

**FAMILIES AS HEALERS:  
PHOENIX HOUSE SAN DIEGO'S  
FAMILY SERVICES  
ENHANCEMENT PROGRAM**

**DECEMBER 2009**

**Criminal Justice Research Division**

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As of September 3, 2009

## ABSTRACT

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TITLE: Families As Healers: The Phoenix House San Diego's Family Services Enhancement Program

AUTHOR: San Diego Association of Governments

DATE: September 2009

SOURCE OF COPIES: San Diego Association of Governments  
401 B Street, Suite 800  
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<http://www.sandag.org/cj>

NUMBER OF PAGES: 25

ABSTRACT: The goal of the Families as Healers (FAH) program is to strengthen and expand Phoenix House San Diego's Family Services programming to improve the quality and access of services while enhancing a program that promotes healthy behaviors. The project, which received initial funding from The California Endowment, aimed to provide services to approximately 50 unduplicated youths between August 1, 2006, and July 31, 2008. This funding was extended with a grant from the Alliance Healthcare Foundation to enhance the specialized health and mental services as well as extend the follow-up period through September 2009. During this period the program exceeded its goal to serve 50 youth and their families, with a total of 320 youth enrolled and agreeing to participate in the evaluation.

The Criminal Justice Research Division of SANDAG conducted the impact evaluation of the FAH program by analyzing data on participants at intake, exit, and six months post exit. Data showed that FAH clients were dealing with multiple issues including severe substance use, mental health symptoms, and delinquent behavior. Additionally, compared to outpatient clients, residential clients were at higher risk in most categories. Exit and data follow-up data exit showed that youth made positive gains in substance use, school/employment participation, and delinquency. This is the sixth and final report.

## ACKNOWLEDGEMENTS

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Special appreciation is extended to all of the staff at **Phoenix House San Diego** for the level of expertise and commitment they bring to the program on a daily basis, as well as for their cooperation throughout the evaluation process. In addition, Elizabeth Urquhart, Subregional Director of Adolescent Services, John Peterson, Associate Director of Development, and Carmen Pérez, Data Manager, are gratefully acknowledged for the useful insights and feedback they provided during the preparation of this report, as well as for the collection, maintenance, and assistance with the program data.

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## INTRODUCTION AND EVALUATION BACKGROUND

As adolescent substance use continues to be a problem across the country, researchers have found greater treatment success when parents and other family members are involved in the recovery process<sup>1</sup>. Based upon this evidence, the goal of the Phoenix House **Families As Healers (FAH)** program is to improve the health and well-being of San Diego youth and their families by strengthening and expanding the quality of and access to family services while enhancing a program that promotes healthy behaviors in both the youth and their family.

In 2006, the Criminal Justice Research Division of the San Diego Association of Governments (SANDAG) was approached by Phoenix House San Diego to conduct a two-year evaluation of the FAH program, beginning in August 2006 and ending in December 2008. In the summer of 2008, Phoenix House received additional funds from Alliance Healthcare Foundation to extend the program and evaluation period through September 2009 and to further enhance the specialized health and mental health services provided to their clients. This extension allowed more youth to complete the follow-up period and assessments. As the research partner, SANDAG conducted an impact evaluation by analyzing data on clients from intake through treatment and up to six months after exit to evaluate whether or not the expected positive effects of the project were realized. Data were collected from standardized assessments, as well as follow-up interviews with clients and family members.

The target population for this project was youth between the ages of 13 and 18 with histories of substance abuse who enroll at the Phoenix Academy's residential or outpatient treatment program to undergo substance abuse treatment in a therapeutic community. Each of these treatment modalities is based on best practice models and offers a different level of treatment to accommodate the specific needs of the youth.

### **FAMILIES AS HEALERS (FAH) TARGET POPULATION**

#### **Client Background Indicates a High-Risk Youth Population**

- Between August 2006 and December 2008, a total of 320 clients entered the FAH program.
- Clients were on average 13.23 years old the first time they ever used alcohol and 13.21 the first time they used drugs.
- Marijuana (84%), followed by alcohol (58%) were the two most commonly used substances by clients.
- Over half (59%) of clients reported having a prior arrest, with 14.52 years old being the average age of first arrest.
- Nearly half (49%) of the clients reported having spoken with a mental health worker in the past, 14 percent had a previous psychiatric hospitalization, and 13 percent had prior suicidal ideations.
- Overall, parents or guardians (77%) were more likely to perceive family relationships as severely problematic at intake, compared to the youth (30%).
- In general, residential clients were assessed as having significantly more risk factors including longer and more severe alcohol and drug use, unstable family backgrounds, more delinquent activity, and more severe mental health problems than outpatient clients.

<sup>1</sup> Diamond, G., Serrano, A., Dickey, M., and Sonis, W. (1996). **Current Status of Family-Based Outcome and Process Research.** *Journal of the American Academy of Child & Adolescent Psychiatry.* 35(1): 6-16.

The residential program is a highly structured regimen designed to meet the treatment needs of youth identified with a primary substance use disorder. The residential program is appropriate when an adolescent lacks the motivation and/or social support system to remain abstinent. The program is modeled in three phases and incorporates assessments, case management and treatment planning; individual and group counseling; education; recreation; and intensive family services within a modified therapeutic community.

The outpatient program provides treatment to youth in an ambulatory setting for the purpose of assessing and treating substance-related disorders. The program is structured on the *Modified Therapeutic Community* model and integrates the Substance Abuse and Mental Health Services Administration (SAMHSA) *Cannabis Youth Treatment Curriculum* in the services. The program provides three tracks in an effort to provide a continuum of services for those youth who have never accessed treatment to those who have previously completed residential treatment. By using these two models, Phoenix House is able to respond to the range of recovery needs of the youth and families they serve through FAH.

Only those clients who gave their consent to participate were included in this evaluation. Participation in the research was entirely voluntary and based upon the client and his/her legal guardian giving informed consent during the intake interview. A failure to give this informed consent had no negative effect on the client's ability to receive services from program staff.

Data from clients were collected by program staff through interviews and risk assessments at intake,<sup>2</sup> exit, and follow-up six months after program exit. Intake data were collected through the Client Admissions Treatment System (CATS) Phoenix House Admission form, as well as through the Youth Assessment Index (YAI), which was an interview conducted within the first 30 days of intake to measure drug dependency and explore any history of drug use. Several standardized risk assessments were also used, including a family functioning assessment tool entitled Family Assessment Measure, Version III (FAM-III), to measure progress in family functioning, coping, communication, and parenting skills; as well as the San Diego Regional Resiliency Checkup (SDRRC), which is a validated, strength-based instrument used to rate clients in terms of how many risk and protective factors they have in six domains (family, peer relations, education, individual, delinquency, and substance use).

To measure family attendance within service activities during treatment, sign-in sheets were used and information was entered into a spreadsheet to track participation for each family member. At exit, a client and family survey was conducted to gauge satisfaction with the FAH program and gain input into programmatic improvements. Clients were also contacted for follow-up interviews at six months after exit and asked to complete a one-page follow-up report examining changes in baseline admission information. Questions on the follow-up instrument pertained to self-report information regarding drug abuse, education, employment, housing, and mental and physical health, and supplemented other information collected by program staff and from archival records. Table 1 outlines these instruments and points in time when the instruments were used.

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<sup>2</sup> Originally, data were to be collected at six months post-intake, while clients were still in treatment. However, there was a small number of cases that had data at this time, and therefore, exit and follow-up data were used as a measure of change.

**Table 1  
PROGRAM ASSESSMENTS**

<b>Intake</b>	<b>Exit and Six Month Follow-Up</b>
CATS Phoenix House Admission form	Treatment Satisfaction Questionnaire (exit only)
Youth Assessment Index (YAI)	Client Follow-Up Report
FAM-III: General Scale	FAM-III: General Scale (exit only)
San Diego Regional Resiliency Checkup (SDRRC)	SDRRC (exit only)
Sign-in sheets	

Between August 2006 and December 2008, 320 unduplicated clients<sup>3</sup> were enrolled in the program and agreed to participate in the evaluation. This number exceeded the projected goal of 50 unduplicated participants. Of these 320 clients, 176 (55%) were outpatient and 144 (45%) were residential. Because engagement in the program for 90 days or more is a milestone, staff tracked how many clients met this goal. Of the 320 enrolled, nearly three-quarters (73%) had completed at least 90 days in the program (no difference between treatment groups) and all but one client had exited the program by August 2009. Of the clients who had exited, just over half (54%) had completed the program successfully, seven percent made successful progress but did not complete (e.g., moved), and 40 percent were discharged unsuccessfully. Among the two treatment groups, outpatient clients (70%) were significantly more likely to complete FAH successfully compared to residential clients (49%)<sup>4</sup> (Table 2).

