



# CalVIP Cohort III Enhanced Intervention Project to Increase Resiliency in High-Risk Youth to Reduce Involvement in Violent Crime

Final Evaluation Report

December 2023

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# Project Description

In response to the disproportionate rate of violent crime, including gang related crime in the city of San Diego, San Diego County's geographically largest city, public and private stakeholders met in the Spring of 2020 to partner on a California Board of State and Community and Corrections (BSCC) CalVIP III proposal. The partners included SBCS, formerly South Bay Community Services, Shaphat Outreach (SO), San Diego County Probation Department, San Diego Youth Services (SDYS), Logan Heights Community Development Corporation (LHCDC), and the Juvenile Justice Coordinating Council (JJCC). These partners shared the same concern and goal to improve support and to reduce violent crime and possible gang involvement for youths and young adults residing in the city of San Diego. From this concern and the opportunity presented by BSCC, SBCS assumed the administrative lead and applied for and was awarded a Cohort III CalVIP grant. To document how the program was implemented and to what effect, an outside evaluator, the San Diego Association of Governments (SANDAG) Criminal Justice Research Division, conducted a process and outcome evaluation. The program period for this report was October 2020 to June 2023. The following evaluation report addresses the process and outcome research questions outlined in the Local Evaluation Plan (LEP), detailing the program implementation and achievements.

## Background and Purpose

The City of San Diego, which includes San Ysidro, the southernmost part of the City of San Diego, located directly on the U.S./Mexico international border, is the largest city in the county with a 2022 estimated population of 1.37 million residents (SANDAG Population and Housing Estimates, V2022). The City of San Diego is just as diverse compared to the overall San Diego County region (30% Hispanic versus 35% for the region, 17% Asian versus 12% in the region, and 6% African American for both city and region) and 12% live in poverty compared to 11% in the region. In respect to crime at mid-year 2023 (January 1- June 30), the City of San Diego had a crimes against persons rate of 8.84 per 1,000 population compared to 9.71 in the region, a crimes against property rate of 26.27 compared to 23.56 in the region, and a crimes against society rate of 4.79 compared to 7.26 for the region (most recent crime statistics data available).<sup>1</sup>

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<sup>1</sup> SANDAG, 2023. Crime in the San Diego Region Mid-Year Crime Statistics. Available at : <https://www.sandag.org/-/media/SANDAG/Documents/PDF/data-and-research/criminal-justice-and-public-safety/criminal-justice-research-clearinghouse/cj-bulletin/cj-bulletin-crime-in-the-san-diego-region-mid-year-2023.pdf>

City of San Diego residents, while invested in their community, are dealing with several neighborhood factors including poverty, high crime rate areas, racial segregation, etc. that place their youth at risk of victimization and/or involvement in crime. As part of the commitment to tackle these challenges and to improve their safety and prosperity towards positive outcomes, this CalVIP grant strengthened existing services by providing evidence-based programming for youth and young adults aged 19 and under residing in the city. The target population were youth who: may be disconnected from positive supports, those at highest-risk, are gang-involved, are at risk for criminal justice involvement and/or recidivism, are supervised, those who are more likely to fail to complete all court-order requirements and those who may continue onto lives plagued by gang involvement and violent crime unless timely interventions are put into place. With the main strategy of reducing violence, this program provided youths with mental health and mentoring services at no cost, a huge incentive for law enforcement, Probation, and the Juvenile Court to refer youth into the program rather than place them in detention.

To support the youth living in the City of San Diego, SBCS chose to implement and enhance their existing Youth Prevention & Intervention department which includes the Achievement Center (AC), CHOICE and Alternatives to Detention (ATD), and Juvenile Diversion, which serves youth who face a high risk of not completing all court-ordered requirements and could continue involvement with gangs and crime unless provided appropriate and timely interventions. In CHOICE, youth received intensive case management, including individual check-ins multiple times a day throughout the course of their participation. ATD provided services to youth and families in the community as part of the youth's court orders. Juvenile Diversion provides services to youth and families referred by local law enforcement after being arrested, with the goal to provide community-based interventions in lieu of having the youth formally enter the juvenile justice system. In the AC, youth participated in center-based services Monday to Friday from 3 to 7 p.m.

The enhanced CalVIP program provided "3<sup>rd</sup> Wave" mindfulness-based mental health services (Third Wave Cognitive Behavioral Therapy (CBT), also known as Mindfulness-Based Cognitive Therapy, or MBCT, and Trauma Affect Regulation: Guide for Education and Therapy, also known as TARGET), and Credible Messenger Mentoring (CMM, also called Community Mentoring) which includes Interactive Journaling (IJ).

Mindfulness-based "3<sup>rd</sup> Wave" therapies prioritized the holistic promotion of psychological and behavioral processes associated with health and well-being over the reduction or elimination of psychological and emotional symptoms. They used strategies such as mindfulness exercises, acceptance of unwanted thoughts and feelings, and cognitive diffusion (stepping back and seeing thoughts as just thoughts) to elicit change in the thinking process. Two site-based therapists embedded within the AC, CHOICE, ATD, and Juvenile Diversion teams worked to infuse the 3<sup>rd</sup> Wave approaches throughout all aspects of these programs.

