

EVALUATION OVERVIEW

This annual report examines the Utah Board of Juvenile Justice (UBJJ) Outcome Evaluation Monitoring Project. The objective of the UBJJ outcome monitoring project is to assess the impact of the delinquency prevention and intervention efforts that the board funds. The Board has implemented a unique and useful outcome monitoring system. This system uses a widely accepted, theoretically driven model, reliable and valid survey instruments, and cost-effective delivery system which allow outcome measurements across a range of primary prevention and intervention programs.

For the majority of programs two broad-based measures are used to assess change. The first is based upon the Risk and Protective Factor model of prevention developed by Hawkins and Catalano. The second, the Youth Outcome Questionnaire, is a brief measure explicitly designed to be sensitive to changes in the most common behavioral and psychological difficulties exhibited by adolescents.

Both measures are administered to every youth entering a UBJJ funded program via a secure internet server. Internet administration allows for low cost administration, increased confidentiality protection, higher completion rates, and most importantly rapid reporting of results.

Results are then reported in a written format. Outcome reports are made available for providers. These reports include a comparison of the profiles of program participants at the start and end of the program. The results are presented in graphs that allow the provider to quickly see what areas have improved or deteriorated.

Using the outcome reports, the UBJJ board annually assesses whether the current programs are meeting their current goals and/or need any assistance. These reports also include templates which guide the provider through a process of program improvement. Providers can easily identify specific areas of strength and weakness. The evaluators provide recommendations and resources to increase the effectiveness of the programs. Recommendations are included in the program reports that direct programs towards empirically based model curricula that specifically address areas in need of intervention. UBJJ providers are able to then use this as a drive for program change and to scientifically adapt their program to meet the needs of the youth they are serving.

Over the past year the UBJJ outcome monitoring system has expanded in scope to include comparisons of program participants to the general population in the areas from which participants are drawn. These comparisons are possible because many of the scales used in the evaluation have been given to over 1 million middle and high school youth, including approximately 200,000 in the State of Utah. This new development enables providers and funding agencies to know not only when program changes have been statistically significant but how close program participants are to functioning in a similar range as the general population in the area in which they live. This information has also enabled several UBJJ funded programs to obtain additional outside funding and community support because the providers can show empirical evidence that they are effective in helping the youth they serve.

In addition to these changes, individualized evaluations have been implemented of programs that merit a different approach than the standard evaluation present above.

Two Evaluations: Standard v. Individual

Standard Evaluation

All UBJJ funded programs are included in the standard evaluation if they meet the following guidelines: 1- Meaningful program change is expected, 2- Program can be evaluated using survey methodology (e.g. self-report or parent reports). A detailed presentation of the standard evaluation approach is provided in Appendix A.

Individual Evaluation

Individual evaluations are used for programs that do not fit the criteria used for the standard evaluation. Currently individualized evaluations are underway for Delta Strengthening Families, Big Brothers and Sisters of Washington County, and Legal Equity for Minority Youth.

The Delta Strengthening Families evaluation illustrates a common objective which many funding agencies seek. The evaluation provides UBJJ with information on the effectiveness of a program, Strengthening Families, which has been shown to be empirically supported in randomized controlled trials. The evaluators have employed an instrument specifically designed for the Strengthening Families program derived from the Risk and Protective Factor scales. The effectiveness of this program in changing family functioning is reported later in this report.

Big Brothers Big Sisters of Washington County program necessitates an individualized evaluation as the program participants are typically younger than 12 years old and therefore have difficulty reading and understanding instruments used in the standard evaluation. Parent and Mentor reports have been substituted for youth reports. Two surveys are used to assess the quality of the match and changes in behavior. In addition, weekly activity logs are kept to assess the impact of match quality on the outcome. Results for this program are not reported as data collection is ongoing.

UBJJ has chosen to fund a program called Legal Equity for Minority Youth (LEMY). This program differs from the standard programs as it looks at differential treatment of minority offenders by the Juvenile Court. An individualized evaluation was designed for this program which looks at the equity of the sanctions received by minority offenders when compared with majority offenders. The premise of the LEMY program is that minority offenders will be treated more fairly by the juvenile court when provided representation and legal education. As part of educating court officials on the different experiences of minority youth, the evaluator's have also completed a profile of the risk and protective factors of youth entering this program. This profile is reported on below. It empirically illuminates important differences between minority and Caucasian offenders. This information is intended to be used by the program as a tool to decrease cultural bias that may exacerbate further involvement within the juvenile justice system.

Implementation Update

In the past year the evaluators have assessed the impact of delinquency prevention and intervention efforts by employing a Risk and Protective Factor framework to evaluate the outcome of participants that receive UBJJ funded programming. In order to meet this objective the evaluators have: 1) Provided Internet and paper survey to all programs funded 2) Analyzed Risk and Protective Factor and Youth Outcome Questionnaire results and 3) Provided annual reports which included Risk and Protective profiles and Youth Outcome Questionnaire changes by program. The evaluators have also provided recommendations and information on effective

interventions to UBJJ board and programs. The following presentations were given to the board during the past grant period:

- UBJJ Program Evaluation: The Evolving Implementation, July 2004
- Profile of Risk and Protective Factors for the Past Three Years, August 2004
- UBJJ Outcome Evaluation: Annual Report, September, 2004
- Overview of Risk and Protective Factors for UBJJ Planning Meeting, October 2004
- L.E.M.Y.- Legal Equity for Minority Youth, December 2004
- UBJJ Big Brothers and Big Sisters of Washington County: Report of Evaluation Progress, January 2005
- Utah Peace Institute: Risk and Protective Factors for War Refugee Youth, March 2005.

Evaluation results were used in grant applications by the Green River Community Center, Delta Strengthening Families, and the Ute Indian Tribe. Results were also used by the Brigham City Boys and Girls Club in presentations to the mayor and city council to gain support for their efforts, Utah Peace Institute in a presentation to the United Nations Conference on Families, and by the evaluators in a presentation to the Utah Board of Juvenile Judges.

During the past grant year several implementation challenges were noted. Namely, the quality of the surveys returned was uneven, several providers perceived the administration time needed was unduly lengthy, several programs appeared to have an unusually small number of surveys and most programs returned very few end of program surveys (posttests).

The researchers are continually seeking to enhance the process needed to get valid and reliable results from all programs funded by UBJJ. For the upcoming grant year the evaluators plan to focus methods to increase compliance with the evaluation. The specific goals are:

- a) Have current program status reports available for board members when conducting a site visit. Include current surveys received, program compliance with evaluation, most recent results and evaluator's comments/suggestions.
- b) Present to monthly UBJJ board meetings on annual report and overview of relevant findings for board policy and direction.
- c) Report monthly participant numbers to each program and the board.
- d) Implement web reporting for survey results. Copies of all reports made available in pdf format on-line and interactive reports available on-line.
- e) Create evaluation website providing overview of evaluation (including logic model, methods, supporting information), survey administration instructions, pdf reports, surveys received, and information to increase usability of results (including links to sites, other indicators of risk and protection, national indicators of well being, social indicators of risk, principles of effective programs).

STANDARD EVALUATIONS BY PROGRAM

This section presents the data currently available for surveys received from July 2004 to July 2005. The evaluators have created a standard report for both the Youth Outcome Survey and the Risk and Protective Factor Survey that are disseminated to each program. An example of the format of these reports is provided in Appendix C. In addition to informing the programs the results for their youth, the Risk and Protective Factor report details a procedure that program directors can use to increase program quality. In this report, this procedure is illustrated for each program in the section titled Evaluator's Comments. The evaluators hope the data gained from this evaluation will become increasingly helpful in guiding program directors and board members in making empirically supported data-based program and funding decisions.

Results for each program are presented below along with the evaluator's comments. The Table below shows the survey numbers for each program under the standard evaluation.

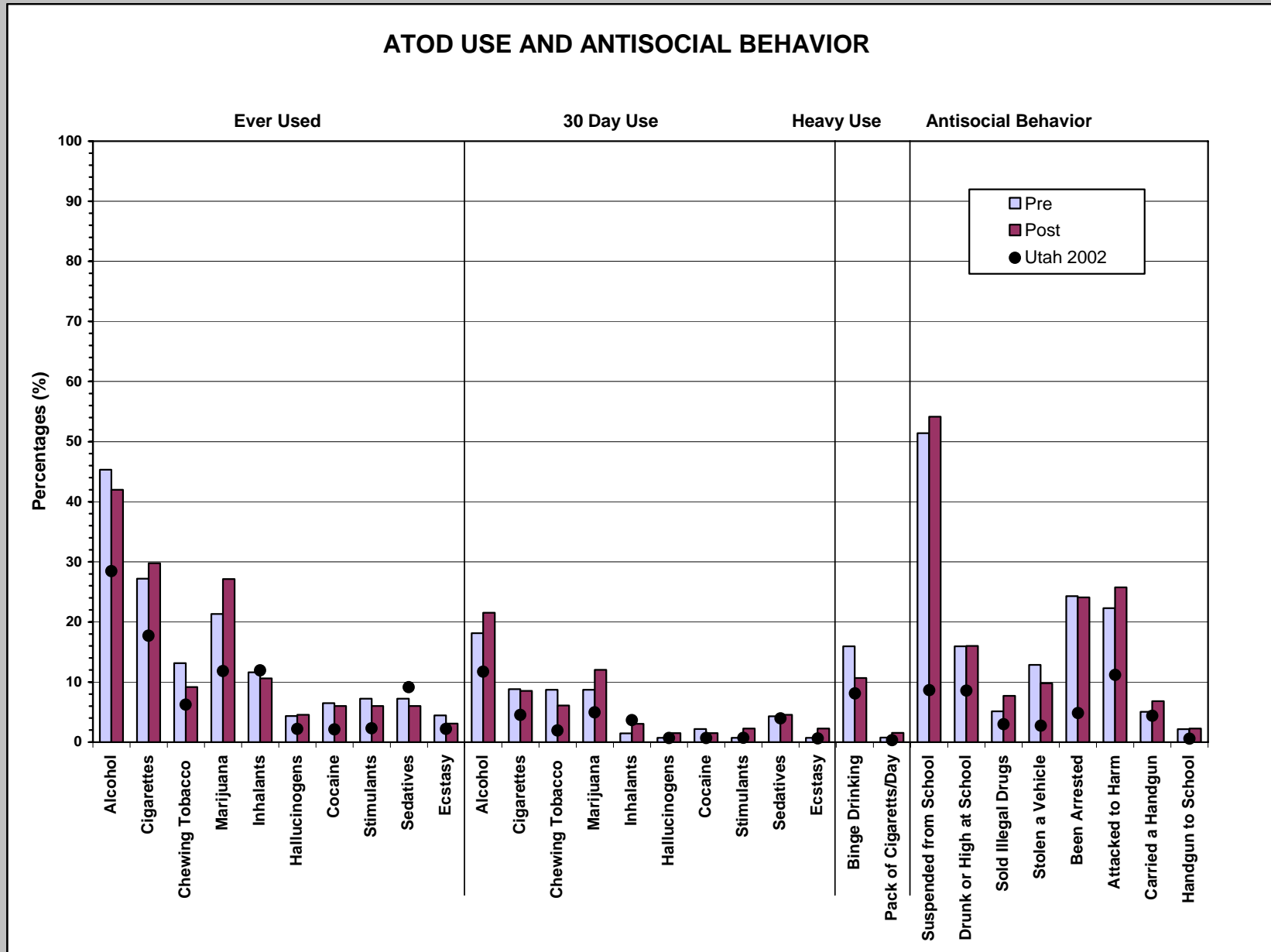
| Table Surveys Completed Since UBJJ Funding Awarded | | | | |
|---|-----------------------------------|--------------|-----------------------------|------------|
| | Risk and Protective Factor Survey | | Youth Outcome Questionnaire | |
| | Pretest | Posttest | Pretest | Posttest |
| Comin Up | 68 | 23 | 53 | 33 |
| Poder Para La Familia Hispana (PPFH) | 37 | 29 | 29 | 32 |
| Green River Community Center | 76 | 84 | 96 | 126 |
| Esperanza Para La Familia Hispana (EPFH) | 101 | 69 | 97 | 75 |
| LEMY | 66 | N/A | N/A | N/A |
| Lincoln Boys and Girls Club* | 9 | 13 | 55 | 11 |
| Lincoln Teen Supreme* | 23 | 7 | 15 | 3 |
| Navajo Nation* | 23 | 0 | 34 | 1 |
| Protect Kearns Youth* | | | | |
| Ute Mental Health* | 8 | 1 | 26 | 6 |
| Vietnamese Youth Delinquency Prevention | 24 | 17 | 27 | 20 |
| Young Refugees of Utah* | 42 | 7 | 41 | 9 |
| TOTAL | 477 | 250** | 473 | 316 |

*Test results are not reported for programs that submitted fewer than 10 valid tests at either pre or post administrations in either the past year or for the duration of the evaluation period; as the results were judged unreliable (These programs are identified in the table below by an asterisk). On the Risk and Protective Factor Survey, invalid surveys are defined thru an analysis of impossible responding patterns.

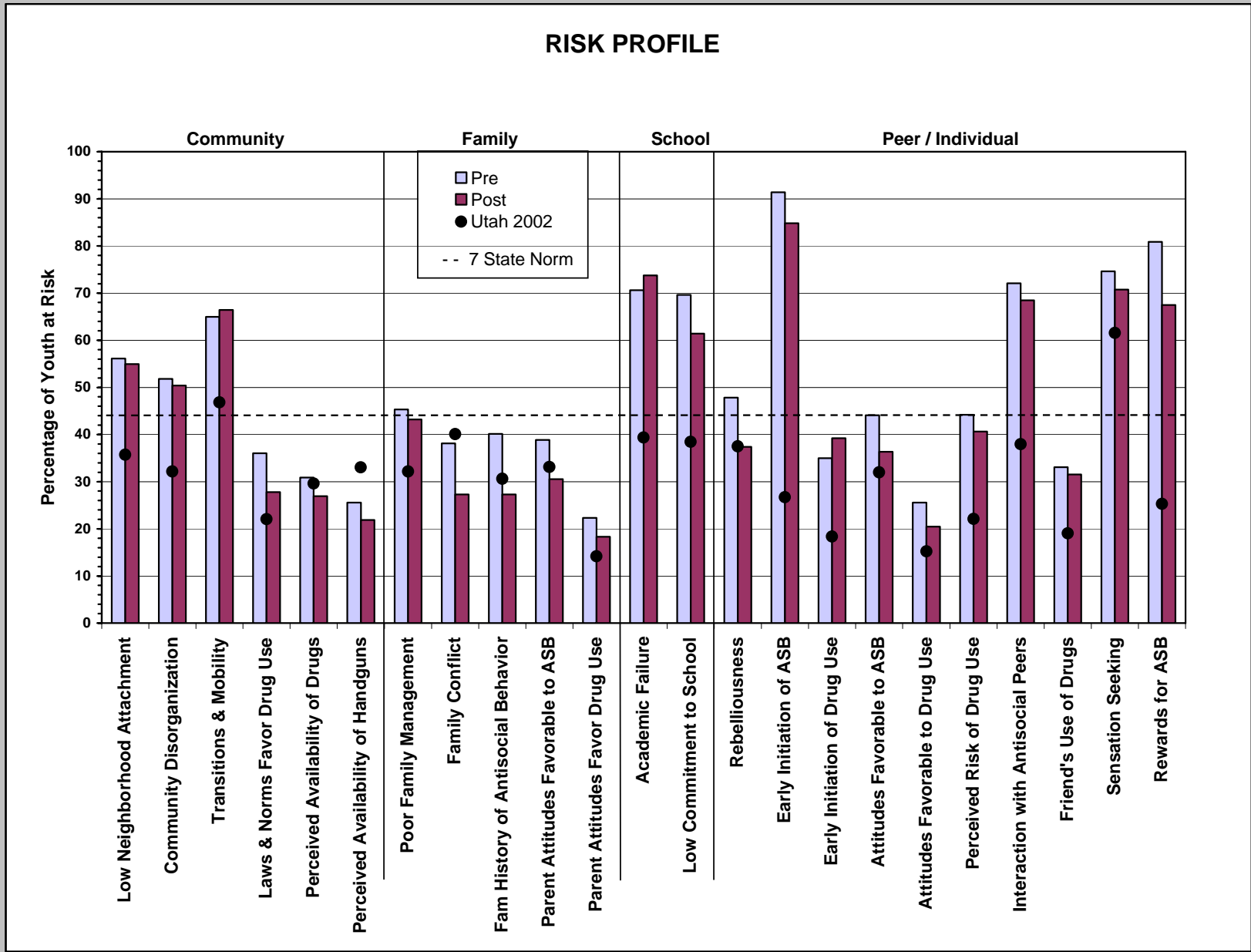
**For all programs 56% of youth taking a pretest completed a posttest.

Evaluation results are presented below. The profile for all UBJJ programs is presented first. Individual program profiles are presented next. The Risk and Protective Factor survey is presented first. Three graphs cover the results from this survey: ATOD Use and Antisocial Behavior, Risk Factors, and Protective Factors. The Evaluator's Comments section follows this graph. Detailed explanations of each risk and protective factor are located in Appendix B and C. The graph showing program change on the Youth Outcome Questionnaire is presented last.

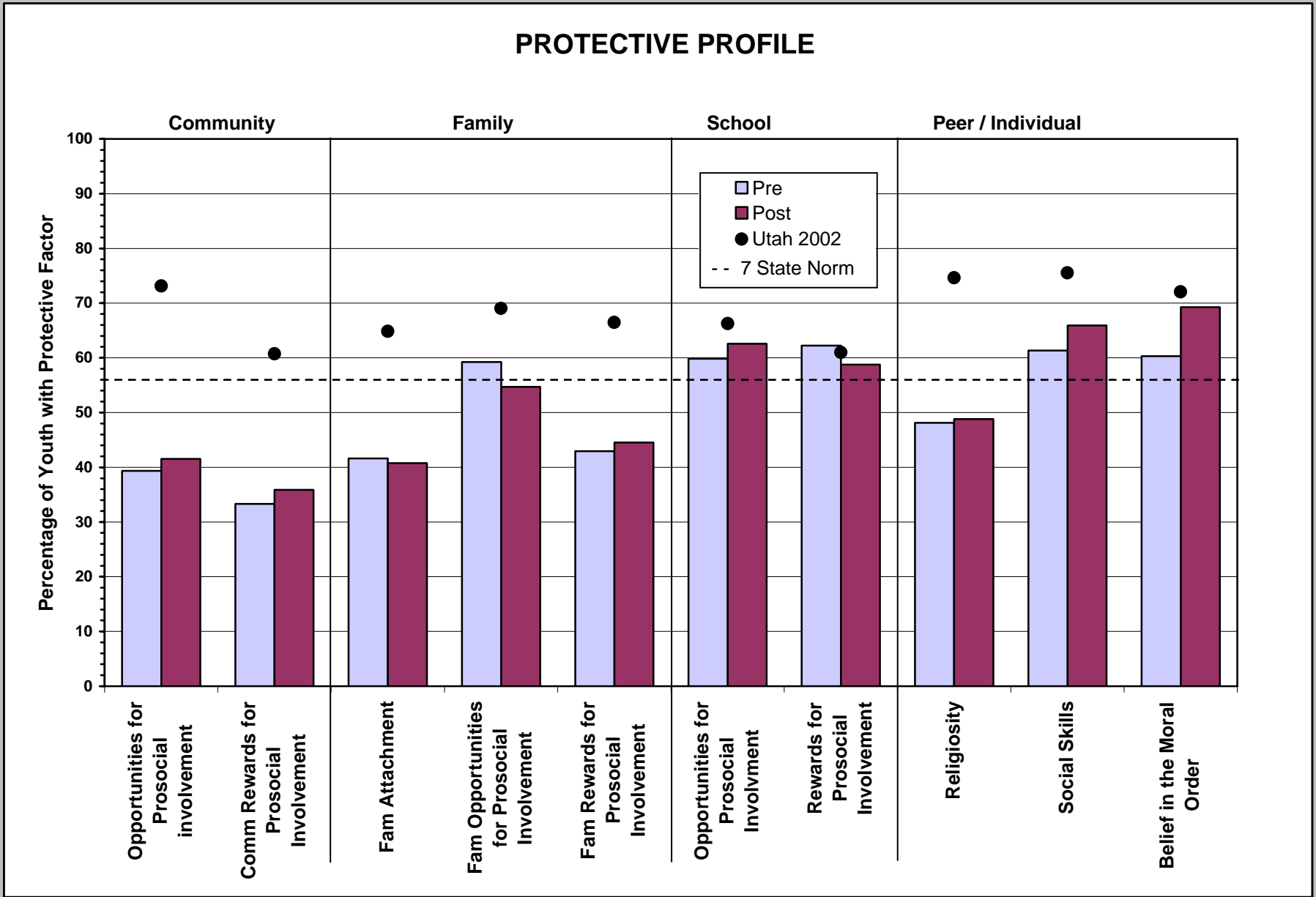
All UBJJ Programs ATOD USE AND ANTISOCIAL BEHAVIOR