**Table 2  
NEARLY THREE-QUARTERS OF CLIENTS COMPLETED 90 DAYS OR MORE OF TREATMENT**

	<b>Outpatient</b>	<b>Residential</b>	<b>Total</b>
Clients Completed 90 days of Treatment	75%	69%	73%
Clients completed the Program Successfully*	70%	49%	60%
<b>TOTAL</b>	<b>175-176</b>	<b>140-144</b>	<b>315-320</b>

\*Significant at  $p < .05$ .

NOTE: Cases with missing information not included.

SOURCES: SANDAG; CATS Phoenix House Admission form

<sup>3</sup> Unfortunately, two clients died during the course of the study and are not include in the evaluation numbers.

<sup>4</sup> Significance was defined as any statistical difference at  $p < .05$ .

This final evaluation report describes and presents the outcomes for the program, as measured by the initial intake assessments, assessments conducted at program exit, and follow-up data collected six months after exiting. Originally, the evaluation of FAH was to focus only on residential clients; however, at the request of the California Endowment, outpatient clients were also included in the evaluation. It is apparent from the intake data presented below, the two treatment modules (i.e., residential and outpatient) served significantly different clients. As such, all data were analyzed comparing the two groups and the information is presented both as a whole and by each treatment group.

## **SAMPLE DESCRIPTION**

### **What Were the Characteristics and Needs of Clients and Their Families at Intake?**

#### ***Client Characteristics***

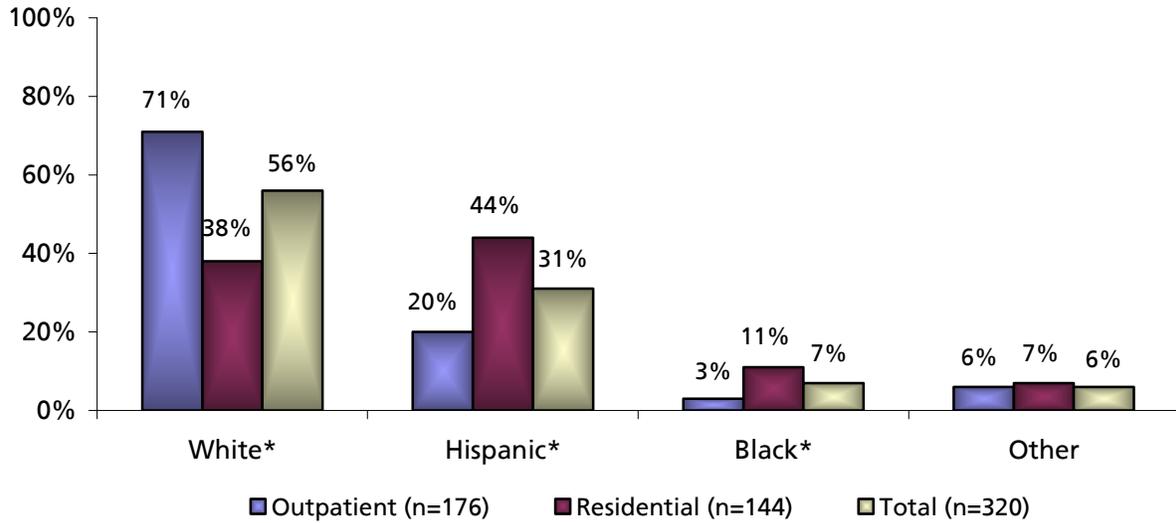
Consistent with the target population for this program, the majority of clients were male (70%) and the average<sup>5</sup> age was 15.86 years old ( $SD^6 = 1.21$ ). As Figure 1 shows, over half (56%) of the youth were White (not Hispanic), close to one-third (31%) were Hispanic, seven percent were Black, and six percent represented other ethnicities. However, these ratios differed significantly by treatment group, with the majority of outpatient clients identifying as White (71% versus 38% of residential) and a larger percentage of residential clients identifying as Hispanic (44%) or Black (11%), compared to outpatient clients (20% and 3%, respectively).

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<sup>5</sup> Unless stated otherwise, the "average" refers to the statistical mean.

<sup>6</sup> SD refers to the Standard Deviation, a measure of variability in the sample.

**Figure 1**  
**CLIENTS' RACE/ETHNICITY DIFFER SIGNIFICANTLY BY TREATMENT GROUP**



\*Significant at  $p < .05$ .

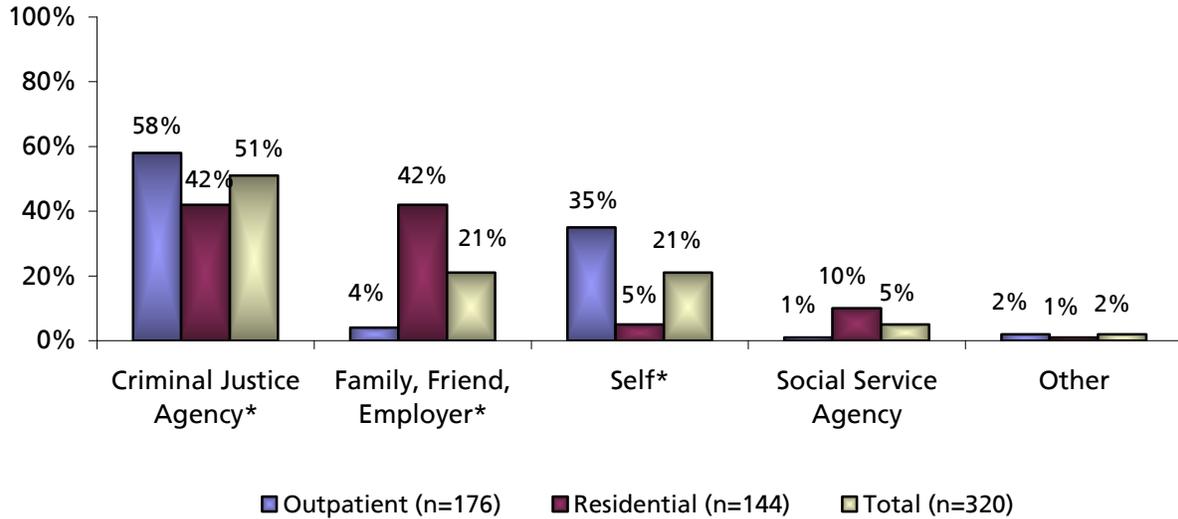
NOTE: Cases with missing information not included.

SOURCES: SANDAG; CATS Phoenix House Admission form

In terms of academics, on average ninth grade (9.43) was the highest year completed in school (range of 6<sup>th</sup> to 12<sup>th</sup>), close to two-thirds (63%) had ever been suspended or expelled from school, and 14 percent had been diagnosed as having a learning disability (not shown). Comparisons between the two treatment programs showed that residential clients were more likely to be struggling with school. That is, even though both groups were the same age, on average outpatient clients were significantly more likely to have completed tenth grade or higher (60%) than residential clients (37%). In addition, residential clients were more likely to have ever been suspended or expelled from school (72% versus 55%, respectively) (not shown).

As detailed in Figure 2, clients also differed on their referral source to the program. Overall the criminal justice system was the primary referral (51%) to the program, followed by a self referral (21%), or one from a family member, friend, or their employer (21%). However, outpatient clients were significantly more likely to have a criminal justice (58%) or self-initiated (35%) referral to the program, compared to residential clients (42% and 5%, respectively), who were more likely to be referred by a family, friend, or employer (42% versus 4%).

**Figure 2**  
**CRIMINAL JUSTICE AGENCY MOST COMMON REFERRAL FOR OUTPATIENT CLIENTS**



\*Significant at  $p < .05$ .

SOURCES: SANDAG; CATS Phoenix House Admission form

### **Living Environment**

The majority of the clients (96%) had been living in a stable residence (such as a house or apartment) just prior to entering the program, with the remaining four percent having been either homeless, living in a group residential setting, or detained in a juvenile institution. However, when asked about their living situation in the 30 days prior to entering the program, over one-quarter (27%) had lived in a controlled environment (e.g., jail, substance abuse treatment, psychiatric treatment), indicating some level of disruption in these youths' lives (Table 3).