CMM trained and supported neighborhood leaders who were formerly involved in the justice system and who have turned their lives around to become mentors for youth. Mentors worked with youth in group and in one-on-one settings to nurture pro-social environments, offering firsthand wisdom about the challenges youth face: such as how to break away from a gang or apply for a job with a felony on one's record. CMM was combined with Interactive Journaling (IJ), a SAMHSA-recognized evidence-based practice developed by The Change Companies. The program used IJ's Forward Thinking curriculum, a cognitive-behavioral series that assists system-involved youth to make positive changes to their thoughts, feelings, and behaviors.

Furthermore, to increase the connection with the community and build the capacity of smaller non-profits, SBCS subcontracted with Shaphat Outreach (SO), under the ministry of Charity Apostolic Church. SO is a small organization that had already been providing mentoring in the community. SBCS was actively involved throughout the project by meeting at least monthly with SO to train staff on the model, participating in the Train-the-Trainers Interactive Journaling, ensuring all grant and evaluation requirements were met, establishing portals for mentee referrals, and helping build the capacity of SO to monitor program progress and fidelity by using the electronic case management information system Efforts to Outcomes (ETO). Furthermore, SBCS supervisors provided supervision for SO to support their growth and adherence to the CMM model.

## Program Goal, Objectives, and Design

The program goal and objectives were to provide IJ as part of CMM and Therapeutic Mental Health Services for individuals at highest risk of perpetrating violence and/or being victims of violence, in order to increase their resiliency and reduce their involvement in violent crime. As detailed in this evaluation report, the goal and objectives were met and exceeded in some instances. Below are the main goal and objectives, along with a detailed description of the program design and components that were used to accomplish them.

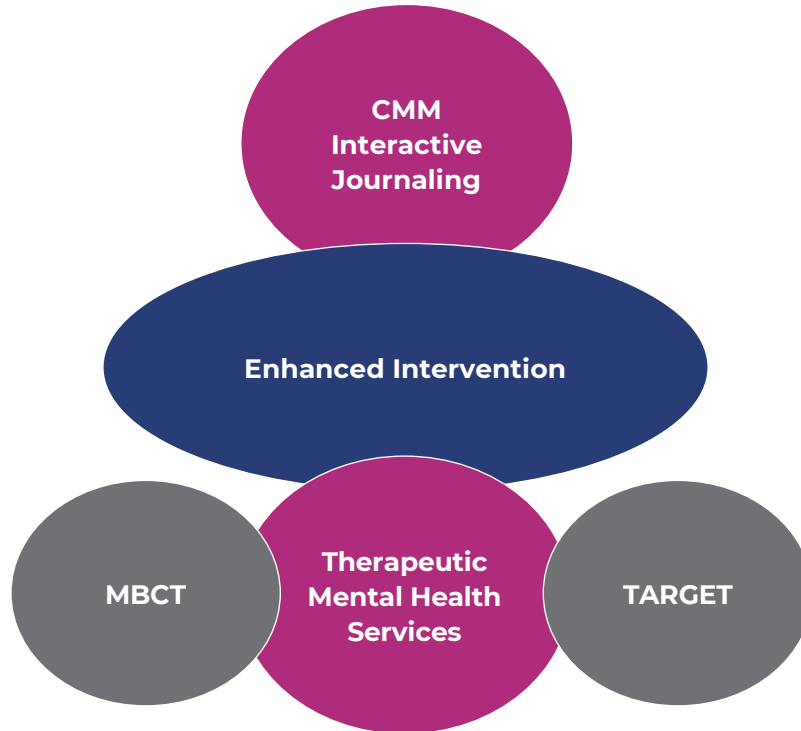
### **Goal: Enhanced Intervention to Increase Resiliency and Reduce Involvement in Violent Crime**

- **Objective 1:** At least 188 high-risk youth aged 19 and under will participate in either or both enhanced services per year (38 in year 1; 75 in year 2; 75 in year 3).
- **Objective 2:** At least half (51% or more) of participants will complete a cycle of services (8-12 TARGET sessions; and/or 8-24 MBCT sessions; and/or 1 IJ completed with CMM).
- **Objective 3:** 90% of youth who successfully complete a cycle of services will have no new sustained petitions while participating in the program.

## Program Components

The program was comprised of two core enhanced services components: Credible Messenger Mentoring with Interactive Journaling curriculum and/or Therapeutic Mental Health Services sessions (Figure 1).

**Figure 1: Enhanced Intervention Program Model**



Source: CalVIP Cohort III; CMM Final Evaluation Report, 2023

## Mentor and Therapist Training Requirements

Mentoring services were designed to be strength-based, trauma-informed, and culturally competent, with the intent of creating a safe and inclusive space for youth to establish a positive relationship with an adult, and within the community. The mentors were recruited from a variety of sources in the community, Probation, and law enforcement with shared lived experience. Mentors were paid a stipend or volunteered, passed a background check, and trained in Mentoring and Interactive Journaling by SO founder Bishop Bowser who is a certified Mentoring and IJ Trainer.

For the Therapeutic component, two master's level therapists attended and successfully completed the certification for *Third Wave CBT: Advanced Evidence-Based Approaches* by PESI (Professional Education Systems Institute) which is approved by the National Certification Board for Therapeutic Massage and Bodywork (NCBTMB) as a continuing education approved providers. The MBCT trainer from PESI also provided monthly supervision for the trained therapists. Furthermore, because SBCS already had therapists trained in TARGET, SBCS's Clinical Director provided oversight and quality assurance for TARGET.