RISK FACTOR PROFILES

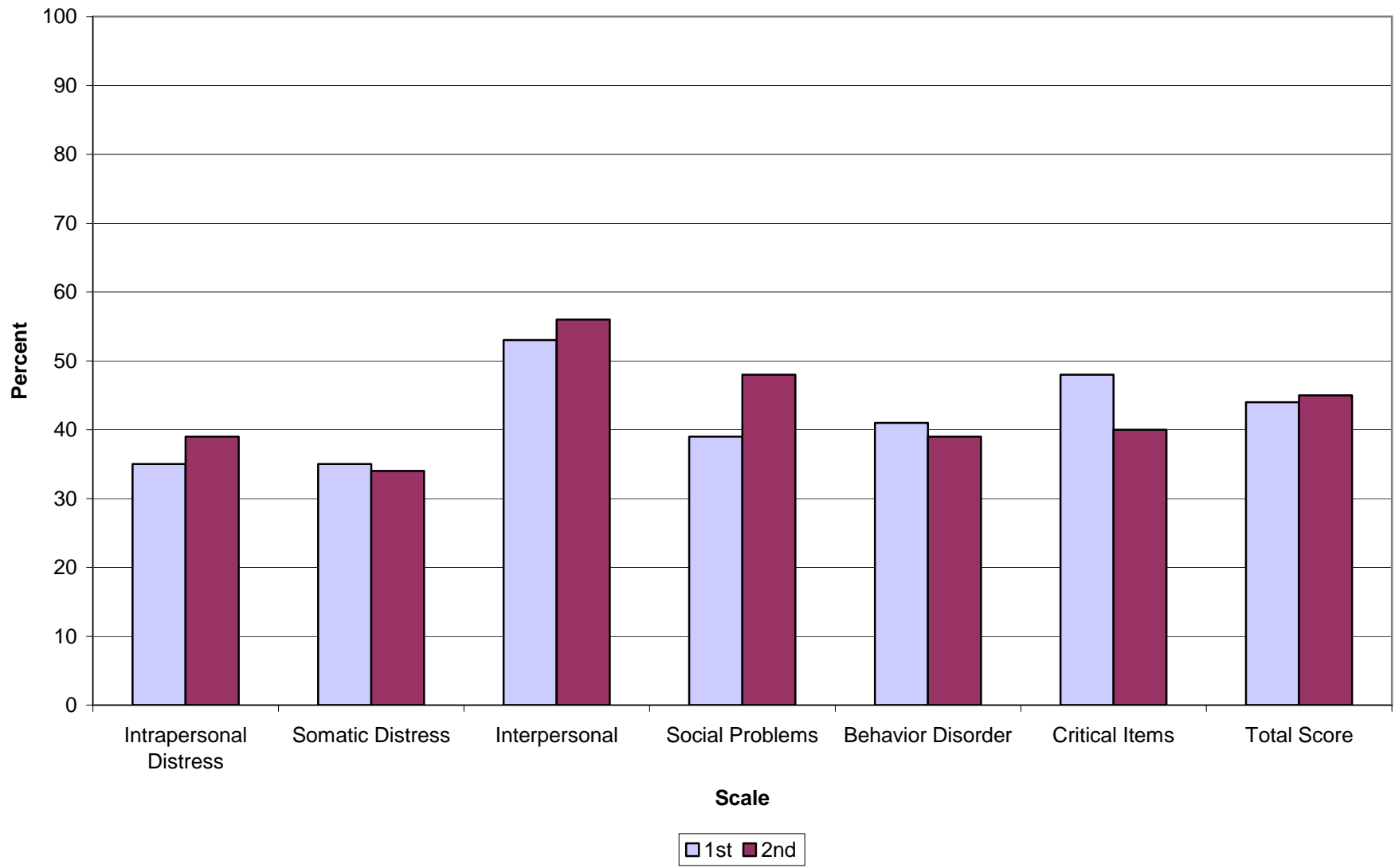


PROTECTIVE FACTOR PROFILES



YOUTH OUTCOME QUESTIONNAIRE

Youth Outcome Questionnaire Program Change Chart



All UBJJ Programs

EVALUATOR'S COMMENTS

Risk and Protective Factors

The comments in this section address the results of the Risk and Protective Factor survey for all youth who completed a pre and post survey in programs evaluated by the UBJJ standard evaluation (see page 2 for a description). A summary of the important findings detailed in the Risk and Protective Factor graphs is provided. The profile of youth at program start is compared to a general population of Utah adolescents. Then the profile of program completers is compared at program start and end. Scales showing the most change are highlighted.

This information is not intended to be a “report card,” rather it is intended to provide information which can be used to illustrate the effect of UBJJ funding. It is natural to see some risk factors increase and some protective factors decrease. This type of objective outcome information can be compared with the risk and protective factors UBJJ intended its funding to target.

Profile at Start

The overall profiles for youth entering UBJJ funded programs show these programs successfully target at risk youth. Program participants use more alcohol, tobacco, and other drugs than the general population of Utah youth. Frequent and heavy use is higher than the general population of Utah youth, particularly for alcohol, tobacco, and marijuana. Youth in UBJJ funded programs report antisocial behavior more often than the general population of Utah youth. Slightly more than half of UBJJ youth report being suspended from school. Approximately one fourth of UBJJ youth report having been arrested or attacked another person with the intent to harm.

In addition to targeting youth who are currently using alcohol, tobacco, and other drugs or participating in antisocial behavior, UBJJ funded programs successfully target youth who are at risk for further involvement with these problem behaviors. As a group, UBJJ youth diverge farthest from the general population of Utah youth in the individual and peer domain. Over 90% of the youth reported early in the initiation of antisocial behavior. Over 70% of the youth reported interactions with antisocial peers and perceived rewards for antisocial behavior. Over 40% of youths reported attitudes favorable towards antisocial behavior.

Within the school domain, approximately 70% of youth entering a UBJJ funded program are at risk for academic failure. Almost 70% of the youth report a low commitment to school. UBJJ youth also report risk factors from the community domain more often than the general population of Utah youth. More than half the youth report low neighborhood attachment, community disorganization, and high rates of transitions and mobility within their community. In the family domain UBJJ youth are closer to the general population of Utah youth in the family domain. However the only area in which fewer youth are less at risk than the general population is family conflict.

Youth entering a UBJJ funded program, as a group, show less protection across all domains, excepting the rewards they perceive for prosocial involvement at school. UBJJ youth diverge farthest from the general population of Utah youth in that

All UBJJ Programs

community domain. Fewer than 40% of the youth reported opportunities and rewards for prosocial involvement in their communities.

Profile Change

ATOD USE AND ANTISOCIAL BEHAVIOR:

Largest reduction (This includes ONLY 30 Day Use, Heavy Use, and Anti-Social Behavior):

- Binge Drinking

Largest Increase:

- No statistically significant increases in alcohol, tobacco, or other drug use and antisocial behavior.

RISK FACTORS:

Largest Decrease:

- Rewards for antisocial behavior
- Attitudes favorable to antisocial behavior
- Rebelliousness
- Low commitment to school
- Parent attitudes favorable to antisocial behavior
- Family conflict
- Laws and norms favorable to drug use

Note: Early initiation of antisocial behavior and family history of antisocial behavior showed decreases although participant responses on these scales are not expected to change. While some change in the scales can be expected due to participant over or under reporting at program start and change in perceptions, the researchers are examining what factors may have led to changes on these scales

Largest Increase:

- No statistically significant increases.

PROTECTIVE FACTORS:

Largest Increase:

- Believe in the moral order

Largest Decrease:

- Family opportunities for prosocial involvement

EVALUATOR'S COMMENTS

Common Psychological Problems

The comments in this section address the results of the Youth Outcome Questionnaire for all youth who completed a pre and post survey in programs evaluated by the UBJJ standard evaluation (see page 2 for a description).

Profile at Start

The overall profile for youth entering UBJJ funded programs support the finding that youth in these programs are at risk. Based upon the total distress score, almost half of youth entering UBJJ programs were classified into the distressed population. A slightly higher percentage reported such critical items concerning thoughts of hurting themselves or others. A majority reported interpersonal problems, a finding common in programs targeting at risk or delinquent youth.

Profile Change

As a group, youth completing UBJJ programs showed a statistically significant reduction on critical items. The youth showed an increase in social problems. No other areas showed a significant change. It should be noted that these results are likely an artifact of combining programs that have shown positive and negative change on the Youth Outcome Questionnaire. In other words the positive effects of individual programs wash out when combined with programs that have shown more negative effects.

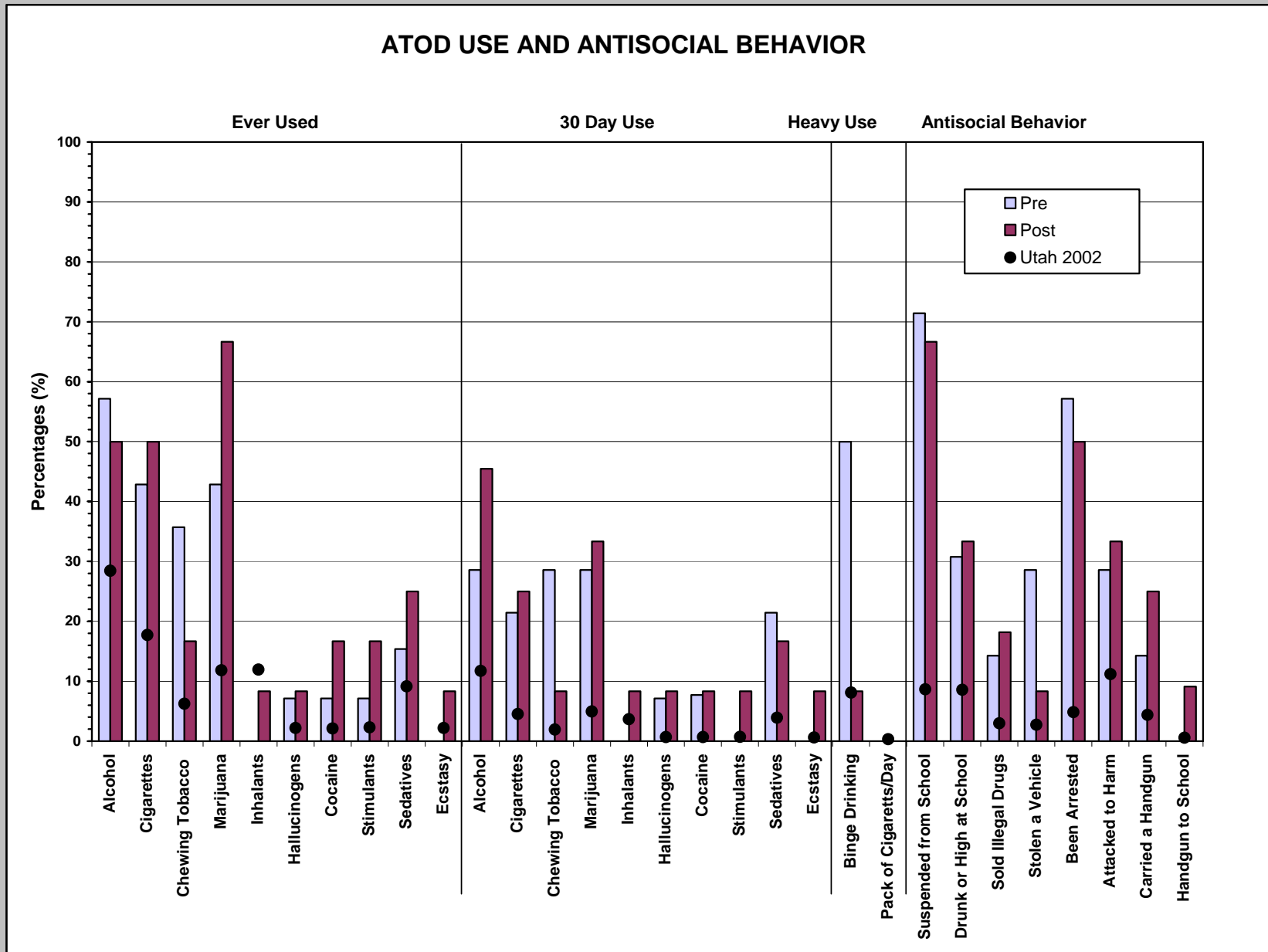
COMIN UP Demographics and Confidence in Results

| Characteristics of Participants | | |
|--|--------|---------|
| Total Participants | Number | Percent |
| | 68 | |
| Gender | | |
| Male | 32 | 47% |
| Female | 36 | 53% |
| Ethnicity | | |
| White | 12 | 18% |
| African American | 5 | 8% |
| Native American | 2 | 3% |
| Alaskan Native | 3 | 5% |
| Pacific Islander | 1 | 2% |
| Asian American | 16 | 25% |
| Hispanic | 7 | 11% |
| Other | 0 | 0% |
| Total | 65 | |
| Grade | | |
| 5th or Below | 3 | 7% |
| 6th | 8 | 17% |
| 7th | 22 | 48% |
| 8th | 10 | 22% |
| 9th | 13 | 28% |
| 10th | 7 | 15% |
| 11th | 2 | 4% |
| 12th | 0 | 0% |
| Total | 46 | |

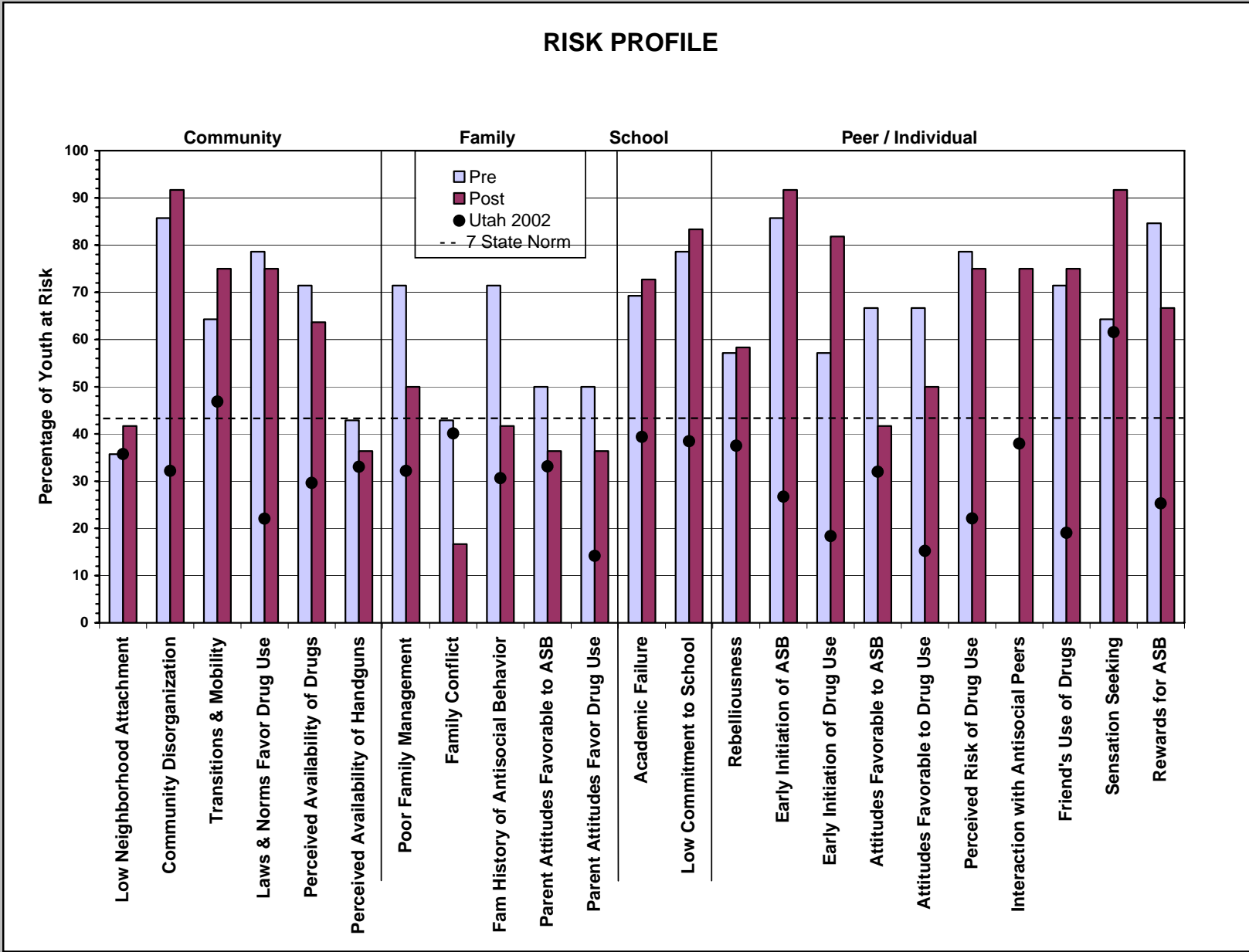
| Confidence in Results | |
|------------------------------------|----------------------|
| Number of Youth Completing Program | 15 out of 66 |
| Percentage of Pre and Post Tests | 23% |
| Years of Data | 3 years and 2 months |

Note: Differences in totals are due to the number of youth answering the question. The total number is lower for Confidence in Results table in comparison with the Demographics table as the Confidence table uses valid surveys only.