The family structure of the youth who entered the program varied, with the largest percent residing in single-parent households (48%), followed by those living with either both parents (30%) or their parent and stepparent (12%). While there was variance in who the youth lived with, nearly all of the clients reported being close to his/her parent(s) (88%). Although not a direct measure of economic status, it is revealing that only about one-quarter (28%) of clients reported having health coverage and just under one-half (48%) of clients' parent/guardian did not have the ability to pay for his/her treatment (not shown). This is especially unsettling when reviewing the intake assessment that clearly indicates a target population grappling with extensive needs.

Compared to outpatient clients, residential clients were more likely to be living in a home without either parent and more likely to have lived in a controlled environment in the 30 days prior to intake.

Comparisons between clients in the outpatient program and those in residential treatment revealed significant differences in their living situations. Specifically, residential clients were more likely to have lived in a controlled environment, lacked health care coverage, and experienced a disruption in their family structure. As Table 3 shows, over half (51%) of the residential clients versus just 6 percent of the

outpatient clients were in a controlled environment within the 30 days prior to intake, with nearly all of the residential clients reporting that environment to be a detention facility (91% versus 60% of the outpatient clients) (not shown). However, even though residential clients were more likely to be detained in a juvenile justice system prior to entering treatment, outpatient clients were more likely to be referred to treatment by the criminal justice system (58% versus 42%, respectively) (Table 3). With respect to any disruption in the family structure, residential clients were more likely to be living without either parent (i.e., foster home, group home, or other relatives) (17%) or living with a parent and stepparent/other relative (16%), compared to outpatient clients (3% and 11%, respectively). Outpatient clients, on other hand, were more often living with a single parent (53%), compared to residential clients (40%). Given these differences, it is not surprising that a larger proportion of outpatient clients (95%) report feeling close to his/her parent versus residential clients (80%).

**Table 3**  
**RESIDENTIAL AND OUTPATIENT CLIENTS DIFFER SIGNIFICANTLY**  
**IN LIVING ENVIRONMENT PRIOR TO ENTERING TREATMENT**

	Outpatient	Residential	Total
Lived in Controlled Environment 30 days Prior to Intake*	6%	51%	27%
Not Living with Either Parent*	3%	17%	9%
Living with a Single Parent*	53%	40%	48%
Living with Parent and Step Parent/Relative*	11%	16%	
Close to Parent*	95%	80%	88%
<b>TOTAL</b>	<b>167-176</b>	<b>143-144</b>	<b>311-320</b>

\*Significant at  $p < .05$ .

NOTE: Cases with missing information not included.

SOURCES: SANDAG; CATS Phoenix House Admission form

Parents/guardians of residential clients were also significantly less likely to be able to pay for treatment or have some type of health coverage (18% and 11%, respectively) compared to outpatient clients (72% and 41%, respectively) (not shown).

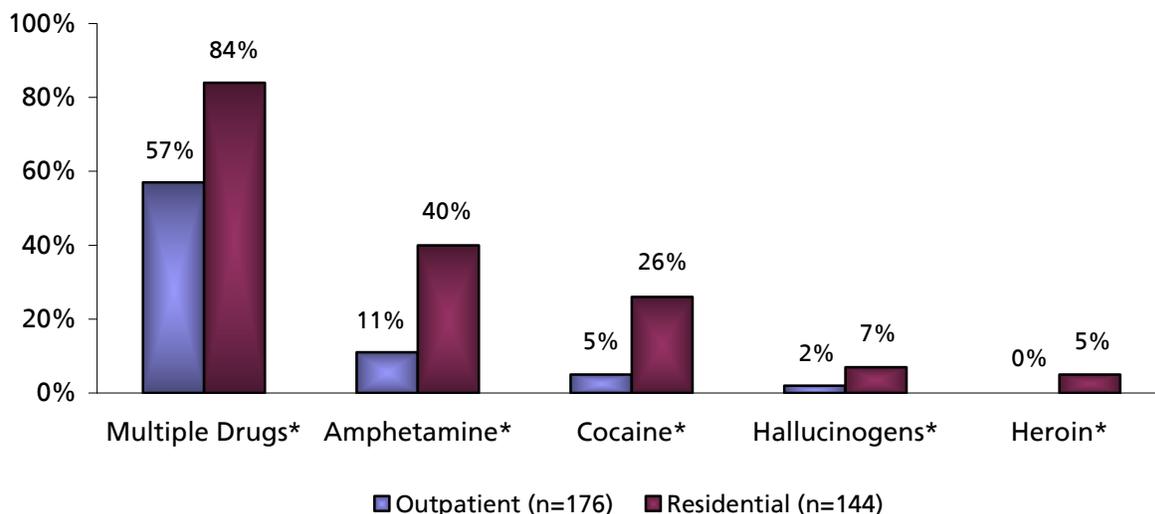
### **Substance Use**

Background information on the target population’s substance use history clearly reveals a youth population deeply entrenched in alcohol and other drug use, with residential clients demonstrating a significantly greater level of risk than those youth in outpatient treatment. On average, the clients were 13.23 years old ( $SD = 1.74$ ) the first time they ever used alcohol and 13.21 ( $SD = 1.80$ ) the first time they used any other drug. This age range is much lower than the national average of 15.7

years old for alcohol and 16.2 years old for drugs<sup>7</sup> and also within the range that significantly increases their risk for substance abuse dependency as adults. Those clients who reported using substances in the past 30 days prior to intake used on average 12.25 days ( $SD = 11.06$ ) during the 30 days. Furthermore, two out of five (41%) clients reported having previously been in alcohol/drug treatment, with an average of 1.70 ( $SD = 1.10$ ) prior treatments, as well as having ever used an average of 2.03 ( $SD = 0.82$ ) different substances during their life. More specifically, 31 percent had used one substance, 36 percent had used two, and 33 percent had used three substances in their lifetime (not shown).

Given the higher intensity of treatment provided in the residential program, it was not surprising that residential clients demonstrated a higher level of need and drug use than outpatient clients. Specifically, residential clients were significantly more likely than the outpatient clients to have had previous drug treatment (63% versus 22%), to start using drugs at an earlier age (12.59,  $SD = 1.92$ , versus 13.73  $SD = 1.52$ ), and to have ever used multiple types of drugs (84% versus 57%, respectively) (not shown). Across individual drug types, residential clients were significantly more likely to have transitioned from the “gateway” drugs (e.g., alcohol, and marijuana) to more severe illicit drugs than the outpatient clients, such as amphetamines (40% versus 11%) and cocaine (26% versus 5%) (Figure 3). Consistent with these differences, residential clients were also more likely to have been in treatment before (63%), compared to outpatient clients (23%) (not shown).

**Figure 3**  
**RESIDENTIAL CLIENTS SIGNIFICANTLY MORE LIKELY TO**  
**USE ILLICIT DRUGS THAN OUTPATIENT CLIENTS**



\*Significant at  $P < .05$ .

NOTE: Percentages based upon multiple responses.

SOURCES: SANDAG; CATS Phoenix House Admission form

In addition to data collected from the Phoenix House Admission form, staff conducted the Youth Assessment Index (YAI) interview, which measures problems within the family, as well as drug dependency. Because of the powerful role peers play in a youth’s life, the FAH staff sought to

<sup>7</sup> Adolescent Substance Abuse Knowledge Base (2006). [On-line]. Available at <http://www.adolescent-substance-abuse.com>.

understand a youth's sphere of influence. To accomplish this, the program used three elements from the drug/alcohol section of the YAI in order to measure peer influences on the clients' drug and alcohol use. Not surprisingly given this population, most of the youth reported that three or more of their five closest friends drink alcohol (71%), use drugs (62%), and/or smoke cigarettes (58%). In addition, a significantly greater proportion of residential clients had three or more friends that either smoke cigarettes (65% versus 50%) or use drugs (68% versus 55%) (not shown).

### ***Delinquent History***

Intake data show that the youth accessing FAH were deeply involved in delinquency<sup>8</sup>, with residential clients more likely to have had contact with law enforcement, been associated with gangs, and demonstrated violent behavior. As Table 4 shows, almost three-quarters (73%) of residential clients reported being previously arrested compared to less than one-half (48%) of outpatient clients and they had also been arrested at a younger age on average (14.16 versus 14.95 years old, respectively) (not shown). Additionally, of those clients arrested, residential clients had more than twice as many arrests, on average, than those youth in outpatient treatment (3.90 versus 1.96, respectively). Along with having a more extensive arrest history, significantly more residential clients than outpatient clients reported ever being associated with a gang (29% versus 8%); however of those reporting gang association, a similar amount in both groups were currently involved in the gang (68%). This association with gangs was found to be positively associated with both prior arrests (76% versus 55% non-gang), and being involved in a fight during the past 30 days (37% versus 7% non-gang) (not shown). These findings support existing research that has documented a high correlation between gang involvement and delinquent behavior. This association could also explain why a larger percentage of residential clients who had been associated with gangs were also are more likely to have a history of violence.