## Mentee and Therapeutic Services/Activities

All youths involved in enhanced services had a case plan developed by the youth's Probation Officer (PO) and/or SBCS's Case Manager. The case manager used these assessments to determine the benefit for each youth from participating in the enhanced services and referred them as appropriate to the correct type of program, then the assigned therapist administered the Family Well Being Assessment (FWBA) to determine which services would be beneficial.

Therapists used the evidence-informed Family Well Being Assessment (FWBA) to assess protective and risk factors of youth and their families. The FWBA involves detailed discussion of strengths and issues, with client participation at every step. The assessment focuses on strengths and assets, placing themselves along a continuum from "No Need" to "Little Need" to "Extreme Need", including medical history and health care, substance abuse, family relations, parenting knowledge, children's education and school behaviors, adult's education, past involvement with law enforcement, housing, nutritional knowledge and capabilities, employment, income/budget needs and knowledge, and mental health. The FWBA provides quantitative and qualitative information on each family's increased knowledge of resources and services in which they participate. Based on the FWBA results, pathways for Therapy and/or CMM will be determined as follows:

- Needs Identified in Mental Health or Alcohol/Drug Use= **Therapy (MBCT or TARGET)**
- Needs identified in Family Relations, Legal Issues, or Alcohol/Drug use= **CMM**

To determine whether a Therapy candidate would benefit most from MBCT or TARGET, there was a collaborative discussion with the youth and their PO, which also considered Probation court orders. For example, if the court ordered the youth to participate in and complete individual counseling or an anger management group, this would be included in their therapy plan. Also, the youth's wishes were factored in because some were more comfortable in participating in individual counseling and others preferred to begin the process in a group setting. Therapeutic Mental Health Services included 8 to 12 sessions of TARGET, and/or 8 to 24 sessions of MBCT. MBCT teaches youth to recognize and understand thought and feeling patterns, with the goal of creating new, more effective patterns. TARGET teaches a set of seven skills that can be used by trauma survivors to regulate extreme emotion states, manage intrusive trauma memories, promote self-efficacy, and achieve lasting recovery from trauma.

CMM was designed to engage using the evidence-based Interactive Journaling curriculum as the core vehicle to build relationships and affect thinking and negative behaviors. Groups were held weekly, and youth were allowed to attend any of the groups. Mentors were required to use the Interactive Journaling curriculum at least once a week per group. SBCS and SO used their relationships in the community and juvenile justice system to identify and recruit mentees and hold group meetings. Recruitment was done primarily via juvenile justice partnerships (CHOICE, ATD, Juvenile Diversion, and Achievement Centers). Groups of mentees began meeting in October of 2020, but the groups would remain open to allow for new mentees to join and for those that had also completed one IJ to return if they wanted to drop-in. Mentors relied on their training to provide a safe and empowering space for mentees to overcome challenges and make ongoing, positive transformations. CMM created a group framework in which mentees are empowered to find their own solutions and help each other. Mentors and peers shared strategies to overcome challenges and stay on the path to transformation. Initially, because of COVID-19 restrictions, group and individual interactions were provided remotely but eventually were able to pivot to in person meetings. Meals were also provided during the in-person meetings.

# Evaluation Methodology

## Research Design

To assess the project implementation and individual effects, SANDAG conducted a process and outcome evaluation. In October 2020, SANDAG research staff started meeting with project staff to refine the initial evaluation design, including identifying consistent data elements to be collected by all programs, how data elements were to be collected, in what data system, and how the final Enhanced Intervention Program implementation protocol aligned with reporting outcomes. This close collaboration between SANDAG and program partners continued throughout the project period, with SANDAG participating in the monthly partner meetings. The process evaluation documented how well the model was implemented, including descriptive information on who was served and engaged, and factors correlated to success. The outcome evaluation used a mix-method, quasi-experimental pre/post design to measure change over time among participants. Outcome metrics included tracking recidivism (i.e., arrest and sustained petitions) during participation and six-month post-program participation, the development of positive adult relationships, and increased resiliency.

## Analysis Plan

Analysis was both qualitative and quantitative in nature. While a randomized control group would provide the most rigorous design, it was not feasible for this project. Therefore, a single-group, pre-test/post-test design (i.e., comparison of measures before and after CMM participation and/or Therapeutic services) was employed. Factors related to success, as well as reduction of risks, were compared over time using the appropriate level analysis (e.g., Chi-Square statistics, difference of means tests, and measures of effect size). Analysis for the outcome evaluation consisted of assessing recidivism on variables identified as factors predictive of recidivism (e.g., criminal history, ethnicity, risk and need level, program completion status). This assessment was accomplished using frequency distributions and Chi-Square statistics for nominal measurement (e.g., prior criminal history, education, instant offense, race/ethnicity), and differences of means tests for ratio level data (i.e., age). The analysis began with bivariate comparisons using the statistics previously mentioned. Multivariate analysis (i.e., regression) was planned to isolate factors related to success (e.g., reduced recidivism). However, because of the low number of recidivism events, multivariate analysis was not possible. Process measures provided a detailed description of the mentors and mentees, services received, and perception of services. Below are the process and outcome research questions addressed in this evaluation report.