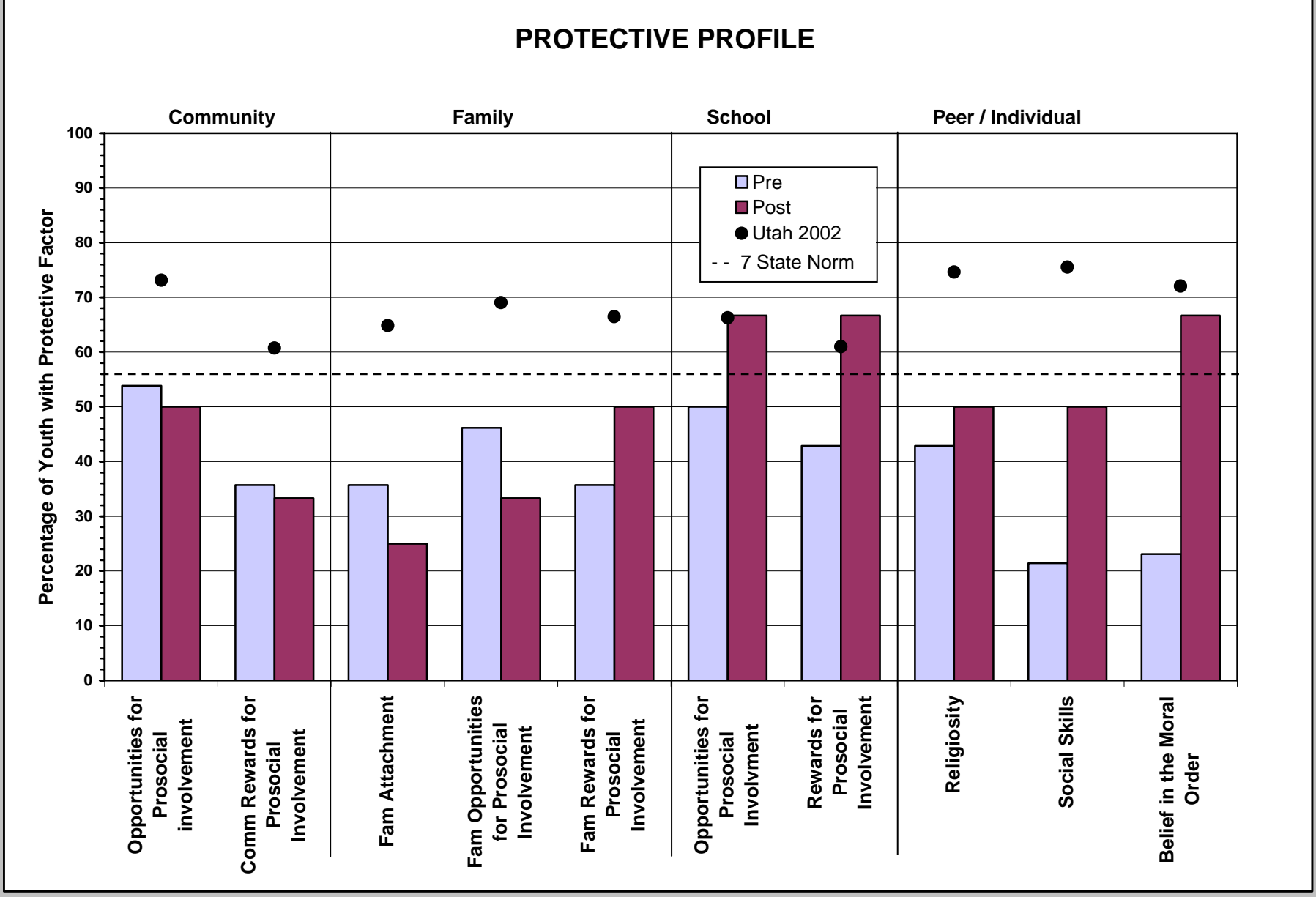
COMIN UP ATOD USE AND ANTISOCIAL BEHAVIOR



RISK FACTOR PROFILES



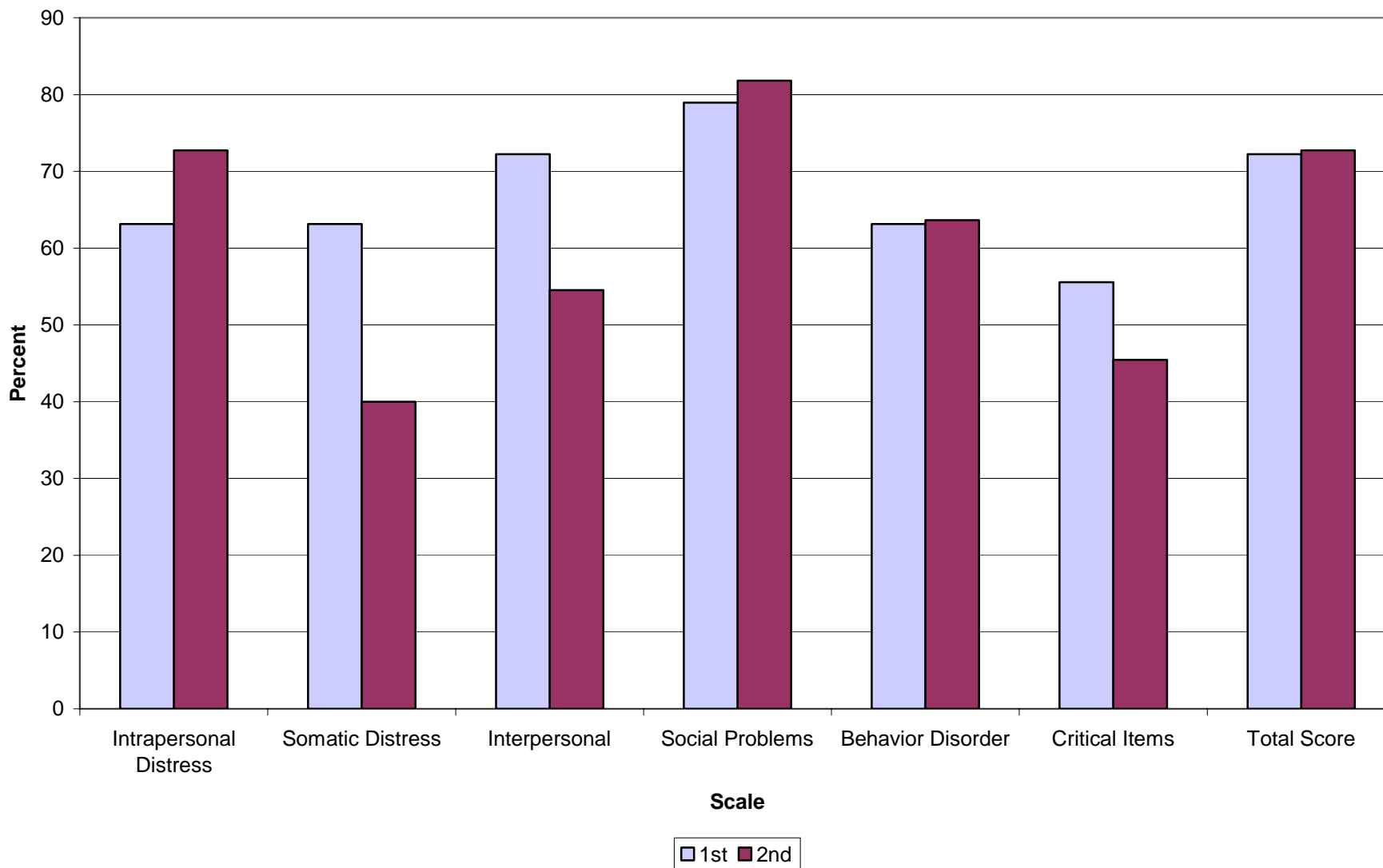
PROTECTIVE FACTOR PROFILES



COMIN UP

YOUTH OUTCOME QUESTIONNAIRE

Youth Outcome Questionnaire Program Change Chart



EVALUATOR'S COMMENTS

The evaluators would like to address specific areas based on the results of the Risk and Protective Factor survey. Comments target areas with the greatest progression or deterioration from the start of the program. The three areas addressed include: Alcohol Use, Antisocial Behavior, Risk Factors, and Protective Factors. It is natural to see some risk factors increase and some protective factors degenerate. This information is not intended to be a "report card", but rather to enhance the potential effectiveness of the program.

ATOD USE AND ANTISOCIAL BEHAVIOR:

Largest reduction: (This includes ONLY 30 Day Use, Heavy Use, and Anti-Social Behavior)

- Chewing Tobacco
- Binge Drinking
- Stolen Vehicle

Largest Increase:

- Marijuana
- Alcohol
- Carried a handgun

RISK FACTORS:

Most Improved:

- Family Conflict
- Family History of Antisocial Behavior
- Attitudes Favorable to Antisocial Behavior

Deteriorated:

- Transitions and Mobility
- Early Initiation of Drug Use
- Sensation Seeking

PROTECTIVE FACTORS:

Most Improved:

- Belief in the Moral Order

COMIN UP

- Social Skills
- Rewards for Prosocial Involvement

Deteriorated:

- Family Attachment
- Family Opportunities for Prosocial Involvement
- Rewards for Prosocial Involvement

The Risk and Protective Factors Report details a procedure to improve your program based on survey results. In addition to the evaluation, the evaluators have provided a list of web sites that contain a wide range of existing programs that have been shown to be effective. These sites may be a helpful resource and may also help to improve your current program. Please note that these are only suggestions.

For example, Family Conflict, Family History of Antisocial Behavior, and Attitudes Favorable to Antisocial Behavior were risk factors that deteriorated. Based upon the information gathered from the Blueprints for Violence Website (see contacts for program planning) the following is one program that targets parents and youth at risk. Other risk factors may be also be applied.

Program Summary

Functional Family Therapy (FFT) is an outcome-driven prevention/intervention program for youth who have demonstrated the entire range of maladaptive, acting out behaviors and related syndromes.

Targets:

Youth, aged 11-18, at risk for and/or presenting with delinquency, violence, substance use, Conduct Disorder, Oppositional Defiant Disorder, or Disruptive Behavior Disorder.

Content:

FFT requires as few as 8-12 hours of direct service time for commonly referred youth and their families, and generally no more than 26 hours of direct service time for the most severe problem situations.

Implementation:

Wide range of interventionists, including para-professionals under supervision, trained probation officers, mental health technicians, degreed mental health professionals (e.g., M.S.W., Ph.D., M.D., R.N., M.F.T.).

FFT effectiveness derives from emphasizing factors which enhance protective factors and reduce risk, including the risk of treatment termination. In order to accomplish these changes in the most effective manner, FFT is a phasic program with steps which build upon each other. These phases consist of:

- *Engagement*, designed to emphasize within youth and family factors that protect youth and families from early program dropout;
- *Motivation*, designed to change maladaptive emotional reactions and beliefs, and increase alliance, trust, hope, and motivation for lasting change;
- *Assessment*, designed to clarify individual, family system, and larger system relationships, especially the interpersonal functions of behavior and how they related to change techniques;
- *Behavior Change*, which consists of communication training, specific tasks and technical aids, basic parenting skills, contracting and response-cost techniques; and
- *Generalization*, during which family case management is guided by individualized family functional needs, their interface with environmental constraints and resources, and the alliance with the FFT therapist/Family Case Manager.

Outcomes:

Clinical trials have demonstrated that FFT is cable of:

- Effectively treating adolescents with Conduct Disorder, Oppositional Defiant Disorder, Disruptive Behavior Disorder, alcohol and other drug abuse disorders, and who are delinquent and/or violent;
- Interrupting the matriculation of these adolescents into more restrictive, higher cost services;
- Reducing the access and penetration of other social services by these adolescents;
- Generating positive outcomes with the entire spectrum of intervention personnel;
- Preventing further incidence of the presenting problem;
- Preventing younger children in the family from penetrating the system of care;

- Preventing adolescents from penetrating the adult criminal system; and
- Effectively transferring treatment effects across treatment systems.

Please feel free to contact the evaluators for more consultation on using the survey results to respond to future Requests for Proposal (RFP's). They would be more than happy to be of assistance. The following websites may be a potential resource for you as well:

www.mentalhealth.samhsa.gov

<http://captus.samhsa.gov/western/western.cfm>

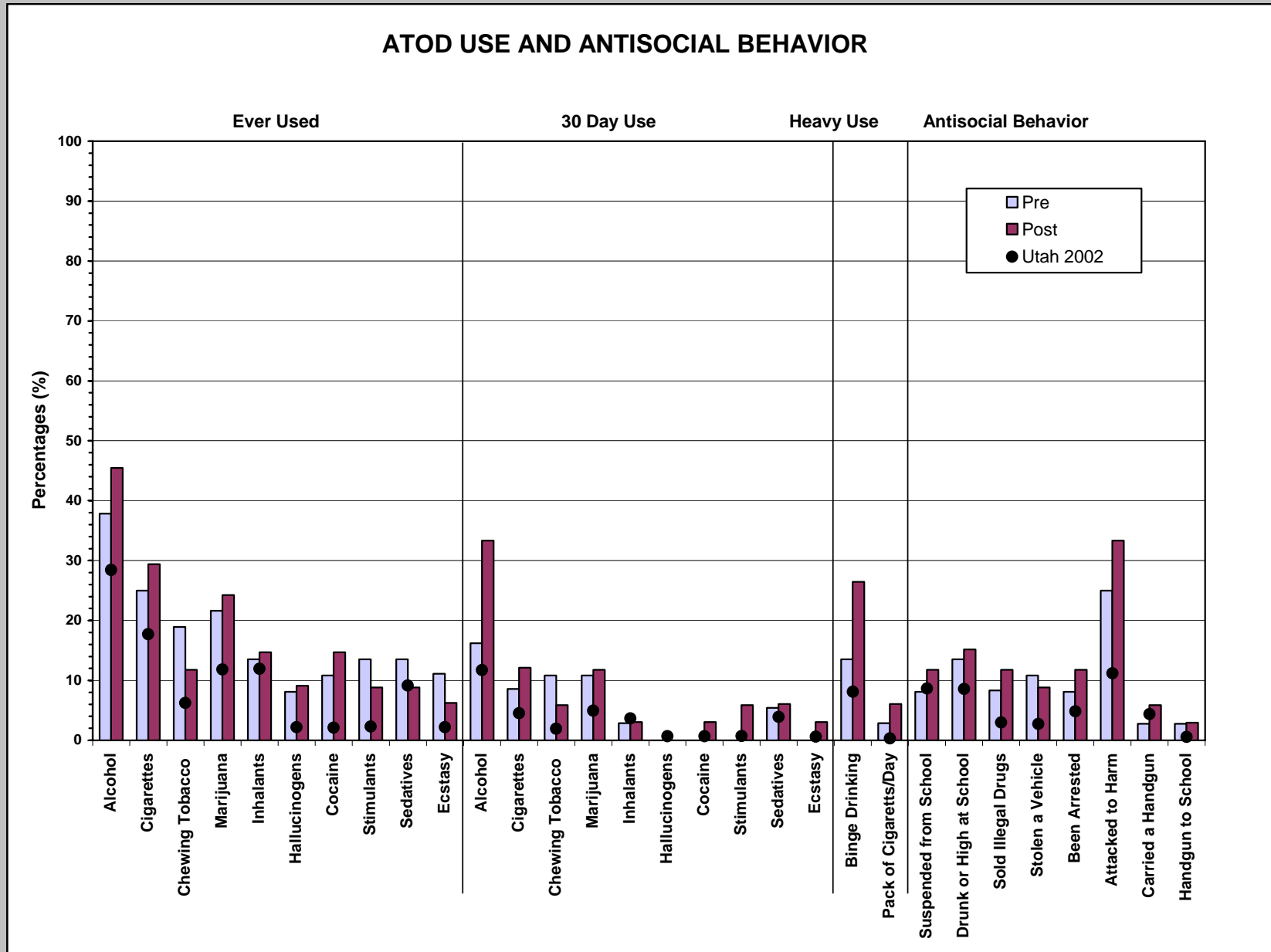
Green River Community Center Demographics and Confidence in Results

| Characteristics of Participants | | |
|--|-----------|---------|
| Total Participants | Number | Percent |
| | 74 | |
| Gender | | |
| Male | 33 | 45% |
| Female | 41 | 55% |
| Ethnicity | | |
| White | 33 | 73% |
| African American | 1 | 2% |
| Native American | 2 | 4% |
| Alaskan Native | 0 | 0% |
| Pacific Islander | 0 | 0% |
| Asian American | 0 | 0% |
| Hispanic | 5 | 11% |
| Other | 4 | 9% |
| Total | 45 | |
| Grade | | |
| 5th or Below | 8 | 11% |
| 6th | 8 | 11% |
| 7th | 18 | 24% |
| 8th | 14 | 19% |
| 9th | 10 | 13% |
| 10th | 8 | 11% |
| 11th | 8 | 11% |
| 12th | 1 | 1% |
| Total | 75 | |

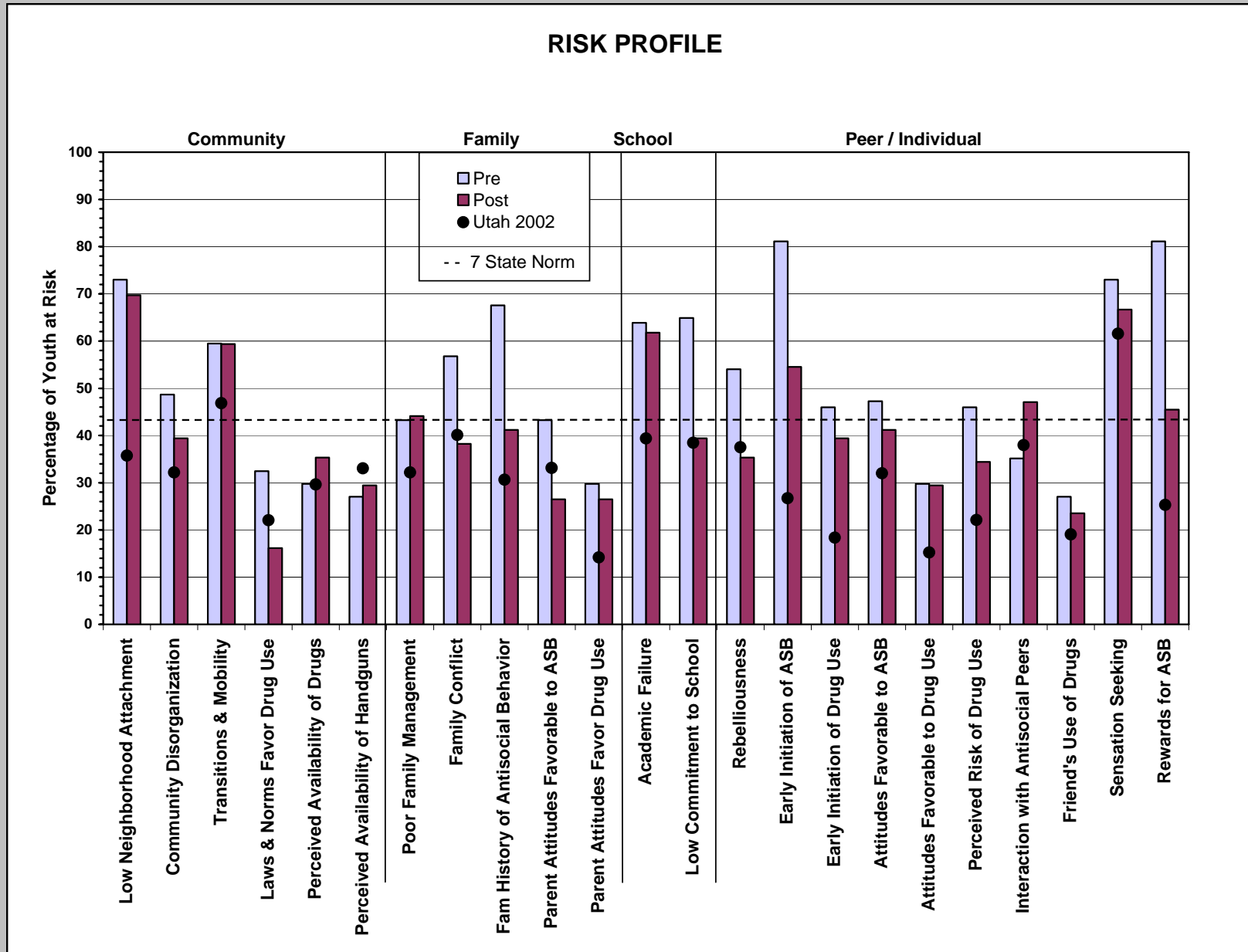
| Confidence in Results- Green River | |
|---|----------------------|
| Number of Youth Completing Program | 39 out of 92 |
| Percentage of Valid Pre and Post Tests | 42% |
| Years of Data | 3 years and 4 months |

Note: Differences in totals are due to the number of youth answering the question. The total number is lower for Confidence in Results table in comparison with the Demographics table as the Confidence table uses valid surveys only.