The majority (73%) of residential clients had a prior arrest and nearly one-third (29%) reported ever being associated with a gang.

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<sup>8</sup> All delinquent activity data are self-reported.

**Table 4**  
**RESIDENTIAL CLIENTS MORE LIKELY TO BE ARRESTED AND**  
**ASSOCIATED WITH GANGS THAN OUTPATIENT CLIENTS**

	Outpatient	Residential	Total
Had a Prior Arrest*	48%	73%	59%
Average Number of Arrests*	1.96 (SD = 1.8)	4.14 (SD = 4.05)	3.17 (SD = 3.40)
Ever Associated with a Gang*	8%	29%	18%
Currently Involved in a Gang*	5%	20%	12%
Been in a Fight in the Past 30 Days*	5%	21%	12%
<b>TOTAL</b>	<b>175</b>	<b>143-144</b>	<b>318-319</b>

\*Significant at  $p < .05$ .

NOTE: Cases with missing information not included.

SOURCES: SANDAG; CATS Phoenix House Admission form

### **Delinquency Risk Factors**

As mentioned previously, the FAH program used the San Diego Regional Resiliency Checkup (SDRRC) to measure the level of risk and protective factors collected across six domains (family, peer relations, education, individual, delinquency, and substance use). Scores from each of the risk and protective subscales within each domain are combined into a single resiliency score. The SDRRC offers two modes to measure risk: one categorizes cut-points for youth risk levels (i.e., intensive, high, medium, and low)<sup>9</sup>; and the second is a numerical score in which a higher score implies a higher resiliency to delinquency and a lower score corresponds with a higher risk of delinquency, with a total range of 0 to +/-60 for each summary score and 0 to +/-10 for each subscale.

Overall, results from the SDRRC were consistent with the other assessments, revealing that FAH is working with a population at very high risk for delinquency, with the residential component working with the highest risk youth. Specifically, almost two-thirds (63%) of all clients were assessed at the *Intensive Risk* level, with the majority of residential clients scoring within this range of risk (74% versus 49% of outpatient clients) (Table 5). One in five (22%) of all clients fell within the *High Risk* category and 14 percent were ranked as *Medium Risk*. Outpatient clients were more likely to be assessed at these lower levels, with 30 percent at *High Risk* and 20 percent at *Medium Risk* (compared to 15% and 10% of residential clients). Again, these data support the accurate assessment of the program in directing youth to the appropriate level of care.

<sup>9</sup> These categories are based on subtotals created by the San Diego County Probation Department to help direct treatment for youth referred to Probation.

**Table 5**  
**RESIDENTIAL CLIENTS ASSESSED AS HIGHEST RISK FOR DELINQUENCY**

	Outpatient	Residential	Total
Intensive Risk*	49%	74%	63%
High Risk*	30%	15%	22%
Medium Risk*	20%	10%	14%
Low Risk	2%	1%	1%
<b>TOTAL</b>	<b>97</b>	<b>127</b>	<b>224</b>

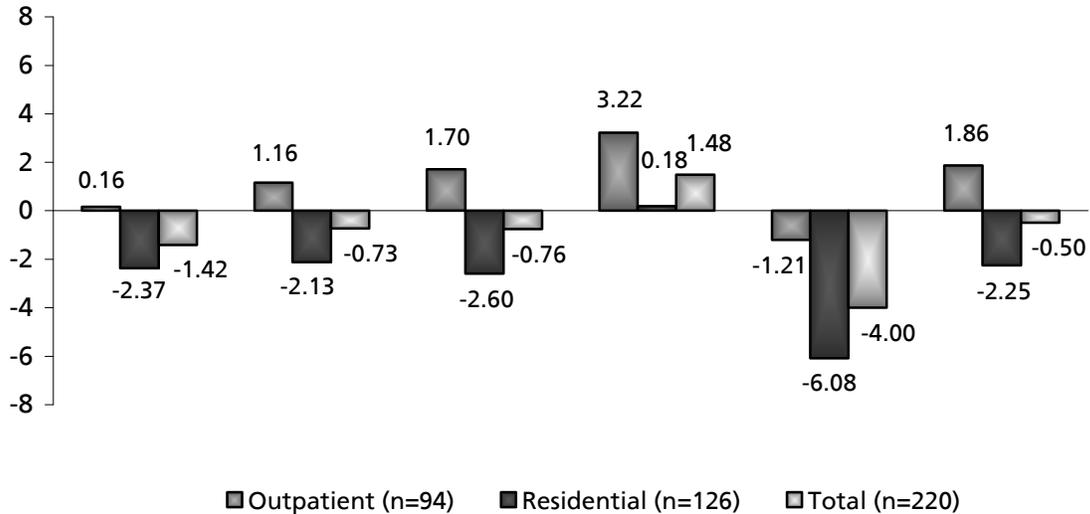
\*Significant at  $P < .05$ .

NOTE: Percentages may not equal 100 due to rounding.

SOURCES: SANDAG; CATS Phoenix House Admission form

Examination of the individual domains provides more detail of the specific areas of risk and protective factors. Because the separate risk items are scored with negative numbers and the protective items are scored with positive numbers, an equal amount of risk and protective factors for each of the various resiliency subscales would be equal to zero, with a positive score indicating more protective factors than risk and a negative score signifying the reverse. As is apparent in Figure 4, FAH clients as a whole, with the exception of the *Peer* domain, had a greater number of risk than protective factors in each of the domains, as indicated by an average negative score. These domains include *Delinquency*, *Education*, *Family*, *Substance Use* and *Individual*. Given the large proportion of residential clients that fell within the “Intensive Risk” category, it is not surprising that their risks in each domain were significantly greater than outpatient clients, as evidenced by their higher negative scores. Furthermore, the most clear-cut sign of risk fell within the *Substance Use* subscale (-4.00 overall, -6.08 for residential, and -1.21 for outpatient), which is consistent with what one would expect from a program that is focused on substance abuse treatment.

**Figure 4**  
**ALL CLIENTS HAVE MORE RISK THAN PROTECTIVE**  
**FACTORS AT INTAKE**



\*Significant at  $p < .05$ .

NOTE: Cases with missing information not included.

SOURCES: SANDAG; San Diego Regional Resiliency Checkup (SDRRC)

The intensity of risk is heightened when examining the summary scores of the two treatment groups. That is, compared to outpatient clients, the residential clients on average had significantly higher total risk scores ( $-35.63$ ,  $SD = 12.6$  versus  $-19.56$ ,  $SD = 11.10$ ) and lower protective scores ( $21.54$ ,  $SD = 11.30$ , versus  $27.70$ ,  $SD = 11.14$ ) resulting in significantly lower overall resiliency ( $-12.97$ ,  $SD = 23.63$ , versus  $-.41$ ,  $SD = 21.87$ ) (Table 6). The intake data from the SDRRC highlight the challenges facing the youth upon entering FAH, especially the residential program, possessing few positive factors in their lives that offer a buffer against the numerous risks they face.

**Table 6**  
**RESIDENTIAL CLIENTS POSSESS MORE RISK AND FEWER**  
**PROTECTIVE FACTORS THAN OUTPATIENT CLIENTS**

	Outpatient Clients	Residential Clients	Total
Total Risk Score*	-19.56	-35.63	-28.67
Total Protective Score*	27.70	21.54	24.21
Total Resiliency Score*	-.41	-12.97	-7.53
<b>TOTAL</b>	<b>97</b>	<b>127</b>	<b>224</b>

\*Significant at  $p < .05$ .