### Process Measures

The process evaluation documented what program components were employed and if Therapeutic Mental Health Services and/or CMM was implemented as designed. Data were gathered from multiple sources to describe the population served, the referrals and connection to services, type and level of system changes, satisfaction with services and implementation, and lessons learned. The process evaluation addressed the following questions:

1. What were the numbers and characteristics of program participants (e.g., demographics, treatment needs, prior justice contacts)? (Measures Objective 1)

2. What was the level and type of services received, including the number of TARGET, MBCT, and/or IJ completed? (Measures Objective 2)
3. Was IJ, MBCT and/or TARGET implemented as designed? What lessons were learned? (Measures Objective 2)
4. What proportion of youth completed at least one cycle of enhanced services? What factors were related to successful completion (e.g., prior criminal history, services received, treatment dosage)? (Measures Objective 3)
5. What was the level of satisfaction with services? Did participants feel the program was helpful in meeting their needs? (Measures Objective 3)

## Outcome Measures

The outcome measures were individual in nature and focused on how effective the project was and for whom. The outcome evaluation addressed the following questions:

1. Did participants improve their mental health and/or achieve positive change after completing one IJ, and/or one cycle of sessions in MBCT and/or TARGET to the FWBA? (Measures Objective 3)
2. Did the program result in meaningful relationships with adults? (Measures Objective 3)
3. Did the youth who successfully completed a cycle of services have no new sustained petitions and/or arrests while participating and six months after the program? (Measures Objective 3)

## Data Collection and Sources

A detailed description of each of the data sources and how data were collected are described below. During the startup process, great effort was made to use existing databases whenever possible. Specifically, SBCS's ETO platform was used as the depository for program data and access was given to SO to input data. CMM and Therapy participant demographics, FWBA data, and treatment data were stored in ETO at SBCS. SANDAG downloaded the data from the system on a monthly basis.

**Pre and Post Family Well-Being Assessment (FWBA):** To establish baseline measures on key mental health and quality of life metrics and to measure change over time, each youth was administered a FWBA upon intake and at exit. The assessments measured the level of need across nine domains (e.g., mental health, health care, shelter, etc.).

**Exit post surveys of participants (CMM):** Once a mentee completed the program, she/he/they received an exit survey to gauge satisfaction with the CMM curriculum, places for improvement, and qualitative information on the relationship with his/her/their mentor.

**Interactive Journal (IJ) self-evaluation forms:** The Change Companies, the proprietary company of the Interactive Journal curriculum, has developed a tool to gather input from participants on their experience with the program and changes that may have occurred. This self-evaluation instrument was completed by the participant at the start and end of IJ participation to measure change over time.



**Crime Databases:** Individual-level criminal history data was collected by SANDAG research staff six-months prior to and up to six-months post-program participation. Level and type of instant offense, as well as prior criminal history was collected by research staff. Data collection included level and type of arrests, bookings, and sustained petitions. The data were gathered from the Automated Regional Justice Information System (ARJIS)(i.e., arrests) E-Query database and the San Diego County Probations Case Management System (PCMS) (i.e., bookings, sustained petitions).

**Treatment tracking logs:** Session and group participation was tracked at the individual level by staff or mentor and entered in ETO. Staff utilized the same form to document goals and completion status. Each youth was assigned an individual identification number to maintain confidentiality.

**Fidelity observation forms:** To monitor if staff were implementing the various enhancement services as designed, program specific fidelity tools were utilized. The IJ intervention was monitored using a standardized form provided by The Change Companies and was administered one to two times a year by a supervisor. TARGET was also monitored by supervising staff who observed groups one to two times a year and completed an observation tool to rate facilitators skills, knowledge, group interests, and engagement. MBCT was also monitored through ongoing follow-up consultation meetings between PESI, Inc., (the company that provided the initial professional training) and with SBCS project staff to support adherence to fidelity.

# Process and Outcome Results

## Process Results

### Impacts and Modification Due to COVID-19

The following section describes the enhanced intervention program results from the period of October 2020 to June 2023. However, as with all programming that occurred during 2020 and 2021, when the public health guidelines curtailed and limited all in-person interactions, the results must be viewed within the context of the unknown effects these unprecedented times had on the outcomes. The pandemic effects were far reaching, and for CMM and Therapeutic services the most immediate impacts were as follows:

- The referral of participants either stopped or it became a challenge to all programs to keep those enrolled engaged to the completion of their participation.
- SBCS requested approval from BSCC to include Juvenile Diversion youth as another referral source.
- At the start of the project, all enhanced services were virtual, however in 2021, programming eventually began to transition to hybrid and then to in-person (although virtual options still remained for those in need).