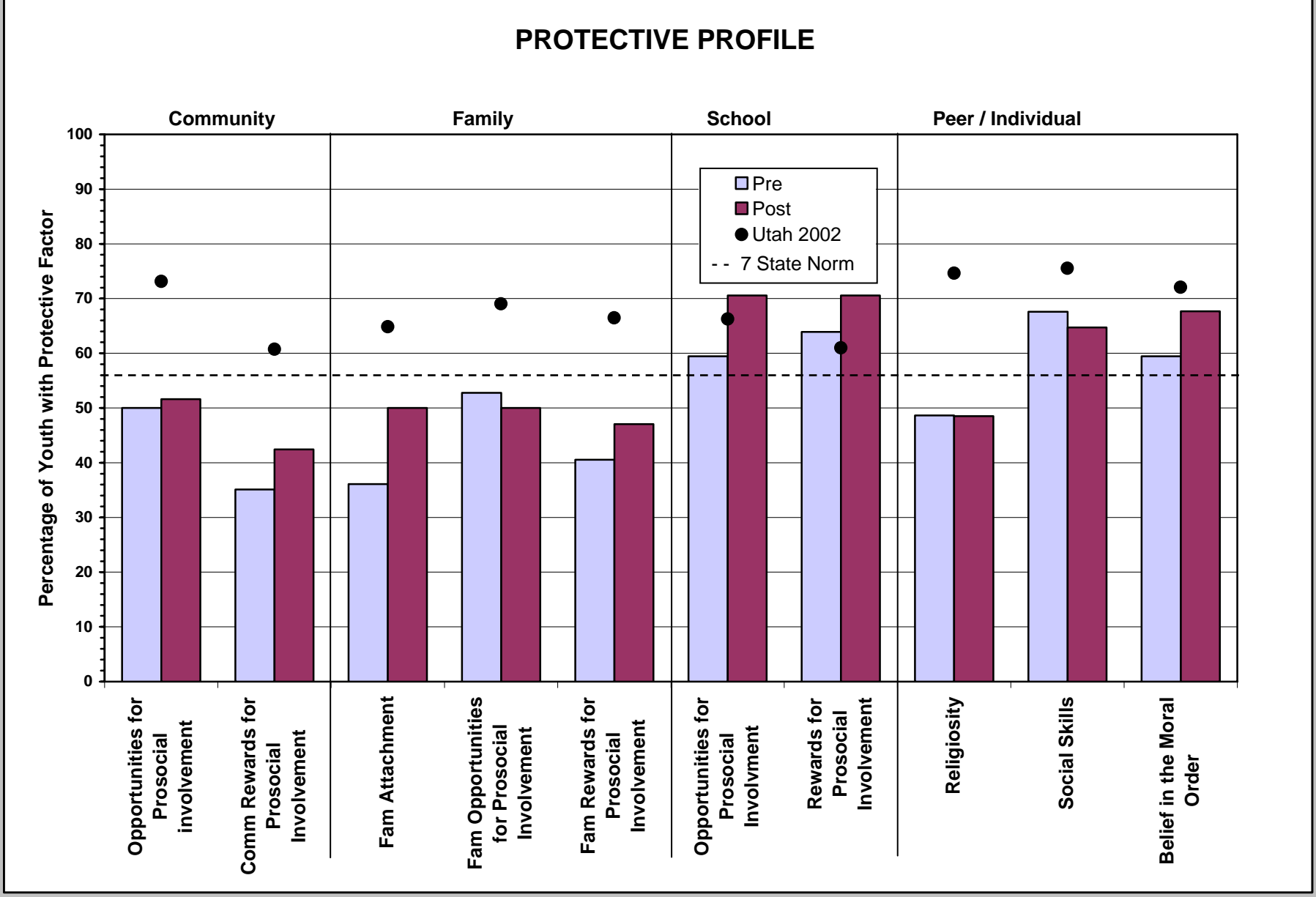
GREEN RIVER COMMUNITY CENTER ATOD USE AND ANTISOCIAL BEHAVIOR



RISK FACTOR PROFILES

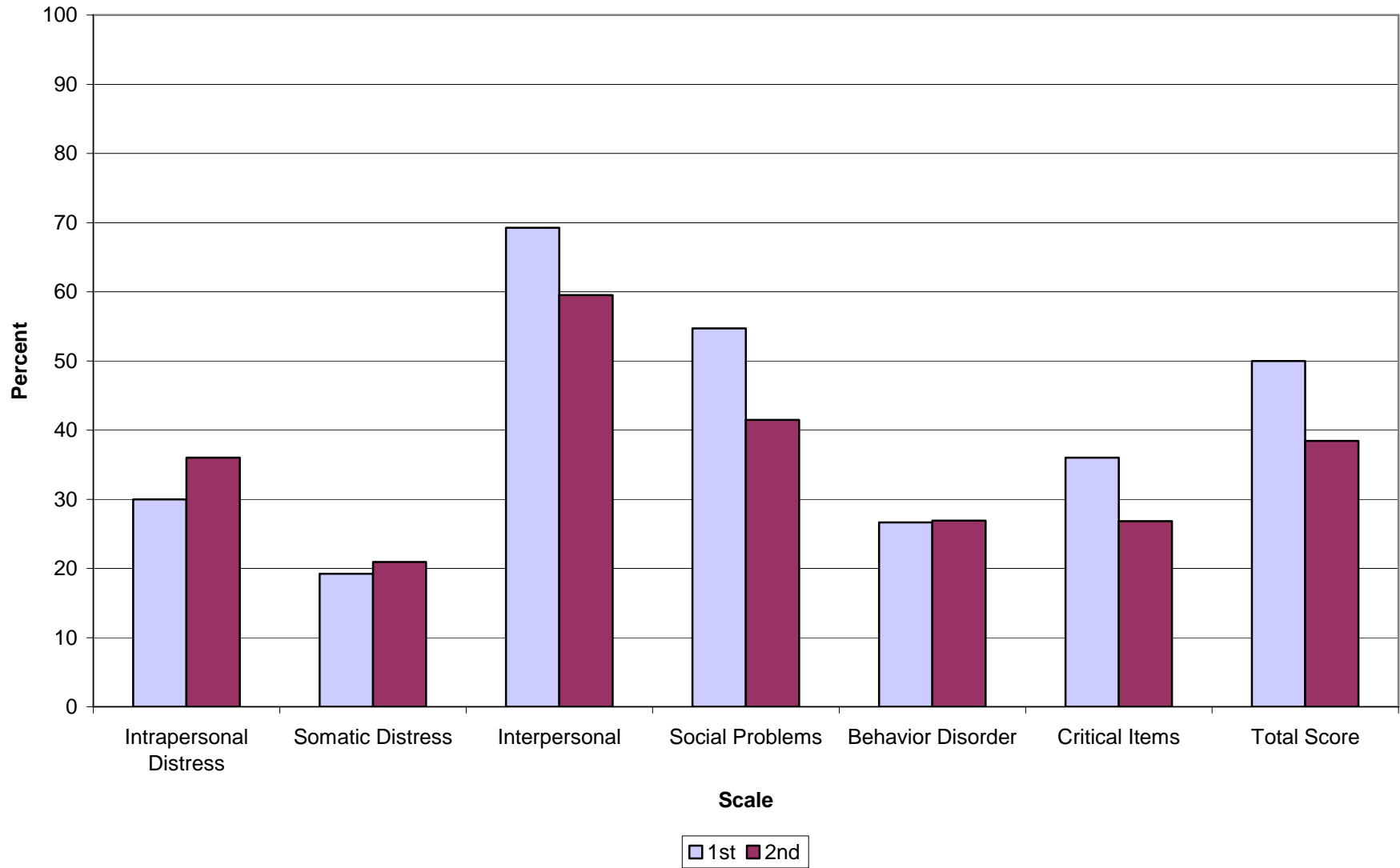


PROTECTIVE FACTOR PROFILES



YOUTH OUTCOME QUESTIONNAIRE

Youth Outcome Questionnaire Program Change Chart



EVALUATOR'S COMMENTS

The evaluators would like to address specific areas based on the results of the Risk and Protective Factor survey. Comments target areas with the greatest progression or deterioration from the start of the program. The three areas addressed include: Alcohol Use, Antisocial Behavior, Risk Factors, and Protective Factors. It is natural to see some risk factors increase and some protective factors degenerate. This information is not intended to be a "report card", but rather to enhance the potential effectiveness of the program.

ATOD USE AND ANTISOCIAL BEHAVIOR:

Largest reduction: (This includes ONLY 30 Day Use, Heavy Use, and Anti-Social Behavior)

- Chewing Tobacco
- Stimulants
- Ecstasy

Largest Increase:

- Alcohol
- Binge Drinking
- Attacked to Harm

RISK FACTORS:

Most Improved:

- Rewards for Antisocial Behavior
- Early Initiation of Antisocial Behavior
- Low Commitment to School

Deteriorated:

- Perceived Availability of Drugs
- Perceived Availability of Handguns
- Interaction with Antisocial Peers

PROTECTIVE FACTORS:

Most Improved:

- Opportunities for Prosocial Involvement
- Family Attachment

- Belief in the Moral Order

Deteriorated:

- Social Skills
- Family Opportunity for Prosocial Involvement

The Risk and Protective Factors Report details a procedure to improve your program based on survey results. In addition to the evaluation, the evaluators have provided a list of web sites that contain a wide range of existing programs that have been shown to be effective. These sites may be a helpful resource and may also help to improve your current program. Please note that these are only suggestions.

For example, Alcohol, Binge Drinking, and Attacked to Harm were ATOD and Antisocial Behaviors that increased over time. Based upon this information, it may be beneficial to consider implementing a curriculum that focuses on these areas. Below are useful websites that can guide you more specifically if choosing to do so.

www.mentalhealth.samhsa.gov

<http://captus.samhsa.gov/western/western.cfm>

<http://www.colorado.edu/cspv/blueprints/>

Please feel free to contact the evaluators for more consultation on using the survey results to respond to future Requests for Proposal (RFP's). They would be more than happy to be of assistance.

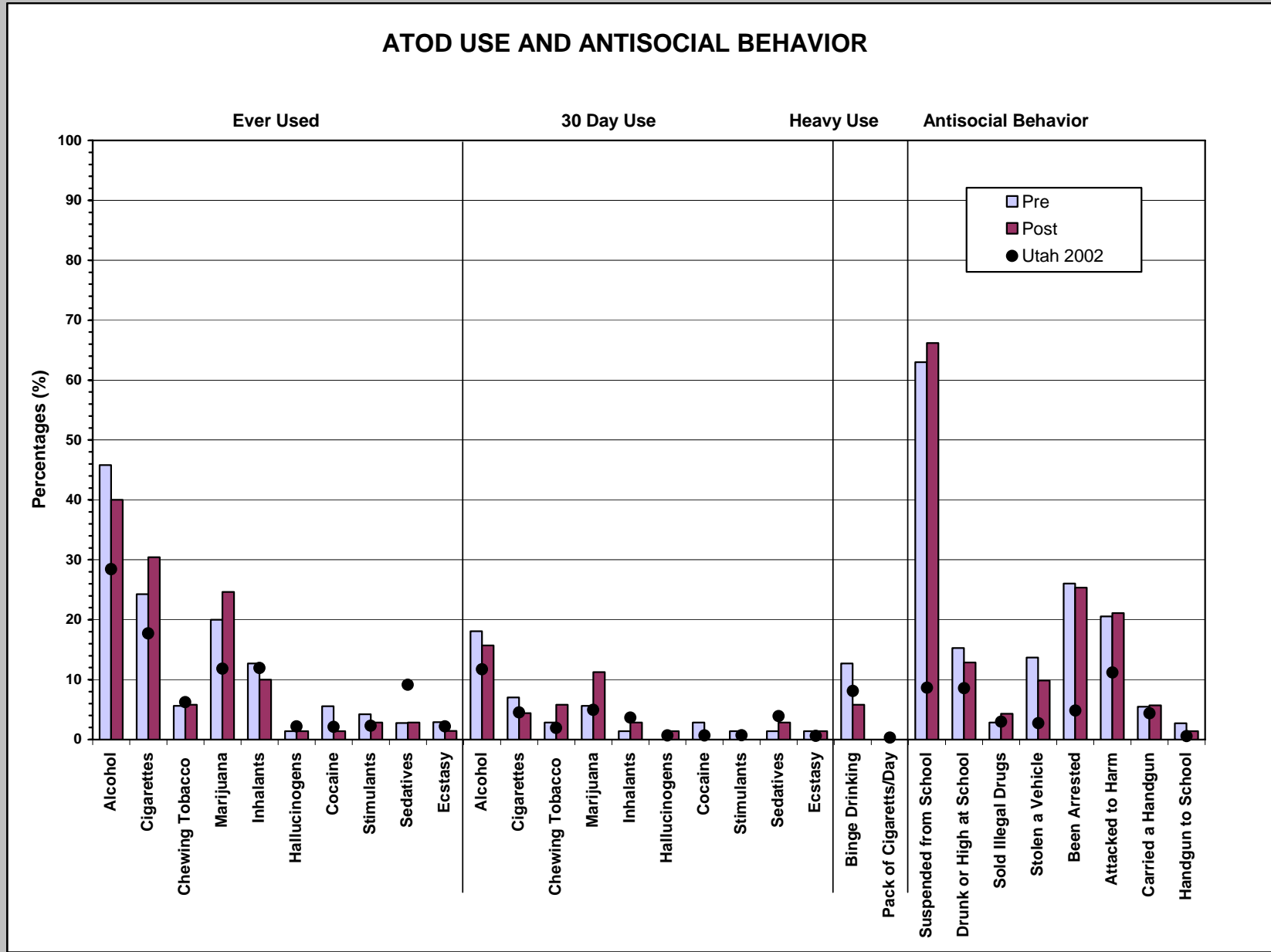
EPFH/ARS Demographics and Confidence in Results

| Characteristics of Participants | | |
|--|--------|---------|
| Total Participants | Number | Percent |
| | 100 | |
| Gender | | |
| Male | 66 | 66% |
| Female | 34 | 34% |
| Ethnicity | | |
| White | 1 | 1% |
| African American | 0 | 0% |
| Native American | 0 | 0% |
| Alaskan Native | 0 | 0% |
| Pacific Islander | 1 | 1% |
| Asian American | 1 | 1% |
| Hispanic | 88 | 97% |
| Other | 0 | 0% |
| Total | 91 | |
| Grade | | |
| 5th or Below | 1 | 1% |
| 6th | 8 | 8% |
| 7th | 19 | 19% |
| 8th | 20 | 20% |
| 9th | 22 | 22% |
| 10th | 17 | 17% |
| 11th | 11 | 11% |
| 12th | 2 | 2% |
| Total | 100 | |

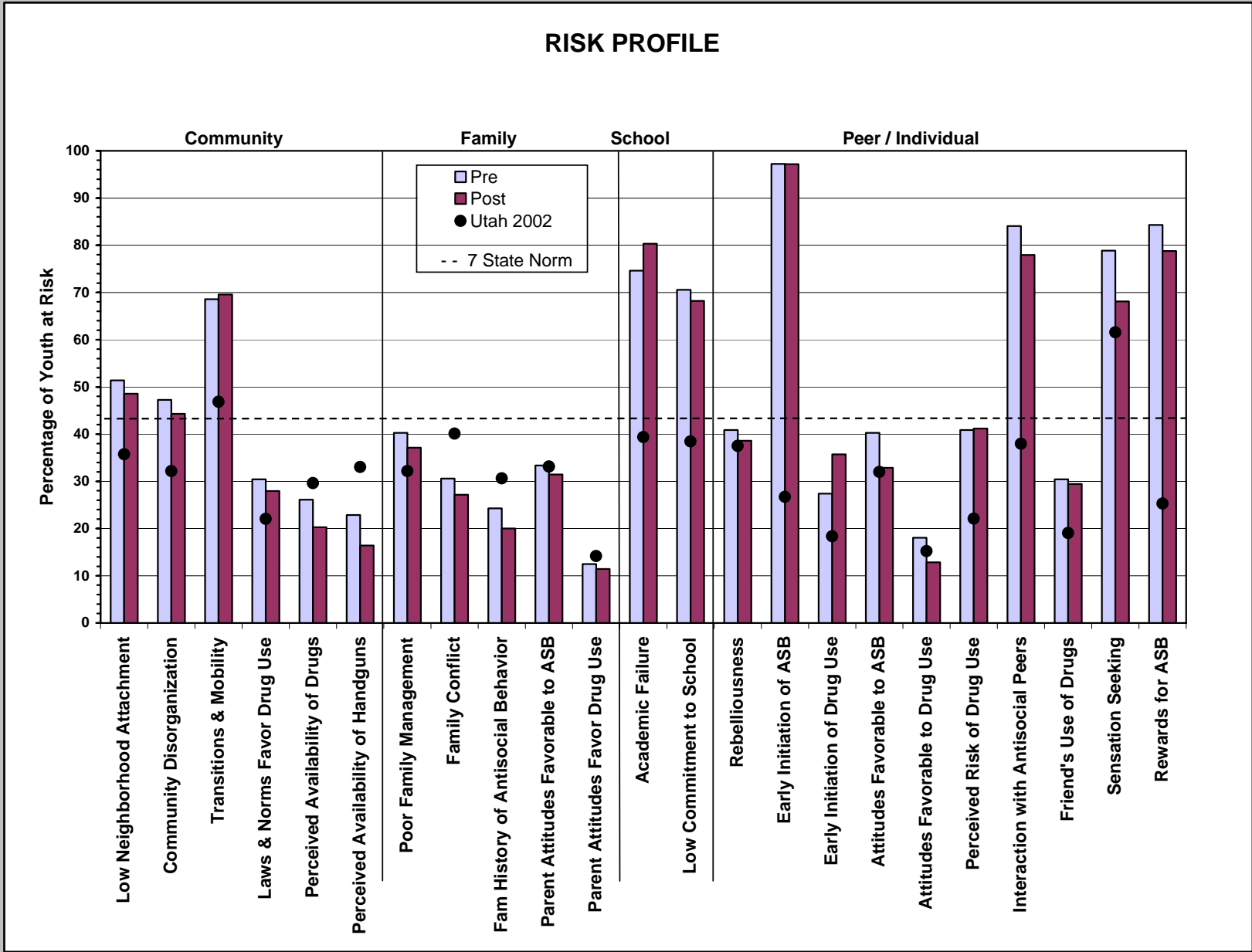
| Confidence in Results- EPFH | |
|--|----------------------|
| Number of Youth Completing Program | 61 out of 108 |
| Percentage of Valid Pre and Post Tests | 56% |
| Years of Data | 3 years and 6 months |

Note: Differences in totals are due to the number of youth answering the question. The total number is lower for Confidence in Results table in comparison with the Demographics table as the Confidence table uses valid surveys only.

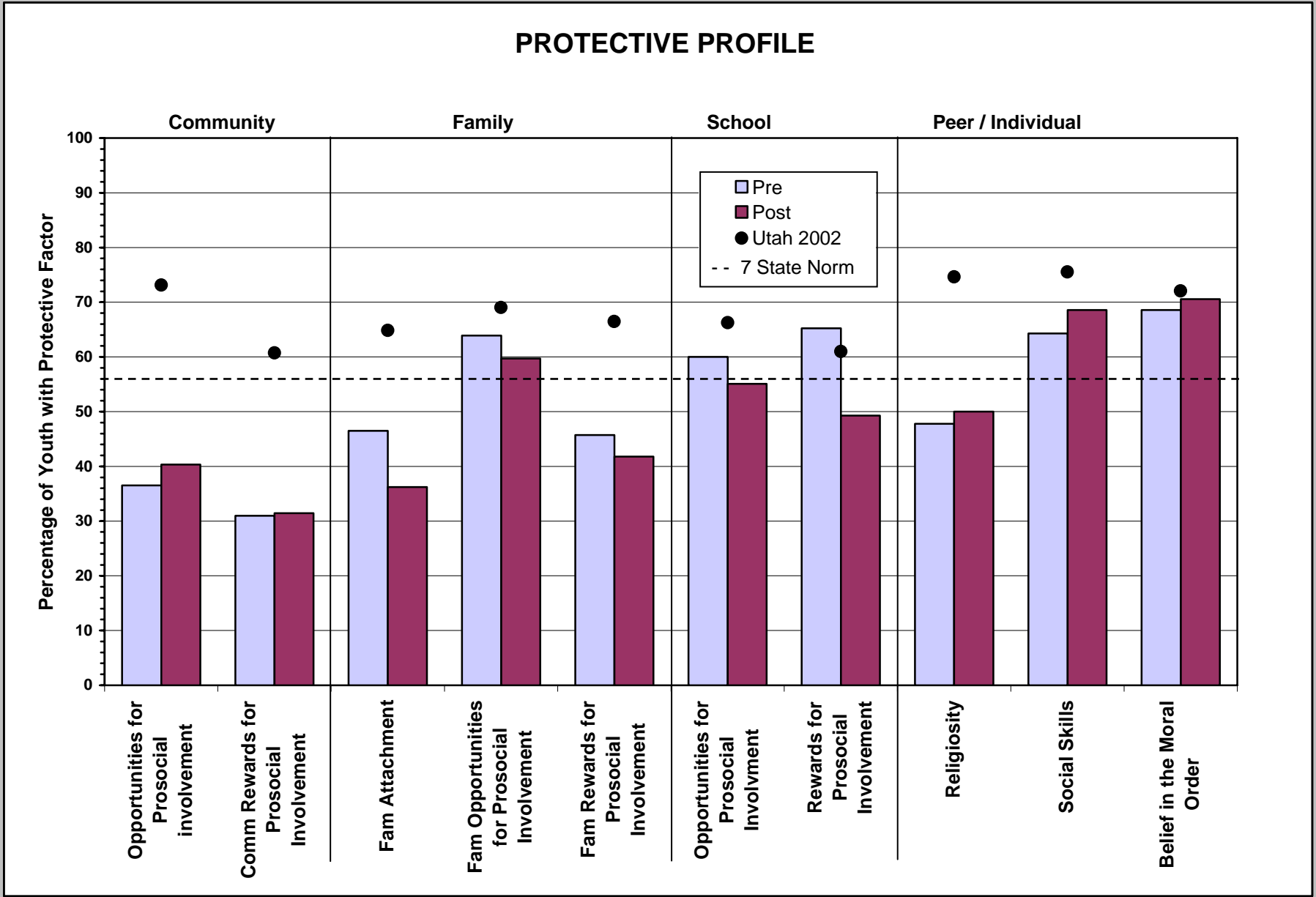
EPFH/ARS ATOD USE AND ANTISOCIAL BEHAVIOR