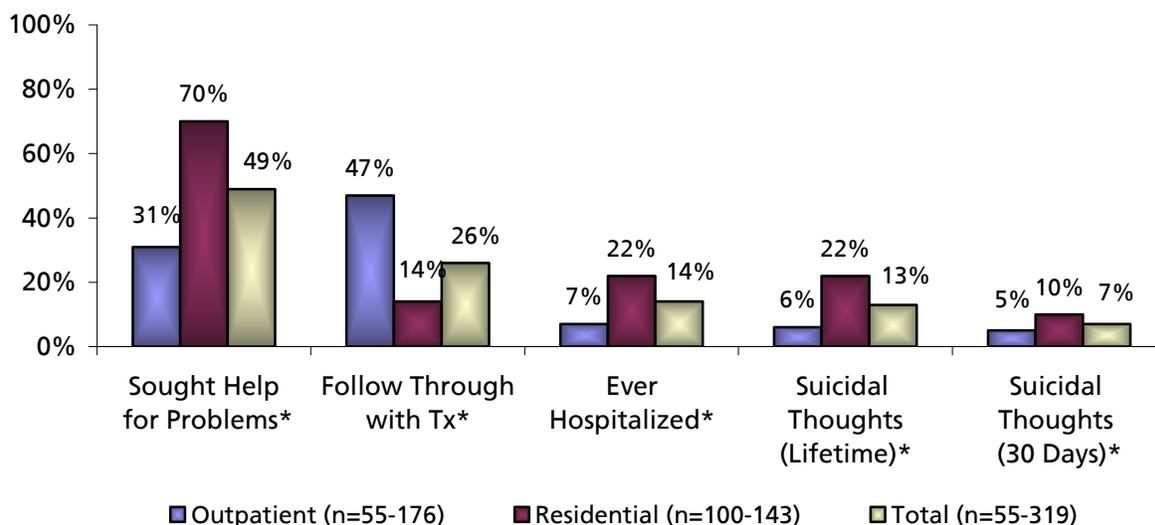
SOURCES: SANDAG; San Diego Regional Resiliency Checkup (SDRRC)

### **Mental Health History**

As with delinquency, residential clients reported significantly higher levels of risk in regard to mental health. While about one-half (49%) of FAH clients reported having previously talked with a psychiatrist, therapist, or social worker about emotional problems, almost three-quarters (70%) of residential clients had sought help for an emotional problem (compared to 31% of outpatient clients). However, despite seeking treatment, the residential clients were less likely than outpatient clients to follow through with the treatment plan (14% versus 47%, respectively) (Figure 5). Additionally, approximately one in five (22%) residential clients had been hospitalized for their problems, for an average of 1.78 ( $SD = 1.21$ ) hospitalizations for psychiatric or emotional problems compared to 7 percent of outpatient clients who averaged 1.67 ( $SD = .390$ ) hospitalizations (not shown). The effects of their mental health on their physical well-being are apparent, with 13 percent of all youth (22% of residential versus 6% of outpatient) having had thoughts of suicide within their lifetime and 7 percent (10% of residential versus 5% of outpatient) having had thoughts of suicide in the past 30 days prior to intake. Furthermore, six residential clients and one outpatient client had attempted suicide 30 days prior to entering treatment. Additionally, significantly more residential than outpatient clients reported that a family member had ever attempted or committed suicide (17% versus 8%, respectively) (not shown).

Mental health assessments reveal that FAH clients are also dealing with mental health problems, as well as their substance use issues.

**Figure 5  
RESIDENTIAL CLIENTS REPORT HIGHER LEVEL OF MENTAL HEALTH  
PROBLEMS THAN OUTPATIENT CLIENTS\***



\*Significant at  $p < .05$ .

NOTE: Cases with missing information not included.

SOURCES: SANDAG; San Diego Regional Resiliency Checkup (SDRRC)

Additionally, 15 percent of residential clients compared to just 1 percent of outpatient clients reported that they had been a victim of sexual abuse or rape at some point during their life (not shown).

Although not a full mental health assessment, these data do show that residential clients entered the program with a higher level of need than those youth receiving outpatient treatment. These data assume greater weight when viewed within the context of residential clients being less likely to have health coverage or to be able to pay for treatment. The combination of these two factors raises the question of how access to appropriate treatment impacts the severity of needs for these youth.

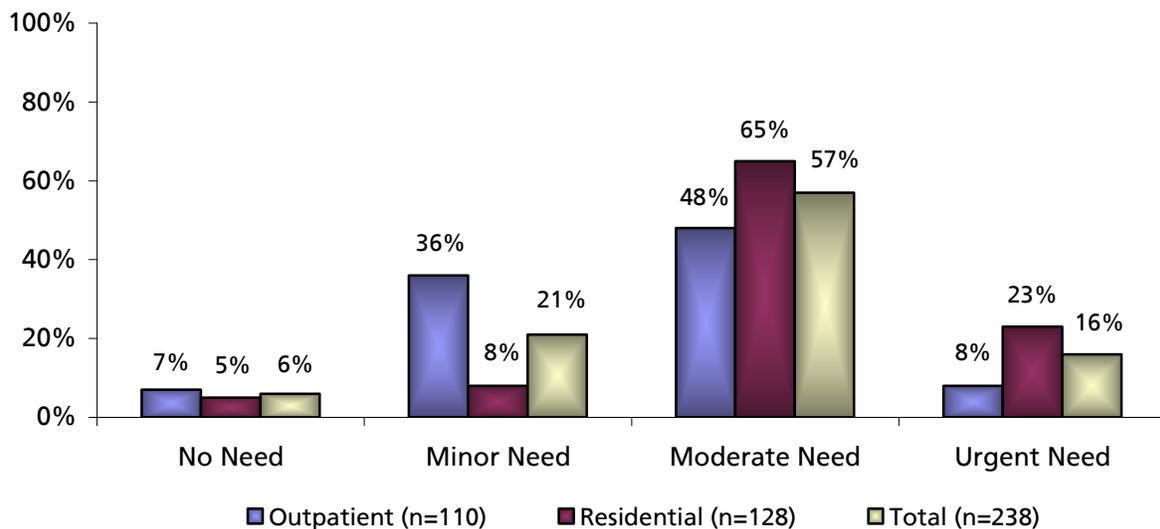
## Family Relationships

One of the primary goals of FAH is to assist the youth by helping the entire family to function better. Because the focus of the treatment is on the family unit, as well as the youth, FAH used several instruments to gauge the level of need and areas of focus in treatment. In order to measure family relationships, program staff used two separate assessments: the Youth Assessment Index (YAI) and a family functioning assessment tool entitled Family Assessment Measure, Version III (FAM-III) to establish a baseline and eventually measure progress in family functioning, coping, communication, and parenting skills. Through these assessments, many youth reported family issues that could possibly be related to their substance use and may indicate that the youth and their families are dealing with several stressors, including trauma, disruption, and violence. Additionally, analysis of the two treatment groups again revealed that residential clients were dealing with more severe family issues than outpatient clients.

Residential, more so than outpatient, clients have experienced a disruption in family relations including over half experiencing a death of a relative, two-thirds having a member who had been arrested, and nearly three-quarters having run away from home at some point.

Overall, the majority of youth accessing FAH services was rated at either a level two (“Moderate”) (57%) or level three (“Urgent”) (16%) Interviewer Severity Rating for the Family Relationships section. However, a significantly larger percentage of residential clients fell within the two higher level ratings (65% moderate and 23% urgent) compared to outpatient clients (48% and 8%, respectively) (Figure 6). In other words, residential clients’ families faced the challenge of coping with severe family problems.

**Figure 6**  
**RESIDENTIAL CLIENTS RATED AS HAVING MORE SEVERE FAMILY PROBLEMS**



\*Significant at  $p < .05$ .

SOURCES: SANDAG; Youth Assessment Index (YAI).

Taking a more detailed look at the individual components that inform the overall rating, a significantly greater percentage of residential clients had a more severe rating in 7 out of 12 potential family problem areas. As Table 7 shows, those areas of greatest concern pertained to family instability and the client leaving home. Residential clients and their siblings were significantly more likely than outpatient clients to have lived somewhere else than their home, with nearly twice as many having changed living environments in the past year (81% versus 40%, respectively), having lived away from his/her parent/guardian (81% versus 37%), and reporting that a sibling under the age of 18 had lived away from home (36% versus 20%). Despite these differences, the majority of clients in both groups were not unhappy with their living situation, with less than one-third (29%) expressing dissatisfaction with their home life. However, another form of loss these youth had to deal with was the death of a member of his/her immediate family, which was the case for over half (54%) of residential clients compared to about one-quarter (23%) of outpatient clients. While the data do not allow for statements of causation between certain behaviors and family stressors, the majority (72%) of residential clients had run away from home, which was significantly higher than just over one-quarter (27%) of outpatient clients.