**Results Highlights**

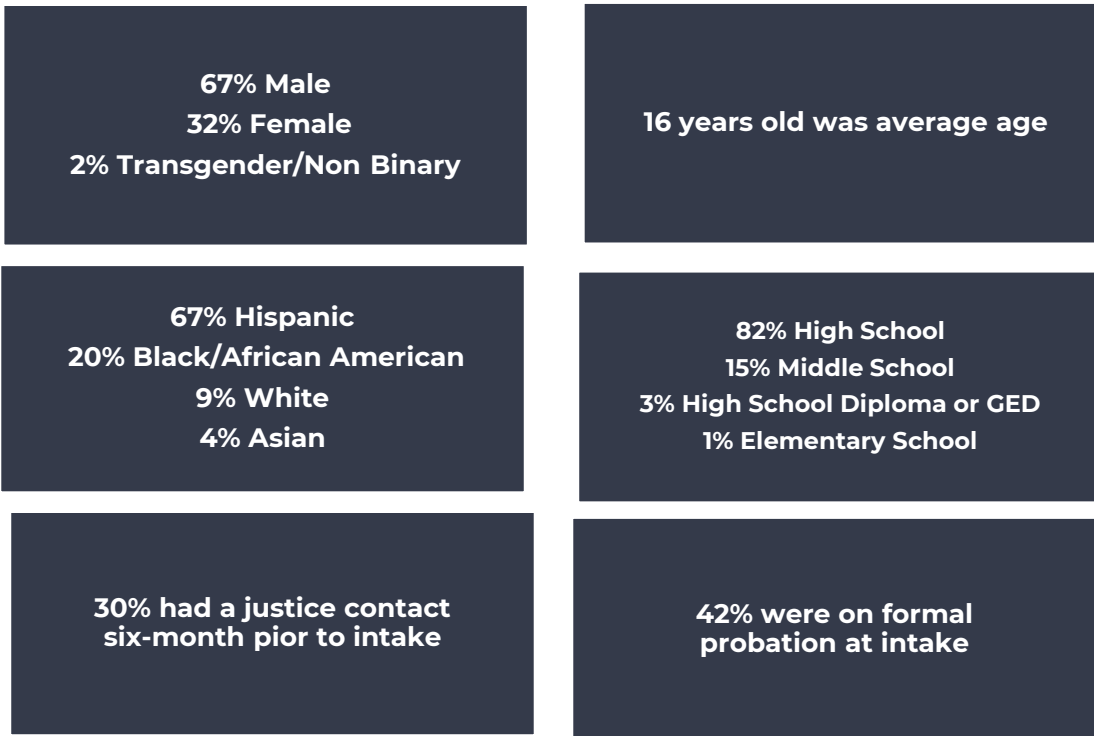
- A total of **200** participants received enhanced services
- **77%** of participants completed a cycle of Therapeutic services exceeding the goal of 51%
- **59%** of mentees successfully completed at least one IJ in CMM exceeding the goal of 51%
- Over nine out of ten participants remained crime free during **(96%)**, and over eight out of ten six-months post participation **(86%)**

Because the City of San Diego was a community that was disproportionality impacted by COVID-19, it made the need for enhanced intervention services to become more apparent. SBCS and its partners quickly adapted to the stay-home order to maintain contact with current participants and adjusted its outreach during this more restrictive environment. These adaptations and modifications included the following:

- Groups and mentor/mentee contacts were offered through virtual sessions using a variety of platforms (i.e., Zoom, MS Teams, iDevices, phones).
- SBCS worked with partners (e.g., San Diego Futures Foundation) to provide technology devices to those participants who did not have the needed electronics to connect (e.g., laptops, Chromebooks).
- SBCS leaned on its strong community connections to communicate about the enhanced services and reached out to possible participants via juvenile probation, local law enforcement, and juvenile court to raise awareness of the enhanced services offered through the project.

Overall, as the evaluation results show, despite the COVID-19 setback, enhanced services programs recruited more mentors and served more youth than expected.

**Figure 2: What were the numbers and characteristics of program participants (e.g., demographics, treatment needs, prior justice contacts)?**



Source: CalVIP Cohort III; Final Evaluation Report, 2023

Note: Percentage may not add to 100% due to rounding

Over the course of the grant, 219 participants were referred to the enhanced services programs, of which 91% (200 youth) were enrolled. Most participants were male (67%), and 15.7 years old on average (SD=1.5, range 11-19). All but 3% were in school at time of enrollment, with 82% in high school, 15% in middle school, and 1% in elementary school. The remaining five youth had a high school diploma, or GED at the time of intake. Most of the youth identified as Hispanic (67%), 20% as African American, 9% as White, 4% as Asian, and 1% as multi-racial. English was the primary language for most participants (83%), followed by 17% Spanish, and 1% Vietnamese.

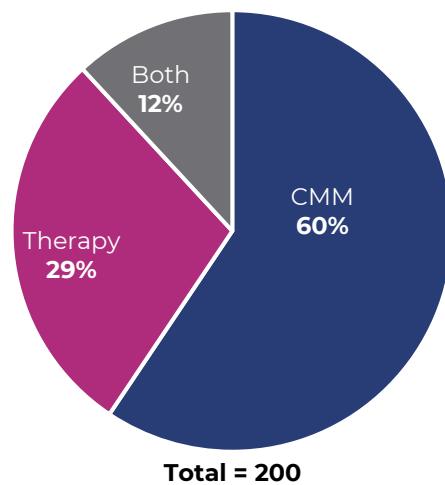
Data gathered on prior arrests or juvenile justice system contact showed that 59 participants (30%) had an arrest and/or sustained petition into Juvenile Hall/East Mesa Juvenile Detention in the six-months preceding enhanced services at intake. However, 42% (84 youth) had been or were currently involved with San Diego County Juvenile Probation at intake (i.e., a 602 ward of the court).

### What was the level and type of services received including the number of TARGET, MBCT and/or IJ completed?

Enhanced intervention youths could have participated in CMM and/or Therapeutic Mental Health Services to increase resiliency. Youth could have re-enrolled and participated multiple times in programming. Out of the 200 total youth enrolled in enhanced services, 91% of the participants enrolled and participated only once, and 9% enrolled and participated multiple times (range of 2-4). In year 1, there were a total of 42 participants in enhanced services, year 2 had 63 participants, and year 3 with 95 participants (original objective was 188 total participants).