RISK FACTOR PROFILES

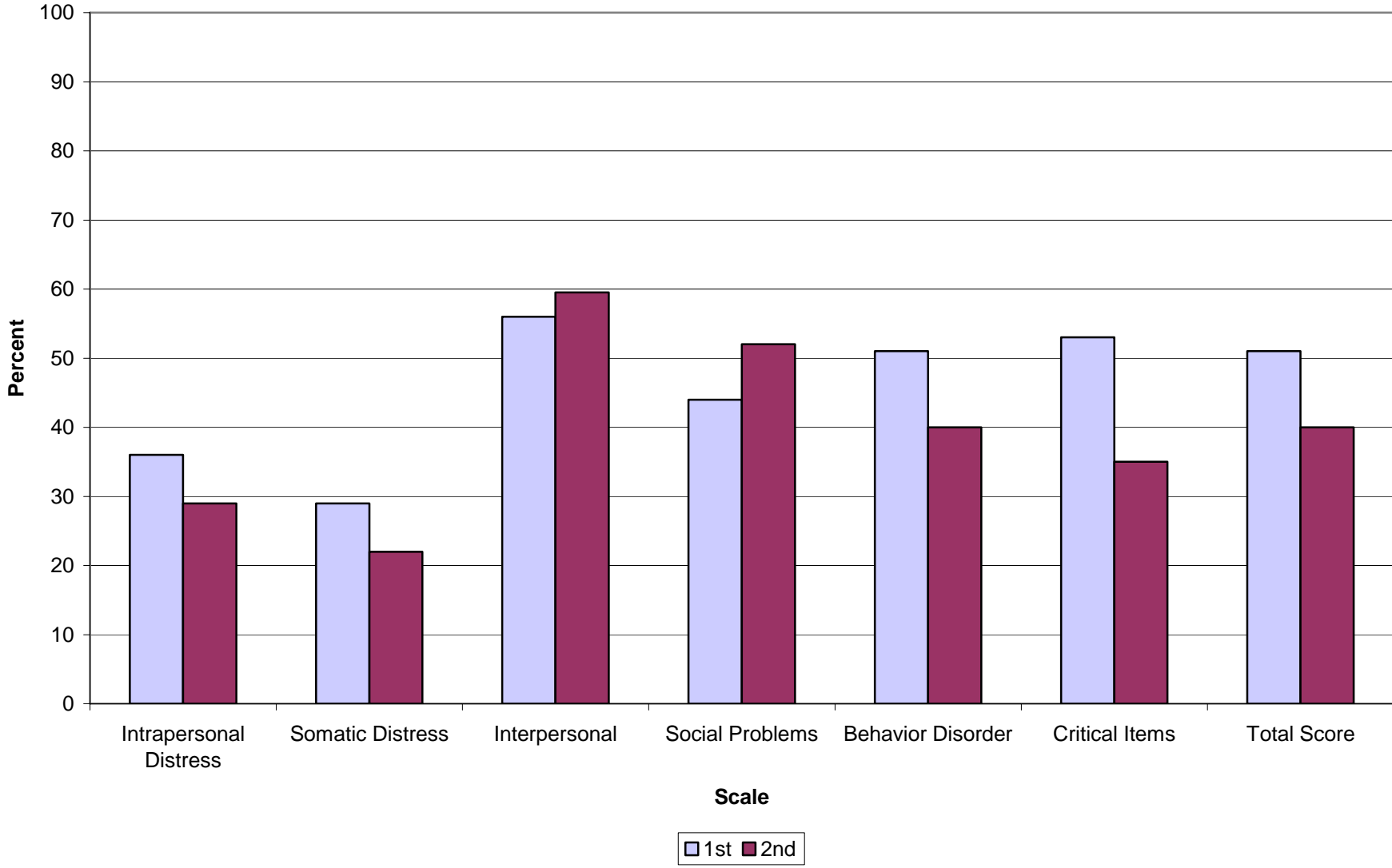


PROTECTIVE FACTOR PROFILES



YOUTH OUTCOME QUESTIONNAIRE

Youth Outcome Questionnaire Program Change Chart



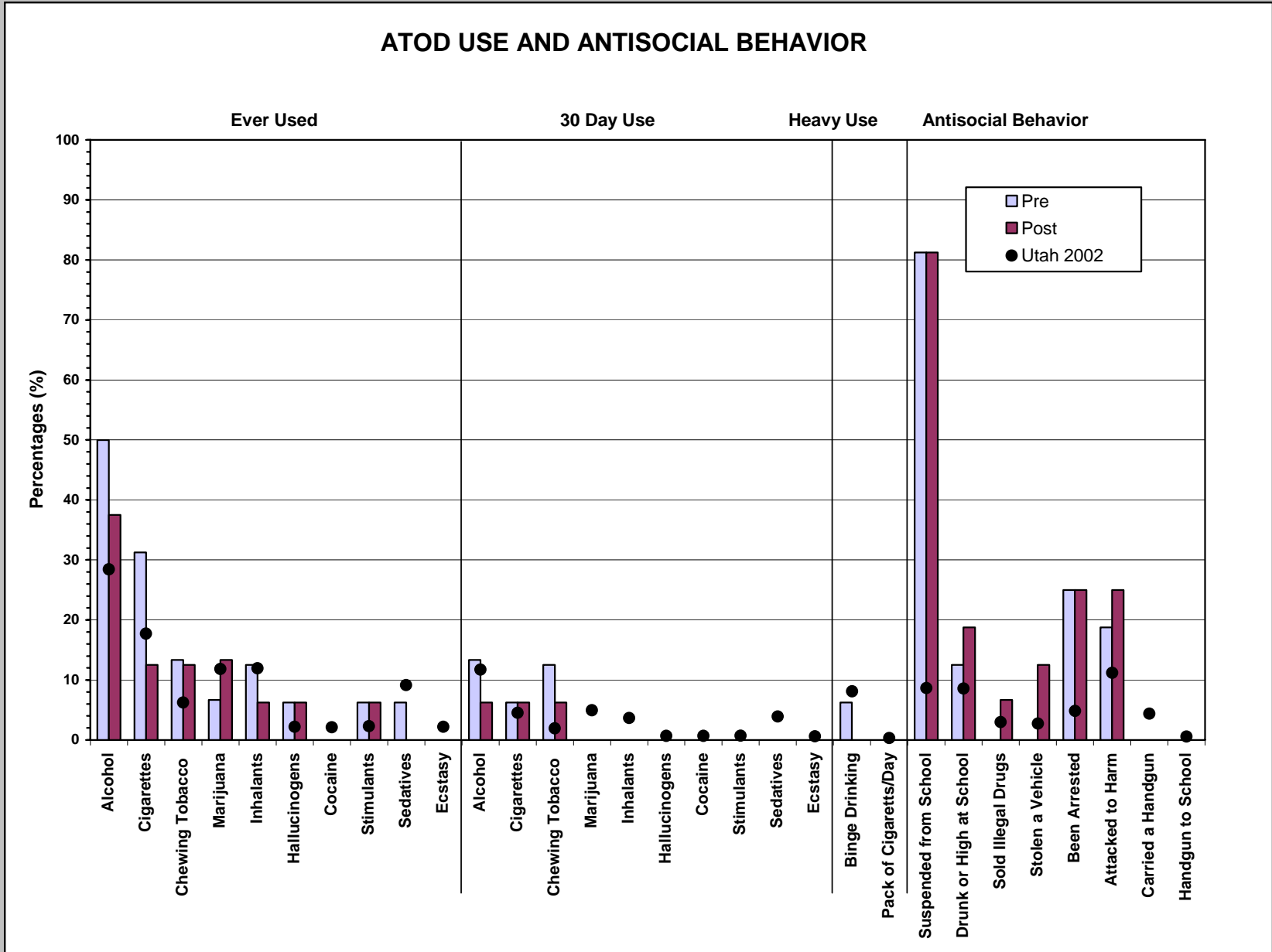
PPFH/Ocho Pasos Demographics and Confidence in Results

| Characteristics of Participants | | |
|--|--------|---------|
| Total Participants | Number | Percent |
| | 37 | |
| Gender | | |
| Male | 22 | 59% |
| Female | 15 | 41% |
| Ethnicity | | |
| White | 0 | 0% |
| African American | 0 | 0% |
| Native American | 0 | 0% |
| Alaskan Native | 0 | 0% |
| Pacific Islander | 0 | 0% |
| Asian American | 0 | 0% |
| Hispanic | 36 | 100% |
| Other | 0 | 0% |
| Total | 36 | |
| Grade | | |
| 5th or Below | 4 | 11% |
| 6th | 3 | 8% |
| 7th | 10 | 27% |
| 8th | 6 | 16% |
| 9th | 7 | 19% |
| 10th | 7 | 19% |
| 11th | 0 | 0% |
| 12th | 0 | 0% |
| Total | 37 | |

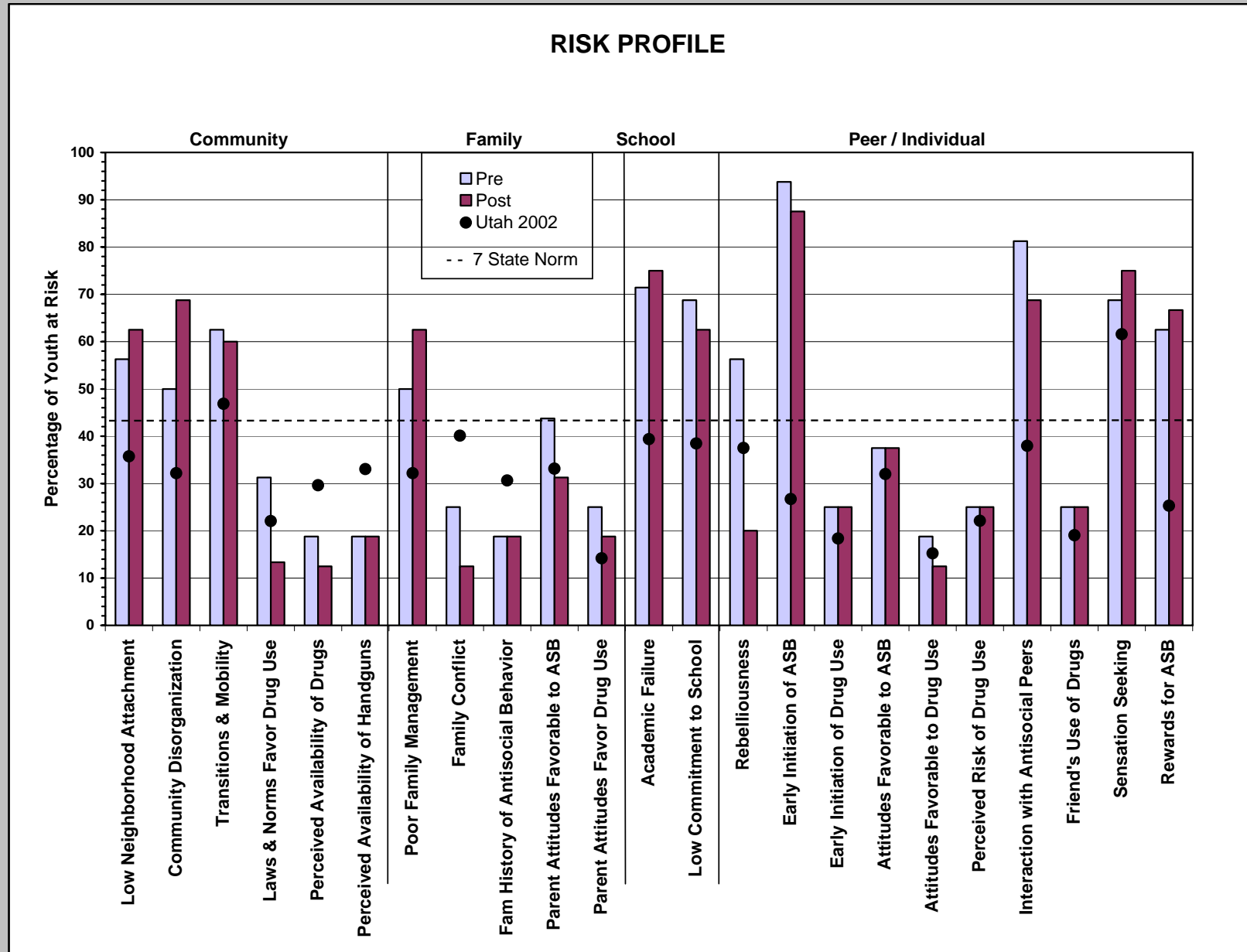
| Confidence in Results- PPFH | |
|--|---------------------|
| Number of Youth Completing Program | 29 out of 39 |
| Percentage of Valid Pre and Post Tests | 74% |
| Years of Data | 1 year and 7 months |

Note: Differences in totals are due to the number of youth answering the question. The total number is lower for Confidence in Results table in comparison with the Demographics table as the Confidence table uses valid surveys only.

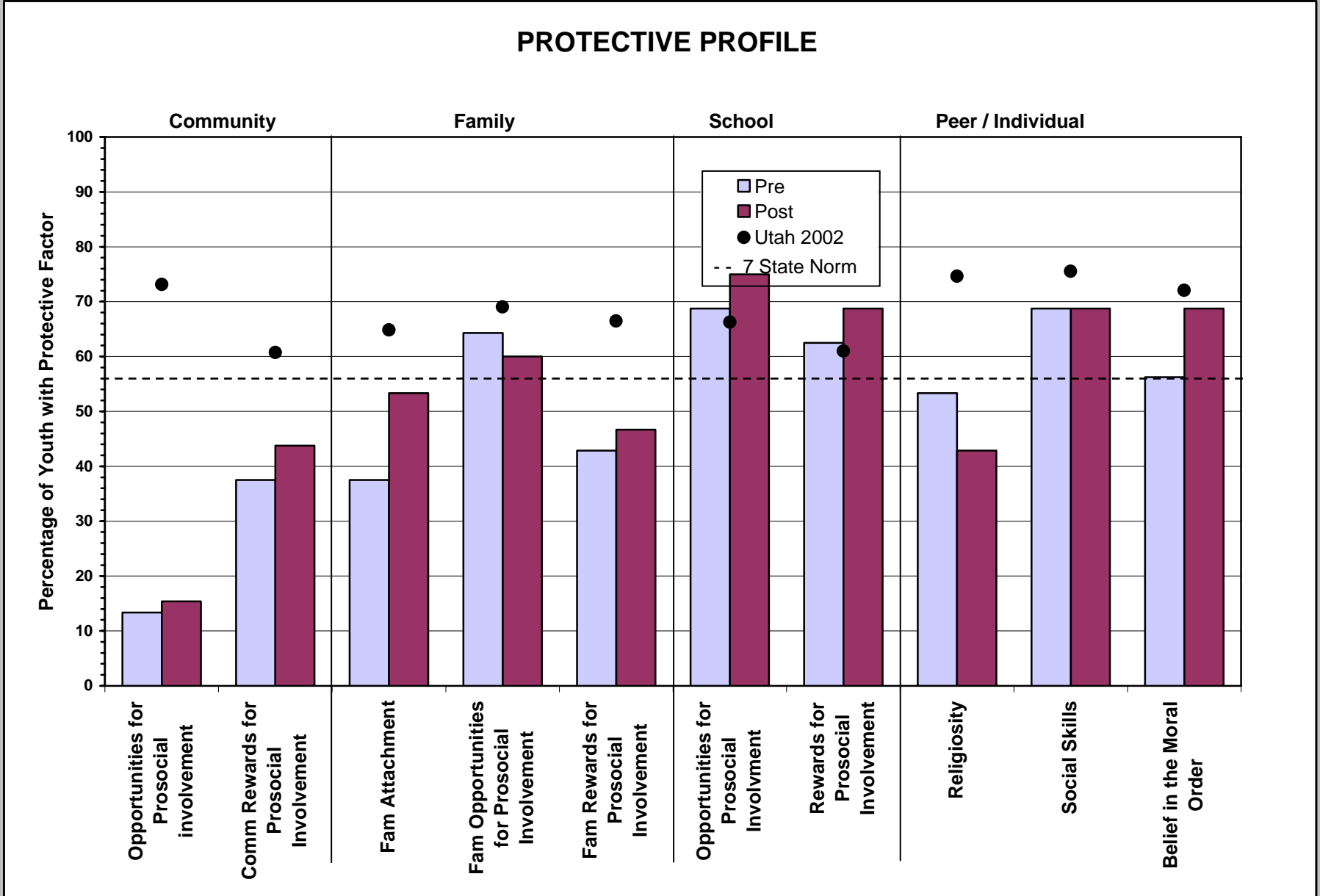
PPFH/Ocho Pasos ATOD USE AND ANTISOCIAL BEHAVIOR



RISK FACTOR PROFILES

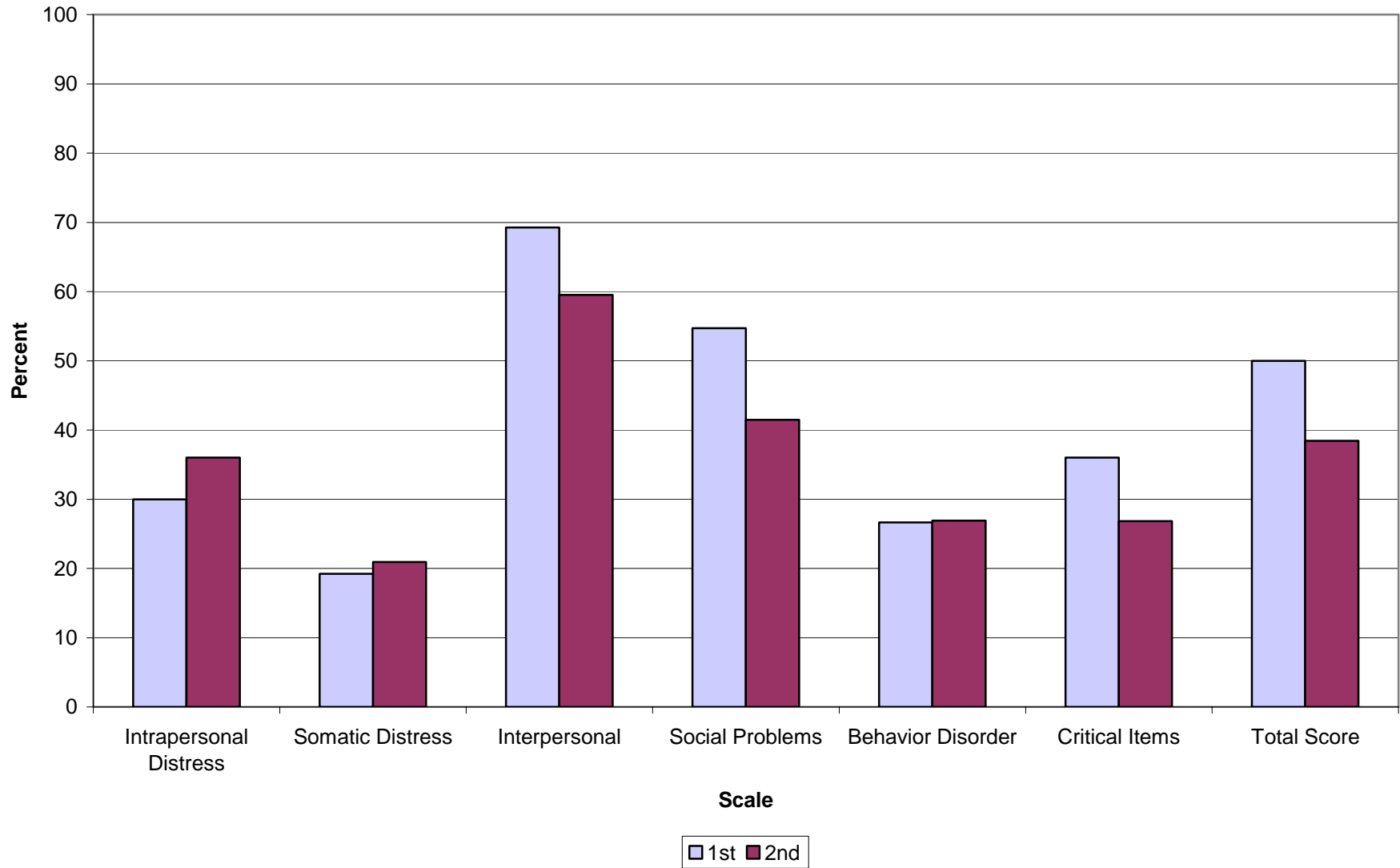


PROTECTIVE FACTOR PROFILES



YOUTH OUTCOME QUESTIONNAIRE

Youth Outcome Questionnaire Program Change Chart



EVALUATOR'S COMMENTS

The evaluators would like to address specific areas based on the results of the Risk and Protective Factor survey. Comments target areas with the greatest progression or deterioration from the start of the program. The three areas addressed include: Alcohol Use, Antisocial Behavior, Risk Factors, and Protective Factors. It is natural to see some risk factors increase and some protective factors degenerate. This information is not intended to be a "report card", but rather to enhance the potential effectiveness of the program.