**Table 7**  
**RESIDENTIAL CLIENTS MORE LIKELY TO FACE CHALLENGES**  
**AT HOME THAN OUTPATIENT CLIENTS**

	Outpatient Clients	Residential Clients	Total
Living situation ever changed*	40%	81%	62%
Ever lived away from home before age 18*	37%	81%	60%
Siblings ever lived away from home*	20%	36%	28%
Dissatisfied with living situation	25%	32%	29%
Ever run away from home*	27%	72%	51%
Any family member died*	23%	54%	39%
Family member hospitalized overnight or longer	44%	53%	49%
Family member arrested*	51%	67%	60%
Engaged in physical fight with a parent/guardian*	23%	35%	30%
Have a family problem	22%	33%	28%
Serious problems getting along with anyone in your household	45%	53%	49%
Would you like counseling for these family problems (n=67)	50%	56%	54%
Been involved family counseling or assigned a caseworker	44%	53%	49%
<b>TOTAL</b>	<b>116 – 119</b>	<b>128 – 131</b>	<b>238 - 250</b>

\*Significant at  $p < .05$ .

NOTES: Cases with missing information not included. Percentages based upon multiple responses.

SOURCES: SANDAG; Youth Assessment Index (YAI)

In regard to criminal activity and the family, two-thirds (67%) of residential clients noted that at least one family member had been arrested compared to half (51%) of outpatient clients. A large portion of youth also reported having had a physical fight with their parent/guardian (35% of residential compared to 23% of outpatient) and a similar percentage felt like they had a family problem (33% of residential clients and 22% of outpatient). However, slightly more youth in both groups did report that they had a serious problem in getting along with someone in their household (49%), and over half (54%) indicated they would like counseling for these problems, with no significant difference between groups.

In addition to the YAI, the FAH program utilizes the 50-item General Scale of the FAM-III<sup>10</sup>, which measures overall family health across several universal clinical parameters: Task Accomplishment; Role Performance; Communication; Affective Expression; Involvement; Control; and Values and Norms. It also includes two performance (or validity) scales: Social Desirability and Defensiveness. The FAM-III is administered to both the youth and a parent/guardian in order to measure family functioning in a multidimensional way. While the assessment scores are initially collected in a raw format (with scales ranging between 0 to 24), each score is then standardized so that each subscale has a mean of 50 and a standard deviation of 10, with the majority of scores ranging between 40 and 60. In general, *T-scores* of 60 or higher are considered to be clinically significant indicators of a problem. Additionally, cross-referencing the youth score with the adult score provides deeper insight into the functioning of the family, and measuring changes in these scores over time using multiple assessments (as planned by the FAH program) provides insight into the effect the treatment program has on the functioning of the family.

According to data gathered from the FAM-III at intake, large discrepancies exist between the parent and youth regarding the family dynamic. To measure family functioning overall, an index was created by taking the average of the seven subscales. Based upon these criteria, just 30 percent of the youth view their family relationships as severely problematic, compared to 77 percent of the parents (not shown). There was no difference in these scores between treatment groups. This difference speaks to the challenge of not only addressing the specific problem but also the seemingly wide disconnect between the client and his/her parent/guardians of what the problem is.

To investigate these relationships further, the seven subscales were also examined separately. However, while all severity ratings are important, contrasting the adult and youth scores on each subscale makes evident not only whether a problem exists, but how differently it is perceived by each family member. As illustrated in Table 8, within this sample, the greatest discord between family members' perceptions of problems lies within the *Values and Norms* subscale (measuring inconsistencies between various components of the family's value system), with nearly four times as many adults than youth rating it as problematic (82% versus 24%, respectively). This was followed by the *Communication* subscale (measuring mutual understanding among family members as well as the ability of members to seek clarification in case of confusion) and the *Control* subscale (measuring power struggles and the ability to adapt to changing demands), with over one-quarter more parents (73% and 79%, respectively) than youth (44% and 52%) indicating these issues as severely problematic. Also significantly different between

Parents were more likely than youth to perceive their family as having severe problems in core family functioning areas.

<sup>10</sup> For a more detailed description of the FAM-III assessment, see Skinner, H., Steinhauer, P., and Santa-Barbara, J. 2005. *The Family Assessment Measure – III (FAM-III)*. North Tonawanda, NY: Multi-Health Systems, Inc.

adults and youth was the perception of family *Involvement* (the degree and quality of family members interest in one another), with a larger portion of parents (83%) reporting this to be a problem than youth (64%). Parents and youth were most aligned in regard to the *Role Performance* (the inability to adapt to new roles and integrate into the family), *Task Accomplishment* (failure with some basic tasks), and the *Affective Expression* (measuring expression of emotions appropriate to a situation) subscales.

**Table 8**  
**PARENTS AND YOUTH DIFFER ON THE SEVERITY OF FAMILY PROBLEMS**

	Youth	Parent/Guardian
Values and Norms*	24%	82%
Communication*	44%	73%
Control*	52%	79%
Involvement*	64%	83%
Affective Expression	41%	31%
Task Accomplishment	57%	59%
Role Performance	59%	61%
<b>TOTAL</b>	<b>156</b>	<b>164</b>

\*Significant at  $p < .05$ .

NOTE: Cases with missing information not included.

SOURCES: SANDAG; Family Assessment III Measure General Scale

Interestingly analysis between the two groups revealed that the difference between parent and youth in the *Communication* and *Control* subscales did not exist for residential clients. More specifically, residential youth while still less likely than their parents to rate their *Communication* (57% versus 70%) and *Control* (53% versus 63%) as severely problematic, the difference was not statistically significant (not shown).

### What Was the Level of Family Involvement During the Treatment and Recovery Process?

The FAH program offers several therapeutic and social activities for the clients and their families to participate in. For example, there are three therapeutic/education services, (individual family therapy (IFT), multi-family group counseling (MFG), and family education courses (FED)), that provide education, support, and guidance to the families as they learn to work through their problems together. Additionally, the social and recreational activities, including the *Family Tea*, provide

The majority of FAH clients had at least one family member actively participating in his/her treatment. Most often the family member was the client's mother.

clients and families a chance to bond in an informal setting, plan for holiday activities and reunions, build networks with others who are experiencing similar problems, and share in each others' successes. In order to measure family participation in therapeutic and social activities offered as part of the client's treatment, data from sign-in sheets are collected and tracked.

Of the 308 clients for whom there was participation data, 81 percent of the youth participated in at least one family treatment or recreational service. Of those youth who did participate, 95percent had at least one family member in attendance for at least one event (not shown).

Because engaging youth long enough to complete at least 90 days of treatment is one of the primary goals of FAH, analyses of participation data were conducted on those clients who had been in the program for at least three months. Of the 308 clients that had participation data, 75 percent had been in the program for at least three months, 87 percent of which had attended at least one treatment activity. On average, clients attended 17.29 (SD = 16.12.) therapeutic or recreational activities, 6.63 (SD = 6.84) sessions in multi-family group counseling, and 7.62 (SD = 6.90 sessions in individual family therapy. Of the three therapeutic sessions available (MFG, IFT, and FED), an average of 73 percent of the time the client who attended had at least one family member in attendance as well (not shown). As outlined in Table 9, the most common family member to participate in family treatment was the mother, attending an average of 57 percent of the time, followed by the father (26%).

**Table 9**  
**AVERAGE PERCENT OF FAMILY PARTICIPATION OF CLIENTS**  
**IN PROGRAM FOR AT LEAST THREE MONTHS**

Family Members	Average Percent Attendance
Mother	57% ( <u>SD</u> = 37%)
Father	26% ( <u>SD</u> = 35%)
Sibling	9% ( <u>SD</u> = 23%)
Other Relative	7% ( <u>SD</u> = 22%)
Grandmother	5% ( <u>SD</u> = 20%)
Grandfather	1% ( <u>SD</u> = 8%)
<b>TOTAL</b>	<b>196</b>

*NOTES: Cases with missing information not included. Percentages based upon multiple responses.*

*SOURCES: SANDAG; Family Assessment Measure General Scale*

## What Were the Characteristics and Needs of Clients and Their Families at Program Exit?

As noted earlier in the report, approximately three-quarters (73%) of youth completed 90 days of treatment and over half (60%) successfully completed the program<sup>11</sup>, with outpatient clients more likely (70%) to do so than residential clients (49%) (not shown). This difference in completion rate was not unexpected given the greater level of risk and higher intensity of needs residential clients were dealing with compared to outpatient clients upon entry into the program.

At exit, 111 youth had completed both an intake and exit SDRRC, 53 had completed the intake and exit FAMIII assessment, and 93 had completed a treatment satisfaction survey. In addition, staff documented if the youth had remained drug-free upon exit, was currently employed or in school, and if s/he had not been rearrested on a new charge.