When it comes to type of enhanced intervention, 60% of the youth participated in CMM, 29% in Therapeutic services, and 12% in both (Figure 3).

**Figure 3: Type of Enhanced Intervention**

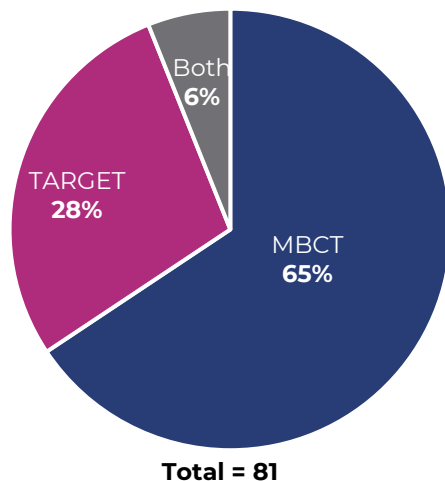


Source: CalVIP Cohort III; Final Evaluation Report, 2023

Note: Percentage may not add to 100% due to rounding

Out of the 81 youths that participated in Therapeutic services, 65% received MBCT, 28% TARGET, and 6% both (Figure 4). More than three quarters (77%) of participants completed a cycle of services (8-12 TARGET sessions; and/or 8-24 MBCT sessions) surpassing the original objective of at least 51%. Furthermore, out of those Therapeutic participants that completed a cycle of services, 100% had a treatment plan developed, and treatment goals identified; all participants showed progress towards achieving at least one treatment goal as measured by the FWBA; and all showed positive progress as reflected on the exit FWBA. The primary domains improved on the FWBA (reflected on the exit) included 92% in mental health, 5% family relations, and 3% legal history.

**Figure 4: Type of Mental Health Therapy**



Source: CalVIP Cohort III; Final Evaluation Report, 2023

Note: Percentage may not add to 100% due to rounding

Out of the 143 youths that participated in CMM, around 3 out of every 5 (59%) successfully completed at least one IJ, surpassing the original objective of 51%. Out those mentees who had a pre and post IJ score collected, 66% improved their score, 26% did not improve their score, 12% had no change. When it comes to the curricula used, 62% reviewed Courage to Change, and 37% Forward Thinking. In terms of IJ completed, 40% completed Responsible Thinking, 24% What Got Me Here, 16% Self Control, 6% each for Responsible Behavior, Getting Started, and Handling Difficult Feelings, and 2% for Individual Change Plan.

### **Was IJ, MBCT, and TARGET implemented as designed? What lessons were learned?**

Overall, enhanced services programs were implemented as designed with the most significant changes occurring as a result of COVID-19 and the public health mandates restricting face-to-face contacts. The pandemic required starting with virtual contacts/sessions which impacted access to possible mentee enrollees, and reduced access to youth through different venues.

Three practices were utilized to ensure services were implemented as designed. These included frequent and consistent communication and oversight, formal training of the evidence-based programs, and formal observations of facilitators when implementing the programming.

#### **Communication**

During the startup phase of mentoring, program partners met monthly to ensure the program was being implemented as designed. Numbers were reviewed, challenges and success were shared, and modifications were discussed, especially when pivoting due to COVID-19 and the public health guidelines. This frequent and consistent communication provided the framework to ensure fidelity to the program's model.

### **Formal Training on Evidence-Based Programming**

A second component to ensure fidelity was the required formal training and subsequent certification in both credible messengers mentoring through IJ and through SO founder Bishop Bowser who is certified in both. As noted earlier, three mentors received certification in both mentorship and IJ and SO and SBCS program supervisors were also certified in IJ in order to observe and monitor its implementation.

Also, for the Therapeutic component, two master's level therapists attended and successfully completed the certification for *Third Wave CBT: Advanced Evidence-Based Approaches* by PESI (Professional Education Systems Institute) in early 2021. The MBCT trainer provided monthly supervision for the trained therapists. Furthermore, SBCS's Clinical director provided ongoing monitoring and supervision for TARGET. One-on-one training from the Clinical Director would be provided if a new clinician ever needed to be trained.

### **Formal Observation of Facilitators (i.e., mentors and therapists)**

The third metric to monitor and measure fidelity was the formal observation by SBCS supervisors of the IJ groups and Therapeutic services. The program team agreed to conduct at least one observation a year of a group session in both enhanced services and rate it by using an observation checklist created by The Change Companies Outcomes tool for mentoring and IJ, and by PESI for the Therapeutic component.

The observation outcome tool for mentoring consisted of 44 questions rating the facilitator's engagement skills, knowledge and teaching skills, interactions with participants, group management, and safe environment. After observing the group, the supervisor would provide feedback to the mentor who was facilitating. During the project, three groups were observed, resulting in scores indicating high adherence to the fidelity of the model. Using a scale from 1 "strongly agree" to 4 "strongly disagree", the average fidelity score for all five observations was 1.32 (SD= .24), indicating strong adherence to the model.

