste disposal.
- No graffiti, gang, criminal activity apparent in neighborhood.

Sources: Bruner Scale, DSS Family Assessment Analysis Factor 21: Environmental Condition of Home, and Home Start Scale 1: Habitability

APPENDIX B
TABLE A1

**Table A1
Outcomes by Exit Year**

Year	Total Exits	Percent Graduated	Graduates						
			Average Days in Program	Average Factors Rated as At Risk		Average Factors Rated as Thriving		Sustained Petition	
				Intake	Exit	Intake	Exit	One Year Prior	One Year After
2000	106	31%	126.9 (range 73 – 225)	24%	11%	31%	42%	76%	24%
2001	150	29%	115.1 (range 31 – 228)	23%	9%	33%	48%	88%	19%
2002	151	30%	119.8 (range 29 – 225)	18%	7%	39%	54%	74%	15%
2003	115	22%	169.3 (range 65 – 311)	16%	6%	44%	58%	72%	24%
2004	136	15%	139.7 (range 65 – 300)	16%	4%	39%	58%	50%	30%
2005	106	27%	180.2 (range 93 – 289)	20%	4%	30%	51%	69%	14%
2006	91	46%	183.9 (range 87 – 402)	23%	4%	31%	54%	83%	14%
2007	92	33%	207.2 (range 84 – 444)	27%	4%	24%	51%	73%	n/a
TOTAL	947	91 - 151	20 - 46	15 - 43		15 - 43		20 - 46	

SOURCE: SANDAG's Reflections Report, August 2008

APPENDIX C
STAFF SURVEY INSTRUMENT

REFLECTIONS STAFF AND COMMUNITY-BASED AGENCY SURVEY

The San Diego Association of Governments (SANDAG) is conducting a survey as part of the Reflections program evaluation. This is the final year of the evaluation. Your feedback is greatly appreciated and will enable us to make comparisons to a similar survey done in 2006. This survey includes questions regarding your experiences with Reflections and your opinions with respect to working with at-risk juveniles. Your responses will be kept confidential and anonymous and will only be reported in aggregate. No individual responses will be reported.

Section I: General Program Experience

1. How long have you worked with the Reflections program? (Check one)

- Less than 6 months
- 6 months to 1 year
- More than 1 year to 2 years
- More than 2 years

2. What is your role with the Reflections program? (Check one)

- Probation officer
- Counselor
- Teacher
- Other (Please specify) _____

Section II: The Reflections Program

3. How available do you feel resources to meet the needs of participants at Reflections are to you?

- Very Available (Skip to Question 4)
- Somewhat Available
- Not Very Available
- Not At All Available

3a. What additional resources would be helpful for meeting participant needs?

4. How effectively do you think the needs of participants with drug problems are addressed by Reflections?

- Very Effectively (Skip to Question 5)
- Somewhat Effectively
- Not Very Effectively
- Not At All Effectively

4a. What could be done to more effectively address the needs of participants with drug problems?

5. In your opinion, what are the three main strengths of the Reflections program?

6. In your opinion, what are the three main aspects of the Reflections program that need improvement?

Section III: Personal Training and Experience

7. Have you had any prior work experience or education relevant to your job in the Reflections program?

- Yes
 No (*Skip to Question 8*)

7a. Please describe the prior relevant work experience or education you have had.

7b. How well has this prior work experience and/or education prepared you for working in the Reflections program?

- Very Well
 Somewhat Well
 Not Very Well
 Not Well At All

8. Have you received any "in-house" training through the Reflections program?

- Yes
 No (*Skip to Question 9*)

8a. What type of "in-house" training have you received? (*Check all that apply*)

- Partnering with a mentor staff member
 Other types of on-the-job instruction
 Training through the Probation Department (*Please specify all types that apply*)
 Substance abuse
 Mental health
 Safety
 First aid/ CPR
 Behavioral problems
 Other (*Please specify type*) _____
 Other (*Please specify*) _____

8b. How well has the "in-house" training prepared you for working in the Reflections program?

- Very Well
 Somewhat Well
 Not Very Well
 Not Well At All

9. Would you like additional training?

- Yes
 No (*Skip to Question 10*)

9a. What types of additional training would you like?

10. How helpful are Reflections all-staff meetings?

- Very Helpful (*Skip to Question 11*)
 Somewhat Helpful
 Not Very Helpful
 Not at All Helpful

10a. Please list any ideas you have for ways to make the all-staff meetings more helpful.

11. How would you rate the coordination among Reflections team members? (*Check one*)

- Very Good
 Good
 Fair
 Poor
 Very Poor

12. Could coordination among Reflections team members be improved?

- Yes
 No (*Skip to Question 13*)

12a. How do you think coordination among team members could be improved?