### ***Delinquency Risk Factors***

Comparisons of youth who completed both an intake and exit SDRRC indicate change in the positive directions for both residential and outpatient clients. Overall, residential clients demonstrated a greater degree of change, on average, in their total risk (4.61 (SD = 18.21)), protective (8.04 (SD = 13.90)) and resiliency scores (10.45 (SD = 29.06)), compared to outpatient clients (-3.55 (SD = 14.18), 2.46 (SD = 6.62) and -.93 (SD = 23.05), respectively) (not shown). This is not surprising given that residential clients entered treatment with significantly higher overall scores and had room for a greater degree of change. As a group, FAH youth made significant improvement in their average total protective scores 25.91 (SD = 11.84) at intake to 31.03 (SD = 12.20) at exit. This significant change was also realized in the youths' overall average resiliency score (-6.93 (SD = 23.58) at intake to -2.43 (SD = 26.15) at exit). Changes in these two scores indicate that the youth increased their resources to counter the numerous risks in their lives. Unlike protective and resiliency scores, there was little change between intake and exit in overall risk scores (Table 10).

### **KEY OUTCOMES AT EXIT**

- ✓ Almost all (98%, each) youth were drug-free and crime-free at exit from FAH.
- ✓ All (100%) clients were employed or enrolled in school at exit.
- ✓ The majority (76%) of youth were still crime free six months following exit and 63 percent reported not using alcohol or drugs in the past 30 days.
- ✓ SDRRC scores showed significant:
  - improvement in both resiliency and protective scores; and
  - improvement in youths' substance abuse, educational, delinquency, and peer scores.
- ✓ Overall, 80 percent or more of youth felt positively about the staff, including the respect they received, the job staff performed, and the information staff provided about their treatment.

<sup>11</sup> Successful completion also includes those clients who made successful progress but had to leave the program before completing.

**Table 10**  
**FAH CLIENTS POSSESS SIGNIFICANTLY MORE PROTECTIVE**  
**FACTORS AT EXIT THAN AT INTAKE**

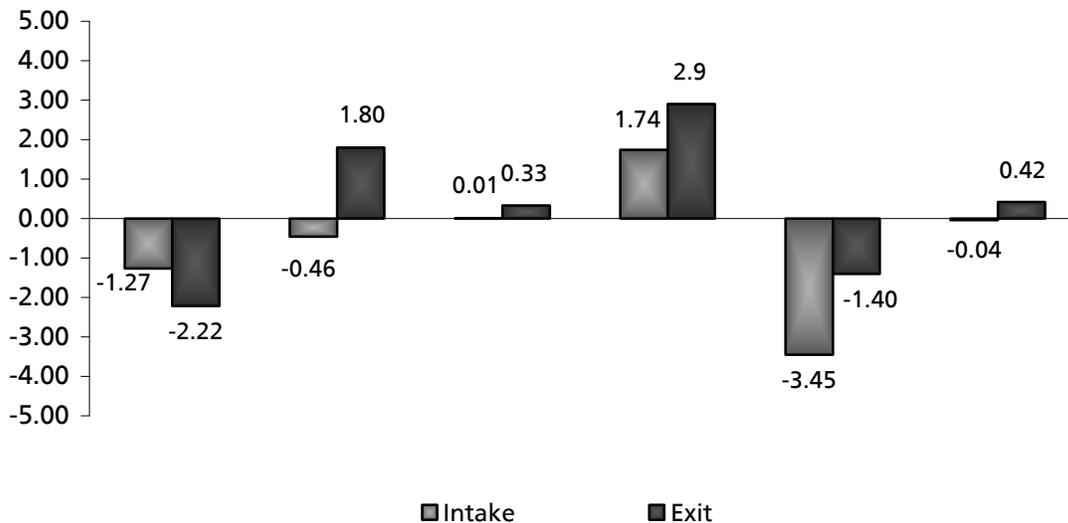
	Intake	Exit
Total Risk Score	-26.53	-26.20
Total Protective Score*	25.91	31.03
Total Resiliency Score*	-6.93	-2.43
<b>TOTAL</b>	<b>107</b>	

\*Significant at  $p < .05$ .

SOURCES: SANDAG; San Diego Regional Resiliency Checkup (SDRRC)

A closer analysis of the individual domains showed a significant difference in the average change in scores from intake to exit in the *Educational* and *Substance Abuse* domains, with the residential clients demonstrating a greater degree of change than outpatient clients (4.47 and 3.24 versus .04 and .86, respectively). Except for the *Delinquency* score, in which youth had a significantly higher risk score on average at exit (-2.22) compared to intake (-1.27), change in the positive direction was realized in all of the other SDRRC domains. Specifically, statistically significant improvement was measured in three of the six domains; *Education*, *Peer Relations*, and *Substance Abuse* (Figure 7).

**Figure 7**  
**CLIENTS SIGNIFICANTLY DECREASED THEIR SDRRC SUBSTANCE**  
**ABUSE RISK SCORE BETWEEN INTAKE AND EXIT**



**TOTAL = 97 - 98**

\*Significant at  $p < .05$ .

NOTE: Cases with missing information not included.

SOURCES: SANDAG; San Diego Regional Resiliency Checkup (SDRRC)

As noted earlier, the SDRRC assesses a youth’s risk for delinquency. While youth made significant changes in decreasing their risk for recidivism, at exit over half (52%) of FAH clients still remained within the “intensive” level of risk, 23 percent were categorized as “high,” 19 percent as “medium,” and 5 percent as “low” (not shown). These scores suggest that additional aftercare support may be useful to support the positive changes made during treatment.

In alignment with this positive change, of the 229 youth staff had information on at exit, almost all clients were drug free (98%) and crime free (98%) at the time of exit and all (100%) were either enrolled in school or in an employment preparation (Table 11).

**Table 11**  
**MAJORITY OF FAH CLIENTS WERE DRUG AND CRIME FREE AT EXIT**

	Outpatient	Residential	Total
Drug Free	95%	91%	98%
Crime Free*	97%	100%	98%
Employed/Enrolled in School*	100%	100%	100%
<b>TOTAL</b>	<b>128</b>	<b>101</b>	<b>229</b>

\*Significant at  $p < .05$ .

NOTE: Cases with missing information not included.

SOURCES: SANDAG; FAH Staff Exit Interview

### **Family Relationships**

At intake, the FAM III assessment revealed the clear disconnect between adult and youth in their perception of problems within the family. Analyses were conducted to measure any change in the degree of difference between perceptions at intake compared to exit. The result revealed no significant change in perceptions between adults and youth among all of the eight scores. Overall, a significantly larger percentage of adults (79%) continued to view family relations as more problematic than youth (44%) (not shown). Furthermore, the same four domains that had significant differences between youth and adult scores at intake were also significantly different at exit. Specifically, youth were less likely than adults to view their family as having severe problems in regard to *Values and Norms* (31% versus 94%, respectively), *Communication* (48% versus 67%, respectively) *Control* (58% versus 87%), and *Involvement* (73% versus 88%). On the other hand, the youth and adults were in alignment in regard to the other three scales (*Affective Expression*, *Task Accomplishment*, and *Role Performance*). It is important to note that when interpreting these results, while the General Score of the FAM III provides a useful tool in the context of the entire therapeutic package, it has been noted as not being as sensitive in measuring change in individual relationships as other sections of the tool<sup>12</sup>. With this understanding and the small sample size, it is not advisable to draw any conclusion about family relations from these scores.

<sup>12</sup> Skinner, H., Steinhauer, P., & Santa-Barbara, J.,(1993). **Family Assessment Measure FAM III**. North Tonawanda, NY: Mental Health Systems, INC.

**Table 12**  
**PARENTS AND YOUTH CONTINUE TO DIFFER ON FOUR OUT OF SEVEN**  
**FAMILY ASSESSMENT DOMAINS**

	Youth	Parent/Guardian
Values and Norms*	31%	94%
Communication*	48%	67%
Control*	58%	87%
Involvement*	73%	88%
Affective Expression	31%	27%
Task Accomplishment	52%	52%
Role Performance	41%	45%
<b>TOTAL</b>	<b>51 - 52</b>	

\*Significant at  $p < .05$ .

NOTE: Cases with missing information not included.

SOURCES: SANDAG; Family Assessment III Measure General Scale

### **Satisfaction with Services**

Upon completion of the program, youth and family members were given a survey to gauge satisfaction with the FAH program and gain input into programmatic improvements. While multiple individuals (e.g., therapist or parent) could complete the survey for this analysis, priority was given to the clients' answers. If a client did not complete the survey, then the priority went to the family member. A total of 93 surveys were completed and analyzed for this report. Clients were asked to rate staff using a five-point scale ranging from 1 "Strongly Disagree" to 5 "Strongly Agree" and, for purposes of analyses, responses were collapsed into two categories, either agreed or disagreed.