The Therapeutic outcome tool for TARGET and MBCT consisted of seven questions rating the therapist engagement skills, quality of implementation, quality of group session, delivery of information and interaction with participants. After observing the group, the supervisor would provide feedback to the facilitator conducting the session. During the course of enhanced services, four groups were observed, resulting in scores indicating high adherence to the fidelity of the model. Using a scale from 1 "not clear" to 5 "very clear"; 1 "not on time" to 5 "well on time"; 1 "very rushed" to 5 "not rushed"; 1 "little understanding" to 5 "good understanding"; 1 "little participation" to 5 "active participation"; 1 "poor" to 5 "excellent", the average fidelity score for all four observations was 4.73 (SD=.10), also indicating a very strong adherence to the model. Furthermore, when it came to engagement of participants and level of trauma informed awareness, the average score was 4.25 (SD=.50), indicating that facilitators showed empathy, got participants talking and participating in sessions, demonstrated compassion, and responded in a manner that demonstrated safety

### **What proportion of youth completed at least one cycle of enhanced services? What factors were related to successful completion?**

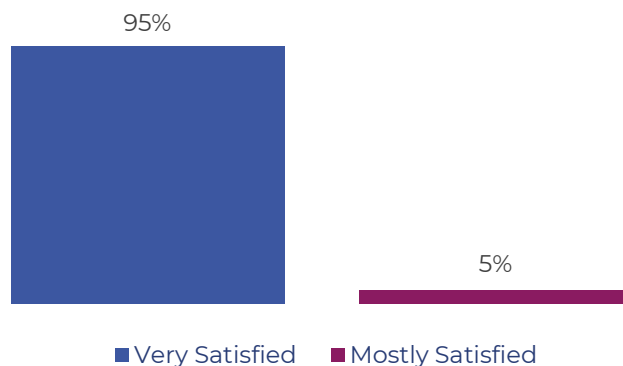
The objective of enhanced services programs was to have 51% of participants successfully complete services. Successful completion of the CMM was defined as completing at least one Interactive Journaling. Successful completion of Therapeutic services was defined as completion of a cycle of services (8-12 TARGET sessions; and/or 8-24 MBCT sessions). Enhanced services exceeded this objective with overall **66% of participants successfully completing the program.**

Analysis of factors (i.e., gender, race, level of education, language, six-month prior justice involvement) related to successful program completion showed a few notable associations between demographics and completion status. Specifically, youth whose primary language was Spanish or those who were currently attending high school were more likely to complete the program successfully than those who spoke English (74% compared to 64%, respectively) as well as those who were in middle school (68% compared to 52%). In addition, those participants who were referred by the Achievement Center were more likely to successfully complete the program (73%) than those who were referred by ATD (60%), Juvenile Diversion (58%), and CHOICE (44%). Also, those who participated and completed both Mentoring and Therapy were more likely to complete successfully than those who only participated in Therapy or Mentoring (96% compared to 70% and 57% respectively).<sup>2</sup> Unfortunately, there was not sufficient sample size and statistical power to produce predictive analysis by creating a logistic regression model. However, these bivariate analyses suggest there is value in discussing any additional observational factors that may have influenced these groups of youth not completing the program successfully.

### **What was the level of satisfaction with services? Did participants feel the program was helpful in meeting their needs?**

A post-program satisfaction survey was conducted for mentoring youths to learn more about the program from the mentee's perspective. As shown in Figures 5 and 6, three questions were asked to measure satisfaction level with CMM; if the mentee would recommend the program to a friend in a similar situation and if they would seek the connection and services again if needed. Using a four-point scale (4 being "very satisfied" and 1 being "very dissatisfied," all youth reported they were satisfied with services received, almost all (95%) selecting the highest rating of "very satisfied." Similarly using a four-point scale (4 being "yes, definitely" and 1 being "no, definitely not"), all of the respondents (100%) reported that they would recommend CMM to a friend, with around 9 out of 10 (95%) selecting the highest rating of "yes, definitely." More than 9 out of 10 (95%) reported they would consider returning to the program if they needed it again, with over 8 in 10 (85%) selecting, "yes, definitely" they would come back.

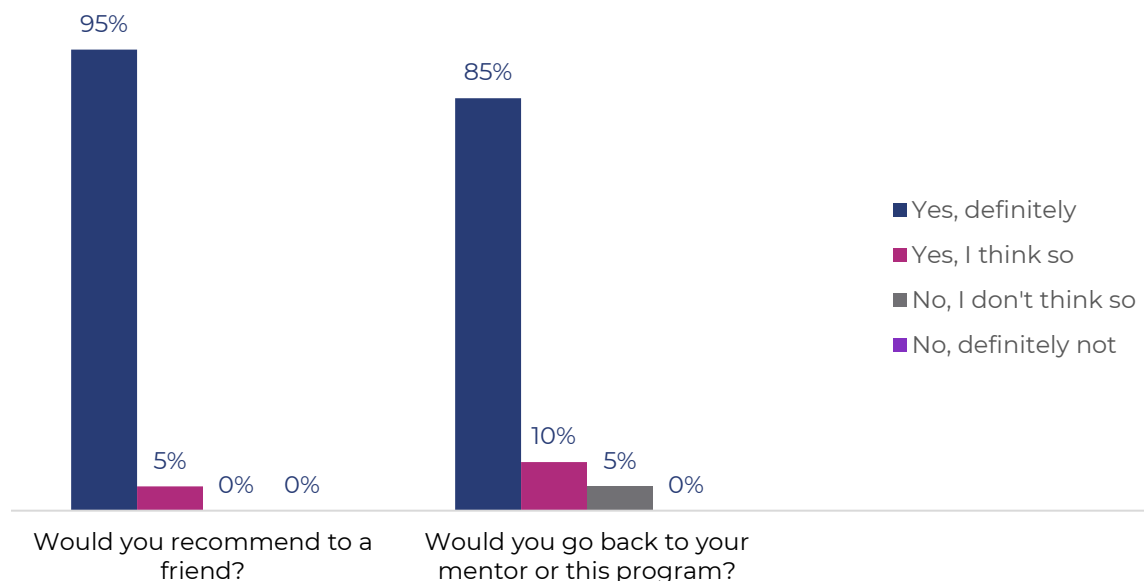
**Figure 5: Level of Satisfaction with Services**