NOTE: Both programs, EPFH/ARS and PPFH/Ocho Pasos are discussed below. Both programs complied with the evaluation well, as a high number of youth completed both pre and post test. On the other hand, there were a very low number of youth who had more than one month between the pre and post test. The evaluators have divided the program participants into two categories. PPFH/Ocho Pasos-Longer Stay indicates those youth who were in the program for one month or longer. EPFH/ARS-shorter stay indicates those that were in the program for less than one month. This was done in order to better examine the effects of the programs.

ATOD USE AND ANTISOCIAL BEHAVIOR:

Largest reduction: (This includes ONLY 30 Day Use, Heavy Use, and Anti-Social Behavior)

- Alcohol
- Binge Drinking
- Been Arrested

Largest Increase:

No Significant Increases in ATOD usage

RISK FACTORS:

Most Improved:

- Perceived Availability of Handguns
- Family Conflict
- Family History of Antisocial Behavior
- Attitudes Favorable to Antisocial Behavior

Deteriorated:

No Significant Increases in Risk Factors

PROTECTIVE FACTORS:

Most Improved:

- Social Skills
- Opportunities for Prosocial Involvement

Deteriorated:

- Family Attachment
- Family Rewards for Prosocial Involvement
- Rewards for Prosocial Involvement

The Risk and Protective Factors Report details a procedure to improve your program based on survey results. In addition to the evaluation, the evaluators have provided a list of web sites that contain a wide range of existing programs that have been shown to be effective. These sites may be a helpful resource and may also help to improve your current program. Please note that these are only suggestions.

For example, the Protective Factor Profile shows a deterioration of Family Attachment, Family Rewards for Prosocial Involvement and Rewards for Prosocial Involvement. It has been reported that youth with a strong sense of family attachment and involvement are less likely to engage in substance use and other problem behaviors. These areas are important to note as they potentially can predict future drug use, drug selling, and a higher rates of juvenile crime. Based upon this information, it may be beneficial to consider implementing a curriculum that focuses on these areas. (please see “Contacts for Program Planning” in this report) Below is a current program model found on the Blueprints of Violence Prevention Website:

<http://www.colorado.edu/cspv/blueprints/>.

Overview:

The **Strengthening Families Program For Parents and Youth 10-14 (SFP)**, formerly the Iowa Strengthening Families Program (ISFP), is a universal, family-based intervention which enhances parents’ general child management skills, parent-child affective relationships, and family communication. Based on a developmental model, SFP assumes that increasing the family’s protective processes while decreasing its potential risk factors can alter a child’s future, so that problem behaviors can be reduced or avoided. In addition, the program seeks to delay the onset of adolescent alcohol and substance use by improving family practices.

Targets:

SFP is designed for use with all sixth-grade students and their families. It has been successfully implemented in 33 rural,

Midwestern schools in which most of the program families were white and middle-class and most parents had obtained at least a high school education.

Content:

The seven-week intervention utilizes a biopsychosocial model in which parents and children learn individual skills, then are brought together to improve family communication and practices.

During the parent training sessions, held in groups with an average of eight families, parents are taught to clarify expectations of children's behavior, especially regarding substance use; utilize appropriate and consistent discipline techniques; manage strong emotions concerning their children; and use effective communication.

In the child sessions, adolescents learn similar skills, as well as peer resistance and refusal techniques; personal and social interaction skills; and stress and emotion management.

In the combined parent and children classes, families practice conflict resolution and communication skills, and engage in activities designed to increase family cohesiveness.

Outcomes:

Both post-test evaluations of family processes and follow-up studies of individual substance use have demonstrated positive effects for SFP families and adolescents, compared to control groups.

At post-test, SFP participants showed:

- Improved child management practices, including monitoring, discipline, and standard setting
- Increased parent-child communication
- More child involvement in family activities and decisions
- Strengthened family affective quality.

One- and two-year follow-up analyses revealed that participating adolescents had:

- Lower rates of alcohol initiation at both years

- 30-60% relative reductions in alcohol use, using without parents' permission, and being drunk

Please feel free to contact the evaluators for more consultation on using the survey results to respond to future Requests for Proposal (RFP's). They would be more than happy to be of assistance. More websites are listed below to assist you in increasing the effectiveness of your program.

www.mentalhealth.samhsa.gov

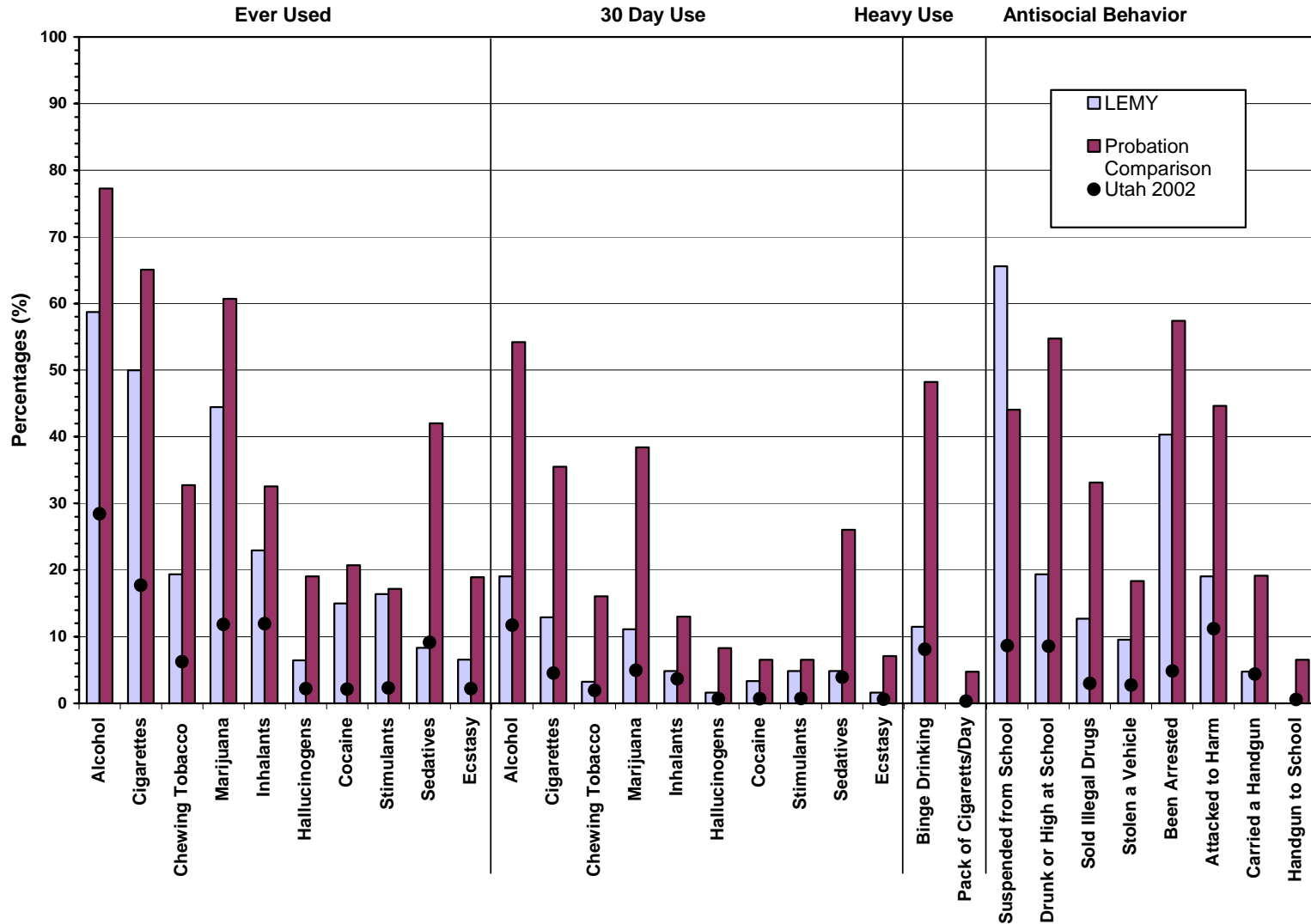
<http://captus.samhsa.gov/western/western.cfm>

INDIVIDUAL EVALUATIONS

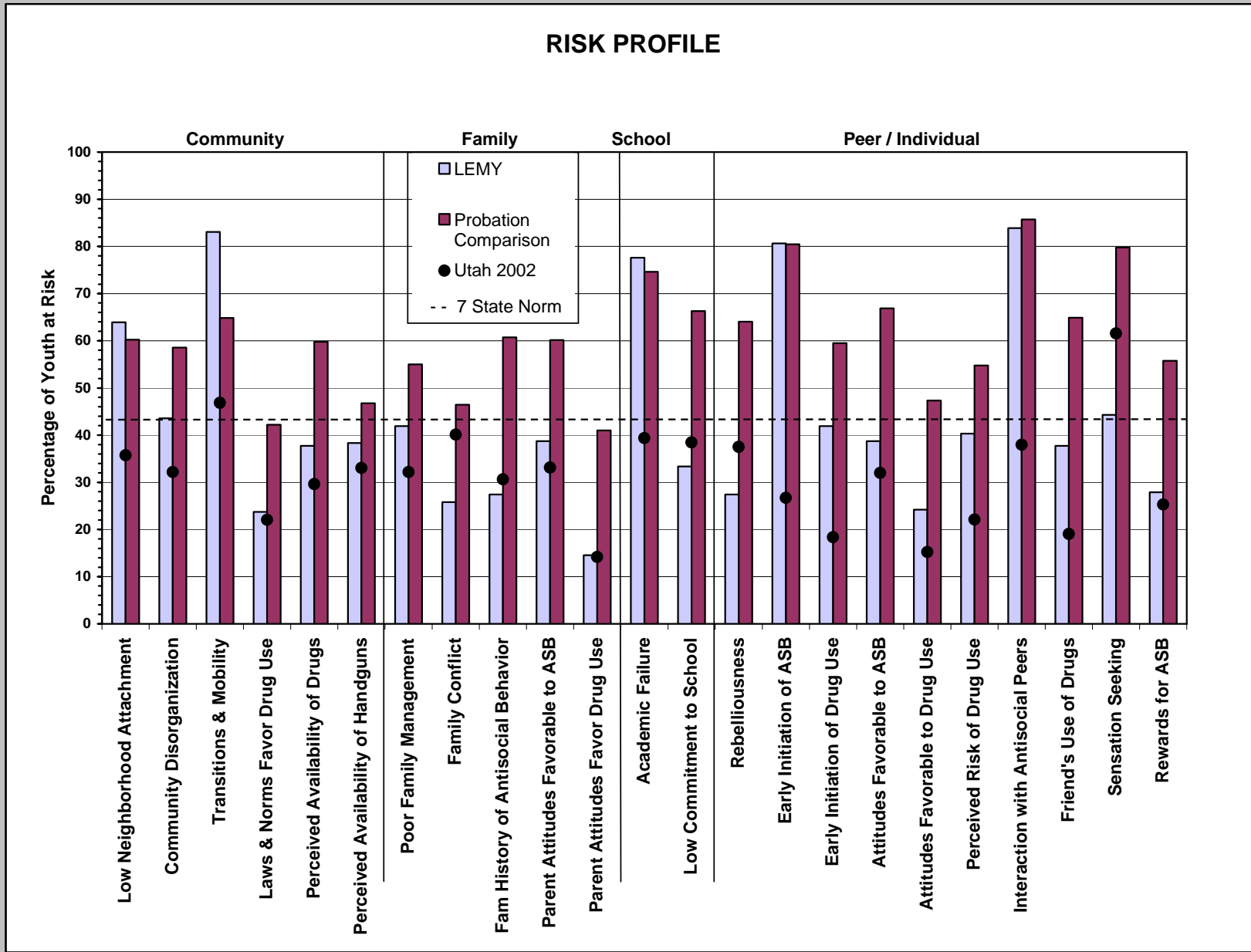
Results are not presented for the Strengthening Families program. This program requested to use a curriculum specific survey. The evaluators agreed to this request because the program represents what the evaluators envision as a exemplary practice, that is, the program employs a curriculum that has been empirically shown to be effective and has an evaluation instrument based upon the risk and protective factor approach that can be used to measure ongoing effectiveness. A separate report on this program will be provided to the board as soon as the number of program participants is sufficient for analysis.

Legal Equity for Minority Youth ATOD USE AND ANTISOCIAL BEHAVIOR

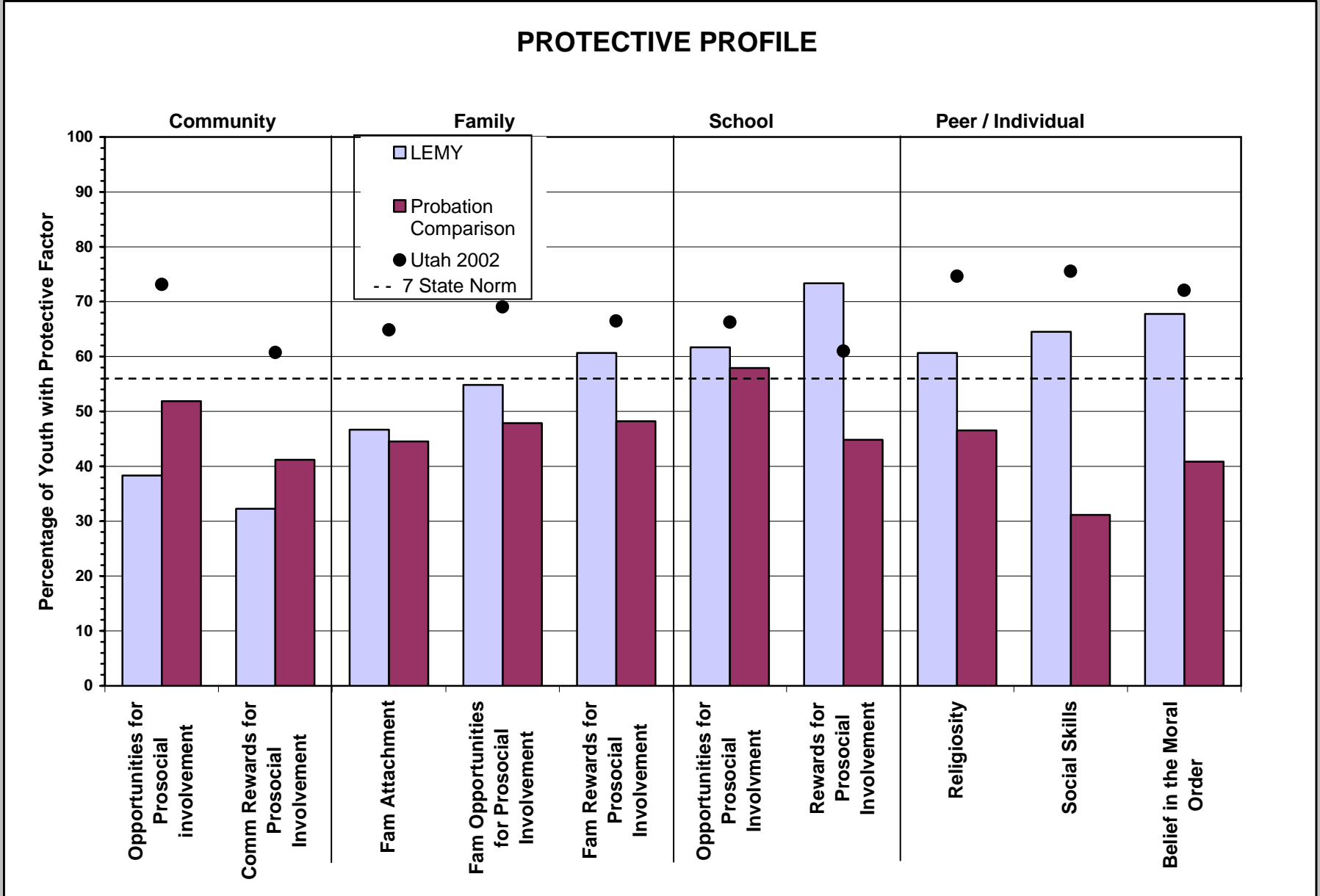
ATOD USE AND ANTISOCIAL BEHAVIOR



RISK FACTOR PROFILES



PROTECTIVE FACTOR PROFILES



EVALUATOR'S COMMENTS

The evaluators would like to address specific areas based on the results of the Risk and Protective Factor Survey taken by participants in the LEMY program. Comments target areas related to Alcohol Use and Antisocial Behavior, Risk Factors, Protective Factors as well as general conclusions. This information is not intended to be used as a "report card", but rather to enhance the potential effectiveness of the program.

Risk factors include characteristics of community, family, school environments, and characteristics of students and their peer groups that are known to predict increased likelihood of drug abuse, delinquency, and violent behaviors. When looking at the Risk Profile of youth in the LEMY program, it is important to note that overall, those in LEMY are at a higher risk than the general population, but when compared to their probation counterparts, they are at less risk in 19 of the 23 areas evaluated.

There are four areas where this is not the case:

- 1) Youth in the LEMY program have lower neighborhood attachment within the community compared to the general population as well as their probation counterpart.
- 2) The youth in LEMY are at greater risk for academic failure.
- 3) Youth have earlier initiation of Antisocial Behavior.
- 4) Youth in LEMY are at higher risk for residential transitions and mobility.

These four areas are important to note as they are related to higher levels of juvenile crime, drug selling, and school failure. In contrast, protective factors are positive influences or buffers against the negative influence of risk, thus reducing the likelihood that the youth will engage in problem behaviors. When looking at the Protect Factor Profile for youth in LEMY, it is important to note, as well, that these youth do have lower protective factors when compared to the general population. The same trend as above is noted here. In eight of the ten areas evaluated, the youth in LEMY have higher protective factors when compared to their probation counterparts. The two areas where this is not the cases are: Opportunities for Prosocial Involvement and Community Rewards for Prosocial Involvement. These two areas are within the Community domain.

When looking at the participant profiles in regards to alcohol, tobacco, drugs (ATOD) and antisocial behavior, the data indicates that the youth reported to have more suspensions from school when compared to their probation counterpart. On the other hand, the youth in LEMY have less involvement in all other areas. Less youth in LEMY reported to have ever used ATOD, used ATOD for 30 days, have heavily used ATOD, or have antisocial tendencies when compared to their probation counterparts. The profile does indicate that these youth are more involved in these areas compared to the general population.

In conclusion, when looking at all three profiles, the youth in LEMY are at higher risk when compared to those in the general population. Although this is the case, it is important to note that the youth in LEMY are at less risk than those of their probation counterpart. This trend carries over to the protective profile as well. When looking at the protective profile, LEMY youth have lower protective factors than those in the general population, but have more protective factors when compared to their probation counterparts.

Delta Strengthening Families Demographics

| Characteristics of YOUTH Participants | | |
|--|-----------|---------|
| Total Participants | Number | Percent |
| | 88 | |
| Gender | | |
| Male | 36 | 41% |
| Female | 52 | 59% |
| Grade | | |
| 5th or Below | 27 | 31% |
| 6th | 6 | 7% |
| 7th | 9 | 10% |
| 8th | 6 | 7% |
| 9th | 5 | 6% |
| 10th | 9 | 10% |
| 11th | 11 | 13% |
| 12th | 13 | 15% |
| Total | 86 | |

| Characteristics of PARENT Participants | | |
|---|--------|---------|
| Total Participants | Number | Percent |
| | 62 | |
| Gender | | |
| Male | 17 | 27% |
| Female | 45 | 73% |

Program Change

Changes in family functioning of program participants were measured using the Poor Family Management Scale and High Family Conflict Scale from the Risk and Protective Factor survey. In addition, change in youth participant functioning was measured using the Strengthening Families Program Scale. As shown in the table below, youth program participants statistically significant gains in their ability to function within their family in a prosocial manner as measured by the Strengthening Families Program Scale. Parent participants showed statistically significant change in the level of family conflict as measured by the High Family Conflict Scale.