13. Do you feel Reflections team members are recognized for their achievements?

- Yes
 No (*Skip to Question 14*)

13a. How is recognition given to team members? (*Check all that apply*)

- Certificates/awards
 Public recognition at staff meetings
 Public recognition through the program newsletter
 Commendation letter in personnel file
 Flexibility in meeting personal needs
 Other (*Please specify*) _____

14. Do you ever feel burned out from your job?

- Yes
 No (*Skip to Question 15*)

14a. How do you deal with the burn out? (Check all that apply)

- Utilize training opportunities
 Utilize staff-only work days, retreats, luncheons, etc.
 Set boundaries (set up "do not disturb" time, refrain from accepting extra responsibilities, etc.)
 Have personal outlets (exercise, entertainment, etc.)
 Request vacation/comp time
 Other (*Please specify*) _____

14b. In what ways could the program offer better support to help you avoid burnout?

15. Do you feel appreciated by program management?

- Yes
 No

16. How is appreciation shown by program management? (Check all that apply)

- Verbal recognition
 Written recognition/Evaluations
 Flexibility in meeting personal needs
 Other (*Please specify*) _____

17. What could management do to make you feel more appreciated?

18. What is your current Reflections caseload/class size?

(*Please estimate an exact number and not a range*) _____

19. Do you feel that your current Reflections caseload/class size is (Check one)

- Too Large
 Too Small
 About Right (*Skip to Question 20*)

19a. What would a manageable Reflections caseload/class size be?

(*Please estimate an exact number and not a range*) _____

Section IV: Juvenile Probation Programs

20. How effective is this activity in REDUCING DELINQUENT BEHAVIOR?	Very Effective	Somewhat Effective	Somewhat Ineffective	Very Ineffective	Don't Know
Mental health counseling	1	2	3	4	5
Mental health goal setting	1	2	3	4	5
Mental health medication	1	2	3	4	5
Drug/alcohol testing	1	2	3	4	5
Teen pregnancy prevention	1	2	3	4	5
Transportation to Reflections	1	2	3	4	5
Community service	1	2	3	4	5
Independent life skills training	1	2	3	4	5
Social skills training	1	2	3	4	5
Gang diversion education	1	2	3	4	5
Cultural enrichment activity	1	2	3	4	5
Recreation	1	2	3	4	5
Job preparation	1	2	3	4	5
Job placement	1	2	3	4	5
Tutoring	1	2	3	4	5
Team building	1	2	3	4	5
Anger management	1	2	3	4	5
Substance abuse group counseling	1	2	3	4	5
Peer adjudication	1	2	3	4	5
Tolerance group counseling	1	2	3	4	5
Relapse group counseling	1	2	3	4	5
Therapy group counseling	1	2	3	4	5
Health education	1	2	3	4	5
Academics at Reflections	1	2	3	4	5
Case/resource management	1	2	3	4	5
Individual counseling	1	2	3	4	5
Family counseling	1	2	3	4	5
Parent education/ advocacy	1	2	3	4	5

21. How effective is this activity in IMPROVING FAMILY FUNCTIONING?	Very Effective	Somewhat Effective	Somewhat Ineffective	Very Ineffective	Don't Know
Mental health counseling	1	2	3	4	5
Mental health goal setting	1	2	3	4	5
Mental health medication	1	2	3	4	5
Drug/alcohol testing	1	2	3	4	5
Teen pregnancy prevention	1	2	3	4	5
Transportation to Reflections	1	2	3	4	5
Community service	1	2	3	4	5
Independent life skills training	1	2	3	4	5
Social skills training	1	2	3	4	5
Gang diversion education	1	2	3	4	5
Cultural enrichment activity	1	2	3	4	5
Recreation	1	2	3	4	5
Job preparation	1	2	3	4	5
Job placement	1	2	3	4	5
Tutoring	1	2	3	4	5
Team building	1	2	3	4	5
Anger management	1	2	3	4	5
Substance abuse group counseling	1	2	3	4	5
Peer adjudication	1	2	3	4	5
Tolerance group counseling	1	2	3	4	5
Relapse group counseling	1	2	3	4	5
Therapy group counseling	1	2	3	4	5
Health education	1	2	3	4	5
Academics at Reflections	1	2	3	4	5
Case/resource management	1	2	3	4	5
Individual counseling	1	2	3	4	5
Family counseling	1	2	3	4	5
Parent education/ advocacy	1	2	3	4	5

22. Do you have any other comments or suggestions regarding programs for juvenile offenders in general, or the Reflections program specifically?

Thank you for taking the time to complete this survey.