The majority of FAH youth rated the staff and program positively.

The majority of clients rated the program and staff positively, with responses ranging from 74 percent to 92 percent. Overall, the results indicate that the staff communicated the goals of the program effectively, were respectful of clients, and provided the substance abuse help the clients needed. As detailed in Table 13, approximately nine out of ten respondents felt that the staff respected them (92%), did a good job explaining the program rules (90%), provided enough help (88%), and did a good job in general (86%). A similar percentage noted that staff explained what the treatment was supposed to accomplish (85%), had time to see them (84%), were sensitive to their cultural background (82%), were fair (81%), and were included in the treatment process (80%).

Additional analysis revealed that completion status (i.e., successful versus unsuccessful completion) was associated with a youth's positive rating of the program. That is, when examining these data across treatment groups, outpatient clients indicated a significantly higher level of satisfaction with

the program services than residential clients, with 78 percent of outpatient clients rating most questions positively (i.e., agreed or strongly agreed to statements), compared to just over half (55%) of the residential clients (not shown). Yet further analysis suggests that a client’s exit status (successful versus unsuccessful participation) rather than his/her treatment group, was the primary factor influencing a youth’s perception of the program. Specifically, outpatient clients who completed the satisfaction questionnaire were significantly more likely to have successfully completed the program compared to residential clients (98% versus 75%) and analysis of completion status revealed that those who successfully completed (whether in residential or outpatient treatment) were more likely to rate the program successfully<sup>13</sup> (not shown). Because only 11 clients who completed the satisfaction form did not successfully finish the program, data are presented as a whole, rather than by groups or exit status.

**Table 13  
MAJORITY OF CLIENTS WERE SATISFIED WITH PROGRAM STAFF**

Satisfied that FAH staff....	Percentage Positive
Respected clients	92%
Explained the rules of the program	90%
Gave you enough help for now	88%
Did a good job	86%
Explained what your treatment was supposed to accomplish	85%
Had the time to see you	84%
Were sensitive to your cultural background	82%
Were fair with clients	81%
Asked for your opinions about your problems/how to solve them	80%
Helped you do something about your substance use	79%
(Staff) and you agreed on what to do about your substance use	77%
(Staff) and you agreed on what to do about your other problems	77%
(Staff) and you agreed on what your problems were	75%
Helped you do something about your other problems	74%
<b>TOTAL</b>	<b>91-93</b>

*NOTES: Cases with missing information not included. Percentages based upon multiple responses.*

*SOURCES: SANDAG; Treatment Satisfaction Index*

<sup>13</sup>The only area this was not the case was the question of how well the staff and client “agreed on what to do about your other problems” in which residential clients who successfully completed the program were less likely to rate this positively (61%) compared to successful outpatient clients (87%).

## What Were the Characteristics and Needs of Clients Six Months After Program Exit?

In an effort to measure how clients were doing after leaving treatment, FAH staff was able to locate 72 youth six months post-treatment and conduct a follow-up interview. Of these youth, 43 percent had been in outpatient treatment and 57 percent had been in residential, with just over half (53%) completing treatment successfully (not shown). Overall, the majority of youth that were contacted following treatment was sober and crime-free.

As Table 14 shows, almost all (92%) of the clients contacted for follow-up interviews were living in a safe environment six months after exiting the program and two-thirds (63%) noted that his/her relationship with his/her immediate family had improved (significantly more outpatient clients reported this than residential) and just over half (51%) reported having better peer relationships. As with family relations, significantly more outpatient clients (74% compared to 40% of residential) reported being in school or employed at the time of the interview. Although the majority of the youth were deeply entrenched in delinquent behaviors at intake, over three-quarters (76%) reported not having been arrested for a new offense. In addition, two out of five (43%) youth reported remaining drug free since leaving the program and nearly two-thirds (63%) stated they had not used in the past 30 days. However less than one in five youth were still enrolled in continue care services.

**Table 14**  
**MAJORITY OF ALL CLIENTS REPORTED BEING CRIME-FREE AT FOLLOW-UP**

	Outpatient	Residential	Total
Living in Safe Environment	97%	88%	92%
Crime Free	74%	78%	76%
Clean and Sober the Last 30 Days	61%	65%	63%
Improved Family Relations*	77%	53%	63%
Employed/Enrolled in School*	74%	40%	55%
Improved Peer Relations	61%	44%	51%
Drug Free	45%	42%	43%
Participating in Continuing Care	13%	24%	19%
<b>TOTAL</b>	<b>31</b>	<b>40 - 41</b>	<b>71-72</b>

\*Significant at  $p < .05$ .

NOTE: Cases with missing information not included.

SOURCES: SANDAG; FAH Staff Exit Interview

## SUMMARY

As part of the Phoenix House San Diego's Families as Healers (FAH) project, the Criminal Justice Research Division of SANDAG conducted an impact evaluation to determine if the expected positive effects of the project were realized. At the request of the funder, analyses were expanded to include outpatient clients in addition to the original focus solely on residential clients. Between August 2006 and December 2008, 320 clients completed the intake process and agreed to participate in the research project. Of these clients, 73 percent completed 90 days of treatment and 60 percent successfully completed the program.

The clients enrolled in this time period were primarily White or Hispanic and were most often referred by the justice system. Most reported living in a home environment with one or more parents in the past 30 days, and the majority had a history of substance abuse that included early initiation, use of multiple substances, peer groups that supported this behavior, and prior arrests for substance-related charges. These youth also frequently reported family and home issues that suggest areas for intervention, including violence, trauma, and previous criminal behavior by parents. Overall, parents and youth differed in their perception of the level of problems within the family but did share common views on certain areas in need of change.

Specific analysis comparing the two treatment groups revealed that residential clients illustrated more severe needs, as demonstrated by a greater history of drug use, substance abuse treatment, delinquent behavior, and psychiatric treatment, as well as lower SDRRC *Resiliency Scores*, compared to outpatient clients. Residential clients were also more likely to have had prior treatment but less likely to have completed it. Interestingly, this association was evident in FAH completion status, with outpatient clients more likely to successfully complete the program.

Analyses of exit data showed significant improvement in a youth's substance abuse risk, as well as increase in overall protective factors. Almost all youth exited the program drug free and had not committed a new offense.

### SUMMARY OF FINDINGS

- ✓ FAH greatly exceeded its goal of serving 50 clients, with 320 enrolled as of December 2008.
- ✓ Nearly three-quarters of clients completed at least 90 days of treatment.
- ✓ Analyses revealed that residential clients were at greater risk in almost all areas, including substance use, history of not completing treatment, mental health problems, delinquent activity, poor academics, and having challenging family and environmental backgrounds.
- ✓ On average, nearly three-quarters of clients had at least one family member participating in treatment.
- ✓ SDRRC scores showed that clients made the greatest gains in the area of substance use and increasing their overall protective factors.
- ✓ Nine out of ten youth who completed at least 90 days of treatment successfully completed the program.
- ✓ Almost all (98%) clients were drug free, crime free at exit, and all were enrolled in school or employed at exit.
- ✓ The majority of clients contacted at six-months were still crime free and almost two-third had not used substances in the past 30 days.
- ✓ Overall, FAH clients rated the program positively and felt the staff did a good job.

Overall, clients and their families were satisfied with the program, with 80 percent or more reporting that the program did a good job, staff was respectful and had given them enough help for now. While there were differences in satisfaction level between the two treatment groups, analysis revealed that a client's exit status was significantly associated with staff receiving a positive rating.

## **RECOMMENDATIONS**

**Increase institutional referrals to treatment:** The data indicate that although residential clients were more likely to have been in a detention facility prior to treatment, they were less likely to be referred to treatment by the criminal justice system. Given the role Probation plays in the lives of these youths, referring them to residential treatment immediately following detention may be beneficial in engaging clients.

**Engage Youth Earlier in Residential Treatment:** The early age at which residential clients initiate substance use places them in a high-risk category for future dependency. Engagement in more intensive treatment at an earlier age may reduce this population's further involvement in the justice system and increased severity of use.

**Adequately Fund Mental Health Services for Youth with Co-occurring Issues:** Nearly three-quarters of Residential clients had sought help for emotional problems, highlighting the prevalence of co-occurring issues with this population. Unfortunately, mental health treatment is not easily integrated with drug & alcohol treatment funding; each comes from different sources, funders, and requirements. Departments of Mental Health are encouraged to integrate funding for co-occurring adolescents who are engaged in residential treatment even though they were primarily referred for their substance abuse/dependence disorder. This episode of intense treatment is the best opportunity to provide these youth with the integrated services they and their families need.