Table Changes in Family Functioning

| Scale | Parent | | Child | |
|--------------------------------------|------------|-------------|------------|-------------|
| | Pre (Mean) | Post (Mean) | Pre (Mean) | Post (Mean) |
| Poor Family Management Scale | 1.38 | 1.34 | 1.49 | 1.58 |
| High Family Conflict Scale | 2.54 | 2.15 | 2.65 | 2.77 |
| Strengthening Families Program Scale | N/A | N/A | 5.61* | 4.76* |

*Statistically significant change (p. < .05).

Participant Satisfaction

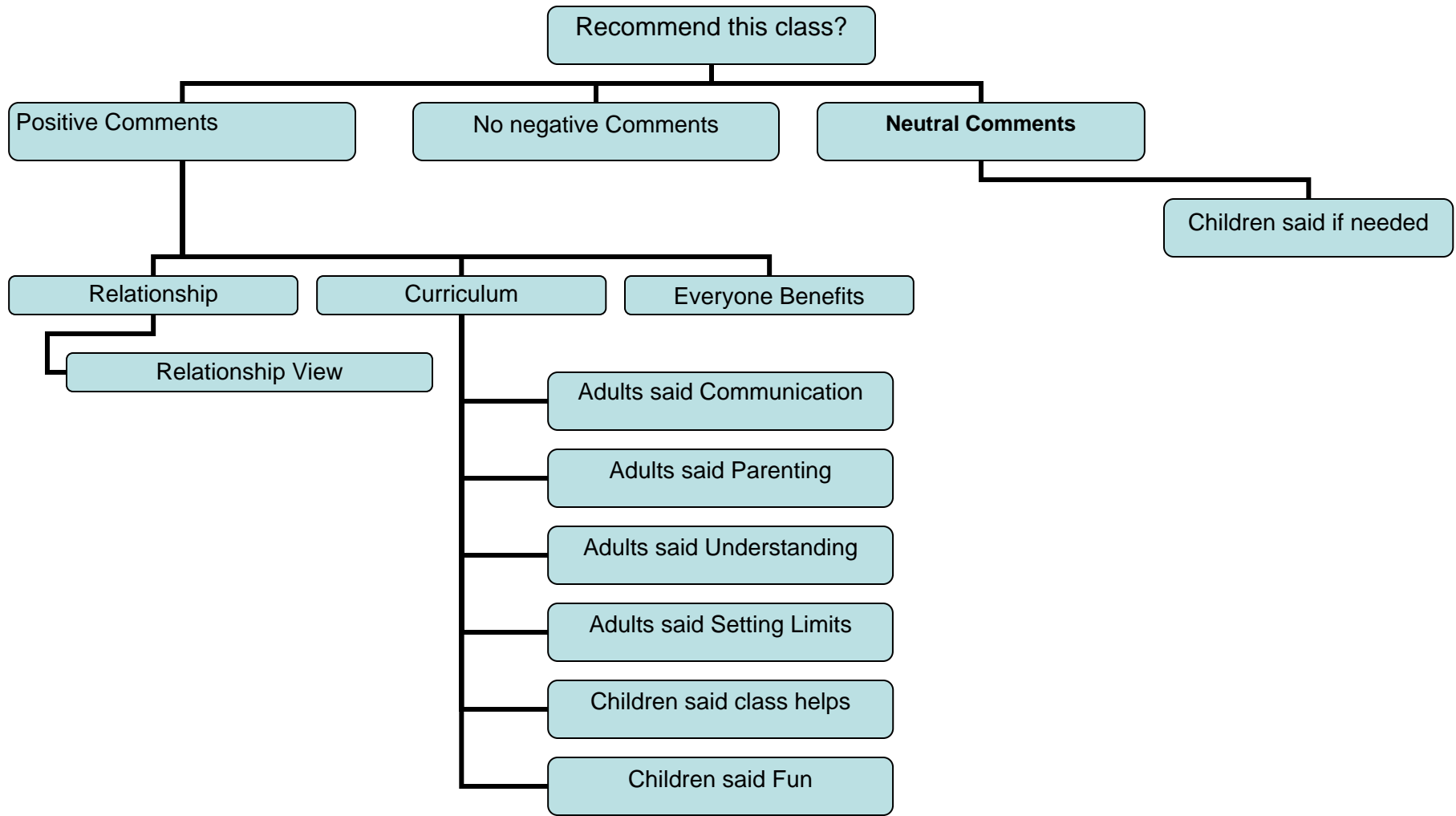
Youth participants rated their level of satisfaction at the program end. The tables below present their answers to these questions.

| Youth Satisfaction Ratings | Excellent | | Good | | Fair | | Poor | | Awful | |
|--|-----------|-------|------|-------|------|-------|------|------|-------|------|
| | N | % | N | % | N | % | N | % | N | % |
| 26. When I signed up for this class I thought it would be... | 13 | 28.3% | 14 | 30.4% | 15 | 32.6% | 2 | 4.3% | 2 | 4.3% |
| 27. My overall evaluation of this course is... | 16 | 34.8% | 22 | 47.8% | 6 | 13.0% | 1 | 2.2% | 1 | 2.2% |
| 28. The instructor's presentation of this course was... | 30 | 65.2% | 11 | 23.9% | 4 | 8.7% | | | 1 | 2.2% |
| 29. The ideas presents were... | 20 | 43.5% | 15 | 32.6% | 11 | 23.9% | | | | |
| 30. The visual aids, material, and techniques used were... (i.e. video, overheads, etc.) | 20 | 43.5% | 16 | 34.8% | 7 | 15.2% | 2 | 4.3% | 1 | 2.2% |

| Youth Satisfaction Ratings Cont'd | A lot | | Some | | A little | | Not at all | |
|---|-------|-------|------|-------|----------|-------|------------|------|
| | N | % | N | % | N | % | N | % |
| 31. This class has helped me think about the choices that I make? | 21 | 45.7% | 21 | 45.7% | 4 | 8.7% | | |
| 32. I feel that this class has provided me more understanding of my parents? | 26 | 56.5% | 15 | 32.6% | 3 | 6.5% | 2 | 4.3% |
| 33. This class kept me involved and interested? | 19 | 42.2% | 21 | 46.7% | 5 | 11.1% | | |

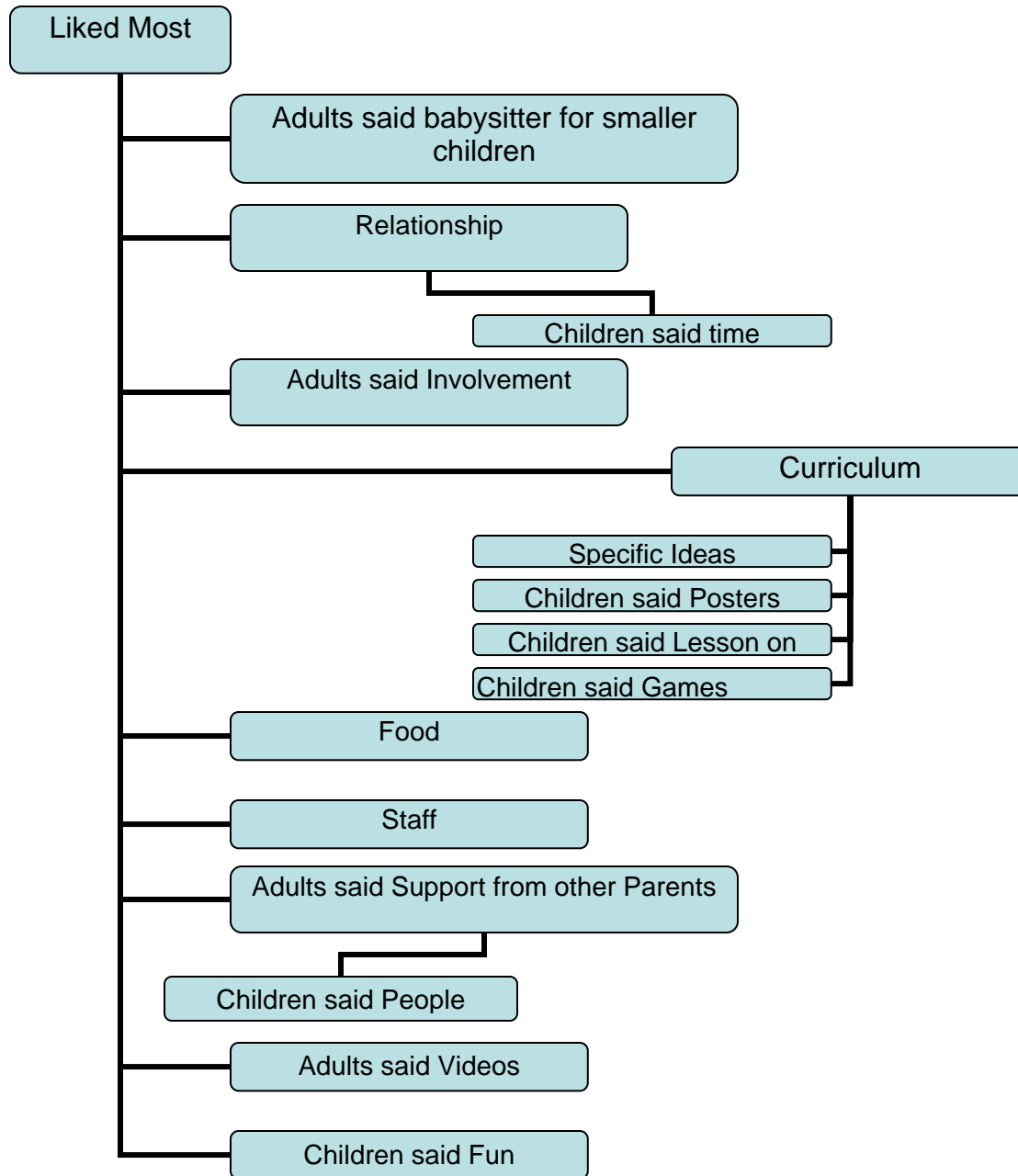
In addition to the ratings of satisfaction, participants were asked their views about the program on the following questions: Would you recommend this class to anyone? If so, why or why not? What did you like about this class? What would you suggest we do differently to improve this class? Additional comments?

The majority of feedback for all questions was positive. For question one, whether the participants would recommend the class, the general response from both parents and children, was "yes." The parents, who commented on recommending the class, stated they would recommend it because they feel that everyone could benefit from this class. Some things they felt others could benefit from are time spent with family and education on communication, parenting, and understanding. The children's comments were a lot like the adults. A specific comment of one child was "Because it teaches you to talk with your family without fighting." In addition, there were several children who commented they would refer the class "because it is fun." The figure on the next page provides a visual view of the participant's responses when asked if they would recommend the class.



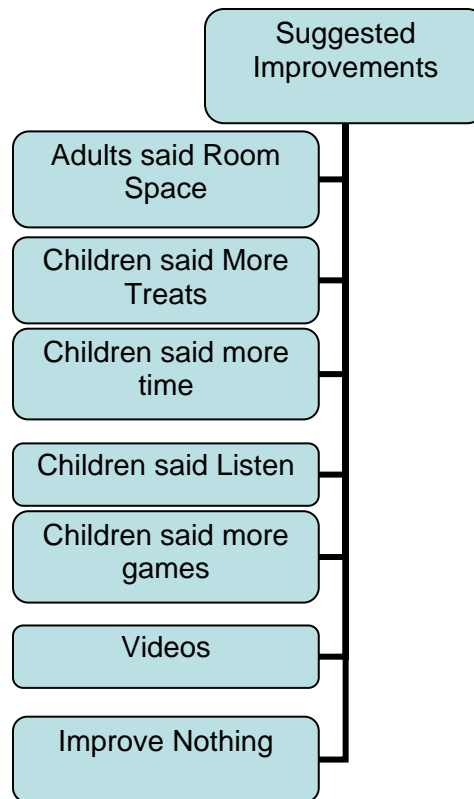
Regarding the question what participants liked most, the adults commented they enjoyed the time and interaction they spent with their children, the food, the support they received from other parents, and what they learned. Some specific comments about the curriculum were "the 'I feel lesson'", "how to solve problems", and "ideas for having conversations with children." Some comments were made about liking the class because it gave them a chance to talk and share ideas with other parents. One parent commented, "The parents have a lot of the same problems and you don't feel like your alone in problems." Many people made comments about the food and not having to cook. A few comments were also made on the videos. One Person stated that they were "informative."

Some of the things the children liked most about the class were the staff, games, food, and curriculum. There were several comments made about "the people." "Cindy, Granma, Nan & Jackie (these are the providers)" is what one child liked most. Another child when asked why they would refer this class made the comment, "Grandma Nan is one of the nicest people I've ever met." Another additional comment was made, "Cindy and Nan are really GREAT teachers and I care & appreciate them a lot." Some specific lessons the children liked were "when we did that thing when we had to get to the pizza house", "Learning the problem steps", "The acting", "When we learned about stress", and "The role playing with the cars." There were also comments about liking the posters that were made and learning about drugs. The figure on the next page provides a visual view of the participant's responses when asked what they like best about the class.



When asked about suggested improvements the parents commented: a larger room for the parents to meet in, less videos or improve acting in videos, more interacting with the kids, more active, get both parents to come, and do a class for younger children. The children would like to see more treats and more games and fewer movies. One child made the comment, "get some more advanced games and info for the more mature." One child also made the suggestion to "listen carefully."

When asked for additional comments, the general response from the parents was thank you's to the staff. The children made additional comments on the greatness of the class and appreciation to the staff. One child made the comment, "These ladies have done a lot for everyone & we really do appreciate them. You rock!!" The figure on the next page provides a visual view of the participant's responses when asked for suggested improvements.



APPENDIX A: SUMMARY OF STANDARD EVALUATION GOALS

Purpose of the UBJJ Outcomes Evaluation

- Evaluate the type of youth in UBJJ funded programs.
- Assess the effect of UBJJ funded programs.
- Assist in allocating future funding based upon the types of youth served and interventions shown to be successful.
- Assist programs in identifying interventions to fit the youth they serve.

Evaluation Procedures

Step 1. Evaluate the type of youth in UBJJ funded programs

Youth in each program complete two measures designed to provide a comprehensive picture of the youth's lives at program start and end. The following surveys are administered:

Risk and Protective Factor Survey- This survey is a comprehensive assessment of the risk and protective factors operating in a youth's life. It measures risk behaviors such as alcohol and other drug use, and gang participation. The survey also measures protective factors such as school participation and belief in community norms of right and wrong.

Youth Outcome Questionnaire- This survey measures changes in the most common behavioral and psychological problems in adolescents. The questionnaire is used to provide two types of information on UBJJ funded programs. It shows the level of distress for participants at program start. It also measures the change in initial distress levels at program end.

Information from these surveys is used to create a profile of UBJJ program participants. This information can be used to help board members and program providers know the type of youth a program is serving. In addition, the information can be used to assess the degree to which the services provided fit the needs of the youth in that program.

Step 2. Assess the effect of UBJJ funded programs

The two surveys are completed again at the end of a program. The change in the profiles of youth from program start to end can then be examined. Using the Risk and Protective Factor Survey reductions in risk factors and increases in protective factors can be identified. Similarly, using the Youth Outcome Questionnaire decreases in common psychological and behavioral problems can be identified.

Step 3. Incorporate results to assist in funding allocation and increasing program effectiveness

Using the information from Steps 1 and 2, the UBJJ board will be able to identify how the population it funds is different from the general population and what areas are most important to target with new or ongoing funding. The current array of programs can be assessed for missing links and appropriate changes in funding patterns made. In addition, the Board will have a tool to assess how the outcomes of individual programs compare to each other.

For providers, the needs of participants in a particular program and the effectiveness of that program in meeting those needs can be assessed. Program providers can use this information to increase the effectiveness of the services they offer either through modification of existing services or initiation of new programming.

APPENDIX B: RISK AND PROTECTIVE FACTOR DEFINITIONS

| Community Domain Risk Factors | |
|--|--|
| Community and Personal Transitions & Mobility | Neighborhoods with high rates of residential mobility have been shown to have higher rates of juvenile crime and drug selling, while children who experience frequent residential moves and stressful life transitions have been shown to have higher risk for school failure, delinquency, and drug use. |
| Community Disorganization | Research has shown that neighborhoods with high population density, lack of natural surveillance of public places, physical deterioration, and high rates of adult crime also have higher rates of juvenile crime and drug selling. |
| Low Neighborhood Attachment | A low level of bonding to the neighborhood is related to higher levels of juvenile crime and drug selling. |
| Laws and Norms Favorable Toward Drug Use | Research has shown that legal restrictions on alcohol and tobacco use, such as raising the legal drinking age, restricting smoking in public places, and increased taxation have been followed by decreases in consumption. Moreover, national surveys of high school seniors have shown that shifts in normative attitudes toward drug use have preceded changes in prevalence of use. |
| Perceived Availability of Drugs and Handguns | The availability of cigarettes, alcohol, marijuana, and other illegal drugs has been related to the use of these substances by adolescents. The availability of handguns is also related to a higher risk of crime and substance use by adolescents. |
| Community Domain Protective Factors | |
| Opportunities for Positive Involvement | When opportunities are available in a community for positive participation, children are less likely to engage in substance use and other problem behaviors. |
| Rewards for Positive Involvement | Rewards for positive participation in activities helps children bond to the community, thus lowering their risk for substance use. |
| Family Domain Risk Factors | |
| Family History of Antisocial Behavior | When children are raised in a family with a history of problem behaviors (e.g., violence or ATOD use), the children are more likely to engage in these behaviors. |
| Family Conflict | Children raised in families high in conflict, whether or not the child is directly involved in the conflict, appear at risk for both delinquency and drug use. |
| Parental Attitudes Favorable Toward Antisocial Behavior & Drugs | In families where parents use illegal drugs, are heavy users of alcohol, or are tolerant of children's use, children are more likely to become drug abusers during adolescence. The risk is further increased if parents involve children in their own drug (or alcohol) using behavior, for example, asking the child to light the parent's cigarette or get the parent a beer from the refrigerator. |
| Poor Family Discipline | Parents' use of inconsistent and/or unusually harsh or severe punishment with their children places them at higher risk for substance use and other problem behaviors. |
| Poor Family Supervision | Parents' failure to provide clear expectations and to monitor their children's behavior makes it more likely that they will engage in drug abuse whether or not there are family drug problems. |
| Family Attachment | Young people who feel that they are a valued part of their family are less likely to engage in substance use and other problem behaviors. |
| Family Domain Protective Factors | |
| Opportunities for Positive Involvement | Young people who are exposed to more opportunities to participate meaningfully in the responsibilities and activities of the family are less likely to engage in drug use and other problem behaviors. |
| Rewards for Positive Involvement | When parents, siblings, and other family members praise, encourage, and attend to things done well by their child, children are less likely to engage in substance use and problem behaviors. |
| School Domain Risk Factors | |
| Academic Failure | Beginning in the late elementary grades (grades 4-6) academic failure increases the risk of both drug abuse and delinquency. It appears that the experience of failure itself, for whatever reasons, increases the risk of problem behaviors. |

| | |
|---|---|
| Little Commitment to School | Surveys of high school seniors have shown that the use of hallucinogens, cocaine, heroin, stimulants, and sedatives or nonmedically prescribed tranquilizers is significantly lower among students who expect to attend college than among those who do not. Factors such as liking school, spending time on homework, and perceiving the coursework as relevant are also negatively related to drug use. |
| School Domain Protective Factors | |
| Opportunities for Positive Involvement | When young people are given more opportunities to participate meaningfully in important activities at school, they are less likely to engage in drug use and other problem behaviors. |
| Rewards for Positive Involvement | When young people are recognized and rewarded for their contributions at school, they are less likely to be involved in substance use and other problem behaviors |
| Peer-Individual Risk Factors | |
| Favorable Attitudes Toward Antisocial Behavior | Young people who accept or condone antisocial behavior are more likely to engage in a variety of problem behaviors, including drug use. |
| Early Initiation of Problem Behavior | Early onset of drug use predicts misuse of drugs. The earlier the onset of any drug use, the greater the involvement in other drug use and the greater frequency of use. Onset of drug use prior to the age of 15 is a consistent predictor of drug abuse, and a later age of onset of drug use has been shown to predict lower drug involvement and a greater probability of discontinuation of use. |
| Favorable Attitudes Toward Drug Use | Initiation of use of any substance is preceded by values favorable to its use. During the elementary school years, most children express anti-drug, anti-crime, and pro-social attitudes and have difficulty imagining why people use drugs. However, in middle school, as more youth are exposed to others who use drugs, their attitudes often shift toward greater acceptance of these behaviors. Youth who express positive attitudes toward drug use are at higher risk for subsequent drug use. |
| Friends' Use of Drugs | Young people who associate with peers who engage in alcohol or substance abuse are much more likely to engage in the same behavior. Peer drug use has consistently been found to be among the strongest predictors of substance use among youth. Even when young people come from well-managed families and do not experience other risk factors, spending time with friends who use drugs greatly increases the risk of that problem developing. |
| Interaction with Antisocial Peers | Young people who associate with peers who engage in problem behaviors are at higher risk for engaging in antisocial behavior themselves. |
| Low Perceived Risk of Drug Use | Young people who do not perceive drug use to be risky are far more likely to engage in drug use. |
| Rewards for Antisocial Involvement | Young people who receive rewards for their antisocial behavior are at higher risk for engaging further in antisocial behavior and substance use. |
| Rebelliousness | Young people who do not feel part of society, are not bound by rules, don't believe in trying to be successful or responsible, or who take an active rebellious stance toward society, are at higher risk of abusing drugs. In addition, high tolerance for deviance, a strong need for independence, and normlessness have all been linked with drug use. |
| Sensation Seeking | Young people who seek out opportunities for dangerous, risky behavior in general are at higher risk for participating in drug use and other problem behaviors. |
| Peer-Individual Protective Factors | |
| Religiosity | Young people who regularly attend religious services are less likely to engage in problem behaviors. |
| Social Skills | Young people who are socially competent and engage in positive interpersonal relations with their peers are less likely to use drugs and engage in other problem behaviors. |
| Belief in the Moral Order | Young people who have a belief in what is "right" or "wrong" are less likely to use drugs. |

APPENDIX C: EXAMPLE OF RISK AND PROTECTIVE FACTOR REPORT

Risk and Protective Factor Survey

for

Sample Program

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This report summarizes some of the findings from the Risk and Protective Factor Survey administered to youth entering the SAMPLE PROGRAM Program from 7/2002- 6/2003. The results for the SAMPLE PROGRAM Program are presented along with comparisons with Utah youth in general. The survey was designed to assess school safety, adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors.

The comparison group of youth was selected to ensure that youth from all counties and who attend large and small schools were represented in the survey. Careful selection of the schools that were sampled and uniform administration of the survey have resulted in survey data that are valid and representative of the youth in grades 6, 8, 10, and 12.

CONTENTS:

Introduction:

- *Demographics*
- *Risk & Protective Framework*

Tools for Assessment and Planning

How to Read the Charts

Data Charts:

- *Substance Use & Antisocial Behavior*
- *Risk & Protective Factor Profiles*

Evaluator's Comments

Contacts for Prevention

Risk and Protective Factor Definitions

What is the Risk and Protective Factor Framework?

Risk- and protective-focused prevention is based on a simple premise: To prevent a problem from happening, we need to identify the factors that increase the risk of that problem developing and then find ways to reduce the risks. Just as medical researchers have found risk factors for heart attacks such as diets high in fats, lack of exercise, and smoking; a team of researchers at the University of Washington have defined a set of risk factors for drug abuse. The research team also found that some children exposed to multiple risk factors manage to avoid behavior problems even though they were exposed to the same risks as children who exhibited behavior problems. Based on research, they identified protective factors and processes that work together to buffer children from the effects of high-risk exposure and lead to the development of healthy behaviors.

Risk factors include characteristics of community, family, and school environments, and characteristics of youth and their peer groups, that are known to predict increased likelihood of a drug use, delinquency, and violent behaviors among youth (Hawkins, Catalano, & Miller, 1992; Hawkins, Arthur & Catalano, 1995; Brewer, Hawkins, Catalano, & Neckerman, 1995).

Protective factors exert a positive influence or buffer against the negative influence of risk, thus reducing the likelihood that adolescents will engage in problem behaviors. Protective factors identified through research reviewed by the Social Development Research Group include individual characteristics; social bonding to family, school, community, and peers; and healthy beliefs and clear standards for behavior.

Risk and Protective Factor Survey

Prepared by The Criminal and Juvenile Justice Consortium at the University of Utah

Research on risk and protective factors has important implications for prevention efforts. The premise of this approach is that in order to promote positive youth development and prevent problem behaviors, it is necessary to address those factors that predict the problem. By measuring risk and protective factors in a population, specific risk factors that are elevated and widespread can be identified and targeted by preventive interventions that also promote related protective factors. For example, if academic failure is identified as an elevated risk factor in a community, then mentoring and tutoring interventions can be provided that will improve academic performance, and also increase opportunities and rewards for classroom participation.

Risk- and protective-focused drug abuse prevention is based on the work of J. David Hawkins, Ph.D., Richard F. Catalano, Ph.D.; and a team of researchers at the University of Washington in Seattle. Beginning in the early 1980's the group researched adolescent problem behaviors and identified risk factors for adolescent drug abuse and delinquency. Not surprisingly, they found that an interrelationship exists between adolescent drug abuse, delinquency, school dropout, teen pregnancy, and violence and were able to identify risk factors for these problems.

The chart at the right shows the links between the 16 risk factors and the five problem behaviors. The check marks have been placed in the chart to indicate where at least two well designed, published research studies have shown a link between the risk factor and the problem behavior.

| YOUTH AT RISK | SUBSTANCE ABUSE | DELINQUENCY | TEEN PREGNANCY | SCHOOL DROP-OUT | VIOLENCE |
|---|--------------------|-------------|-------------------|--------------------|----------|
| Community | | | | | |
| Availability of Drugs and Firearms | ✓ | | | | ✓ |
| Community Laws and Norms Favorable Toward Drug Use | ✓ | | | | |
| Transitions and Mobility | ✓ | ✓ | | ✓ | |
| Low Neighborhood Attachment and Community Disorganization | ✓ | ✓ | | | ✓ |
| Extreme Economic and Social Deprivation | ✓ | ✓ | ✓ | ✓ | ✓ |
| Family | | | | | |
| Family History of High Risk Behavior | ✓ | ✓ | ✓ | ✓ | |
| Family Management Problems | ✓ | ✓ | ✓ | ✓ | ✓ |
| Family Conflict | ✓ | ✓ | ✓ | ✓ | ✓ |
| Parental Attitudes and Involvement | ✓ | ✓ | | | ✓ |
| School | | | | | |
| Early and Persistent Antisocial Behavior | ✓ | ✓ | ✓ | ✓ | ✓ |
| Academic Failure in Elementary School | ✓ | ✓ | ✓ | ✓ | ✓ |
| Lack of Commitment to School | ✓ | ✓ | ✓ | ✓ | |
| Individual/Peer | | | | | |
| Alienation and Rebelliousness | ✓ | ✓ | | ✓ | |
| Friends Who Engage in a Problem Behavior | ✓ | ✓ | ✓ | ✓ | ✓ |
| Favorable Attitudes Toward the Problem Behavior | ✓ | ✓ | ✓ | ✓ | |
| Early Initiation of the Problem Behavior | ✓ | ✓ | ✓ | ✓ | ✓ |

Program Improvement Using Survey Data

Why Conduct the Risk and Protective Factor Survey?

Data from the Risk and Protective Factor Survey can be used to help program and community planners assess current conditions and prioritize areas of greatest need.

Each risk and protective factor can be linked to specific types of interventions that have been shown to be effective in either reducing risk(s) or enhancing protection(s). The steps outlined here will help your program and community make key decisions regarding allocation of resources, how and when to address specific needs, and which strategies are most effective and known to produce results.

What are the numbers telling you?

Review the charts and data tables presented in this report. Using the table below, note your findings as you discuss the following questions.

- Which 3-5 risk factors appear to be higher than you would want?
- Which 3-5 protective factors appear to be lower than you would want?
- Which levels of 30-day drug use are increasing and/or unacceptably high?
 - o Which substances are your participants using the most?
- Which levels of antisocial behaviors are increasing and/or unacceptably high?
 - o Which behaviors are your participants exhibiting the most?

How to decide if a rate is “unacceptable.”

- Look across the charts – which items stand out as either much higher or much lower than the other?
- Compare your data with statewide, and national data – differences of 5% between local and other data are probably significant.
- Determine the standards and values held within your community – For example: Is it acceptable in your community for 75% of participants to drink alcohol regularly even when the statewide percentage is 90%?

Use these data for planning.

- Substance use and antisocial behavior data – raise awareness about the problems and promote dialogue
- Risk and protective factor data – identify exactly where the community needs to take action
- Promising approaches – talk with resources listed on the last page of this report for ideas about programs that have proven effective in addressing the risk factors that are high in your community, and improving the protective factors that are low

MEASURE

- Risk Factors
- Protective Factors
- Substance Use
- Antisocial Behaviors

| Unacceptable Rate #1 | Unacceptable Rate #2 | Unacceptable Rate #3 | Unacceptable Rate #4 |
|----------------------|----------------------|----------------------|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Program Improvement Using Survey Data

How do I decide which intervention(s) to employ?

- o Strategies should be selected based on the risk factors that are high in your program and the protective factors which are low.
- o Strategies should be age appropriate and employed prior to the onset of the problem behavior.
- o Strategies chosen should address more than a single risk and protective factor.
- o No single strategy offers the solution.

**No
isolated
strategy
offers the
solution to
reducing
youth
problem
behaviors.**

How do I know whether or not the intervention was effective?

- o Participation in the UBJJ administration of the survey provides trend data necessary for determining the effectiveness of the implemented intervention(s) and also provides data for determining any new efforts that are needed.

1. Participant responses for risk and protective factors, substance use, antisocial behavior and other questions are displayed on the following pages.
2. The bars represent the percent of participants in your program who reported elevated risk or protection, substance use, or antisocial behaviors.
3. Scanning across these charts, you can easily determine which factors are more (or least) prevalent, thus identifying which of the factors are most important for your program or community to address.
4. Bars will be complemented by a small dot. This dot shows the comparison to all participant sampled in the state, and provides additional information for your program and community in determining the relative importance of each risk and protective factor. Additional explanations of cut-points, dots, and the 7-state norm line are located on the following page.
5. Brief definitions of the risk and protective factors can be found following the graphs.

HOW TO READ THE CHARTS CUT-POINTS, DOTS, DASHED LINES

In order to read the Risk and Protective Factor Charts, there are three features to keep in mind while scanning the chart: 1) **cut-points** help with distinguishing between participants at risk and those not-at-risk, 2) **dots** indicating program rates compared to state rates, and 3) **dashed lines** showing comparisons to other state levels.

Cut-Points

Before the percentage of youth at risk on a given scale could be calculated, a scale value or cut-point needed to be determined that would separate the at-risk group from the not-at-risk group. The Prevention Needs Assessment (PNA) survey was designed to assess adolescent substance use, anti-social behavior and the risk and protective factors that predict these adolescent problem behaviors. Since PNA surveys have been given to over 200,000 youth nationwide, it was possible to select two groups of youth, one that was more at risk for problem behaviors and another group that was less at risk. A cut-point score was then determined for each risk and protective factor scale that best divided the youth from the two groups into their appropriate group, more at-risk or less at-risk. The criteria for selecting the more at-risk and the less at-risk groups included academic grades (the more at-risk group received “D” and “F” grades, the less at-risk group received “A” and “B” grades), ATOD use (the more at-risk group had more regular use, the less at-risk group had no drug use and use of alcohol or tobacco on only a few occasions), and antisocial behavior (the more at-risk group had two or more serious delinquent acts in the past year, the less at-risk group had no serious delinquent acts).

The cut-points that were determined by analyzing the results of the more at-risk and less at-risk groups will remain constant and will be used to produce the profiles for future surveys. Since the cut-points for each scale will remain fixed, the percentage of youth above the cut-

point on a scale (at-risk) will provide a method for evaluating the progress of prevention programs over time. For example, if the percentage of youth at risk for family conflict in a community prior to implementing a community-wide family/parenting program was 60% and then decreased to 40% one year after the program was implemented, the program would be viewed as helping to reduce family conflict.

Dots

The Dots on the charts represent the percentage of all of the youth surveyed from your state who reported ‘elevated risk’ or ‘elevated protection’. The comparison to the state-wide sample provides additional information for your community in determining the relative importance of each risk or protective factor level. Scanning across the charts, you can easily determine which factors are most (or least) prevalent for your community. This is the first step in identifying the levels of risk and protection that are operating in your community and which factors your community may choose to address.

Dashed Line

Levels of risk and protection in your community also can be compared to a more national sample. The dashed line on each risk and protective factor chart represents the percentage of youth at risk or with protection for the seven state sample upon which the cut-points were developed. The seven states included in the norm group were Colorado, Illinois, Kansas, Maine, Oregon, Utah, and Washington. All the states have a mix of urban and rural students. Again, brief definitions of the risk and protective factors are provided in Table 2. For more information about risk and protective factors, please refer to the resources listed on the last page of this report under Contacts for Prevention.

EXAMPLE OF YOUTH OUTCOME QUESTIONNAIRE REPORT

Youth Outcome Questionnaire

Summary for SAMPLE PROGRAM

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This report summarizes some of the findings from Youth Outcome Questionnaires administered to youth entering SAMPLE PROGRAM from 7/2002 to 6/2003. The results for SAMPLE PROGRAM youth as a whole are presented at the beginning and ending of the program.

Surveys were administered via the internet to all youth entering the SAMPLE PROGRAM Program. Table 1 lists the number of surveys received.

| Table 1 Tests Administered | | |
|----------------------------|---------|--|
| Total | # Valid | |
| | | |
| | | |
| | | |

Youth Outcome Questionnaire Overview

The Youth Outcome Questionnaire-Self Report (Y-OQ) is designed to measure changes in the most common behavioral and psychological problems in youth. The survey is comprised of an overall distress score and the six subscales listed in Table 1.

The YOQ provides two important types of information. It shows the level of distress for participants at program start. In addition, the questionnaire is used to evaluate the amount of change upon program completion. Response to a specific program can be measured in terms of changes on an overall distress scale or a particular sub-scale.

CONTENTS:

Introduction:

- *Summary for SAMPLE PROGRAM*
- *Youth Outcome Questionnaire Overview*

How to Read the Chart

Program Change Chart

| <i>Table 1 Areas measured by the Y-OQ</i> | |
|---|--|
| Intrapersonal Distress | This scale measures the degree of emotional distress. Questions cover anxiety, depression, fearfulness, hopelessness, and self-harm. |
| Somatic | This scale measures physical distress. Questions cover symptoms such as headaches, dizziness, stomachaches, nausea, bowel difficulties, and pain or weakness in joints. |
| Interpersonal Relations | This scale measures issues concerning interpersonal relations. Questions cover attitude towards others, interactions with family and friends, cooperativeness, aggressiveness, arguing, and defiance. |
| Critical Items | The scale measures severe behaviors often exhibited by adolescents who are hospitalized for mental health problems. Questions cover paranoia, obsessive-compulsive behaviors, hallucinations, delusions, suicide, mania, and eating disorders. |
| Social Problems | The scale measures problematic social behaviors. Questions cover truancy, sexual problems, running away, vandalism, and substance abuse. |
| Behavioral Dysfunction | This scale measures ability to organize, and complete tasks. Questions cover inattention, hyperactivity, and impulsivity. |
| Total Score | The total score provides a measure of global distress by summing the previous scales to create a single overall distress score. |

HOW TO READ THE CHARTS AND TABLES

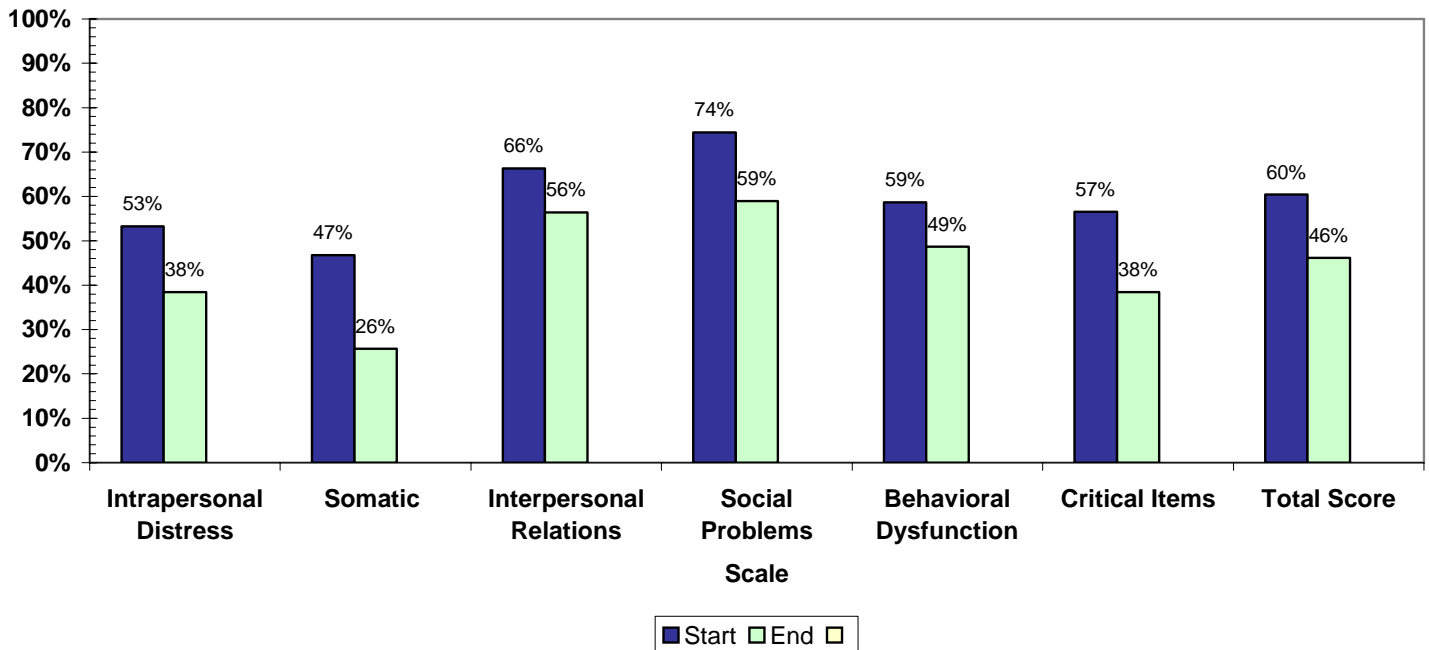
In order to read the Y-OQ Charts and Tables, it is important to understand how the results are analyzed. The YOQ has been given to large samples of youth in several western states. From this information **cutpoints** were developed to classify youth in terms of the level of psychological and behavioral problems they report. Youth are classified into those who report similar levels of psychological symptoms and functioning as their peers, termed **the Normal Population**, and those who report functioning similar to youth receiving mental health treatment, termed **the Distressed Population**.

The cutpoints were established by finding the score that best distinguished between youth who were receiving treatment for psychological difficulties and those who were not. The results are presented for each individual sub-scale and a total distress score.

Program Change Chart

The Program Change Chart presents the results for SAMPLE PROGRAM youth as a group. From this chart program changes in the entire group of youth can be assessed. This chart shows the percentage of youth falling into the distressed population at each administration of the questionnaire. **The bars** represent this percentage of youth, that is, those classified into the Distressed Population on each scale.

Percentage of Participants in the Distressed Population



CONTACTS FOR PROGRAM PLANNING

<http://www.unr.edu/westcapt> - This site allows you to connect risk and protective factors to promising and proven programs. The direct link to search for a program or intervention principles based upon a particular risk and protective factor profile is:

<http://casatweb.ed.unr.edu/cgi-bin/WebObjects/Step6.woa/1/wo/C6BNQYPFaFJGscnByYEbDM/0.3>

Other internet sites that contain information programming for at-risk and delinquent youth are listed below. These sites include information on programs that have been empirically shown to be effective.

Prevention and Early Intervention:

<http://cecp.air.org/prev-ei/best.htm>

<http://www.colorado.edu/cspv/blueprints/>

<http://www.ncjrs.org/pdffiles1/ojjdp/187079.pdf>

Intervention and Serious Offenders:

http://www.mentalhealth.org/youthviolence/surgeongeneral/SG_Site/toc.asp

<http://www.ncjrs.org/txtfiles/wworks.txt>

Aftercare Programming

<http://www.ncjrs.org/pdffiles/juvcc.pdf>

<http://www.ncjrs.org/pdffiles/juvpp.pdf>

Female Specific Programming:

<http://ojjdp.ncjrs.org/pubs/principles/chart.html>