Source: CalVIP Cohort III; Final Evaluation Report, 2023

<sup>2</sup> Other variables such as gender, race, or prior justice involvement were not statistically significant at  $P < .05$ .

**Figure 6: Mentee Returning and Program Recommendation**



Source: CalVIP Cohort III; Final Evaluation Report, 2023

The post-survey also included additional questions to learn more about the program from the mentee’s perspective. As shown in Table 1, all (100%) respondents felt respected by the mentors and staff and 82% felt the program helped them “a lot” to deal with their concerns more effectively. According to the responses, over 9 in 10 (92%) reported that the mentors provided them with enough information, support, or referrals. In addition, participants were asked to respond using a four-point scale (4 being “yes, definitely” and 1 being “no, definitely not”) to a question that asked whether they created at least one positive relationship with an adult (either family or community) since starting CMM, and almost all (97%) mentees responded positively, with all (100%) replying “yes, definitely” on the post-survey (Table 1).

**Table 1: CMM Mentee’s Post-Satisfaction Survey Results**

Satisfaction with CMM	Somewhat/ I think so	A lot/ definitely
Since starting this program do you have at least one positive relationship with an adult either in your family or in the community?	3%	97%
Did you feel that mentor/staff learned about and respected your needs as an individual?	0%	100%
Did the mentoring you received help you deal more effectively with your issues of concern?	18%	82%
Did you feel the program mentors provided you with enough information, referrals and/or support you needed?	8%	92%
<b>Total = 59-61</b>		

Note: Cases with missing information not included

Source: CalVIP Cohort III; Final Evaluation Report, 2023



## Mentee Stories

“An 18-year-old young man who was referred to the Achievement Center (AC) by his Probation Officer, attended for 65 days. During his participation at the AC, he was able to successfully complete individual therapy as well as in home family therapy between him and his grandmother. He also participated in community mentoring and was chosen to work as an intern with the lead mentor. Successfully completed his probation and graduated high school while attending the AC and he requested to continue attending as a community referral. He was excited to continue his education in Junior College and to start a career in music.”

- Male Youth Mentee, 2021

“A 16-year-old young lady who attended the Achievement Center (AC) program for 4 different “episodes” was referred to the AC by her Attorney while she had pending charges in juvenile court. Initially, she did not want to be at the AC and felt she was a “good kid” who did not belong in a program intended for “bad kids.” After a couple days, she gained comfort and confidence and in no time, she openly shared how much she loved the AC program. Participated in both therapy and community mentoring while attending the AC. She was adamantly opposed to therapy in the beginning but ended up really liking her therapist and successfully completed 12 sessions of individual therapy. She completed the 65 days of the program for each “episode”, and she requested to be re-referred so she could continue to attend. The young lady and her family were experiencing homelessness and she lived in a shelter very close to the AC. The AC staff were happy to have her in the program for so long and to give her a safe space where she could learn and grow.”

- Female Youth Mentee, 2021

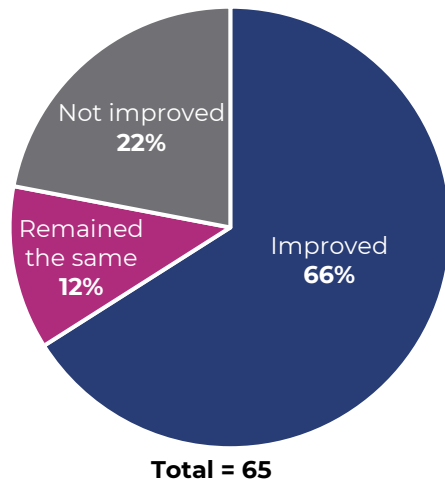
## Outcome Results

### **Did participants improve their mental health and/or achieve positive change after completing one IJ and/or one cycle of sessions in MBCT and/or TARGET to the FWBA?**

Results from the pre and post FWBA and pre and post IJ evaluation scores from youth about the program show improvement in both mental health and positive change. Each youth participating in Therapeutic services was administered the FWBA upon intake and exit. The assessment measured the level of need across nine domains (e.g., mental health, family relations, legal history, shelter, etc.). Over nine in ten participants (94%) improved their mental score including almost all (98%) of those who successfully completed Therapeutic services.

Additionally, results from the pre/post IJ evaluation collected (65) from youth participating in mentoring show that around two in every three (66%) improved their score and achieved positive change, compared to 22% not improving their score and 12% remaining the same (Figure 7).

**Figure 7: Interactive Journaling Pre/Post Scores**

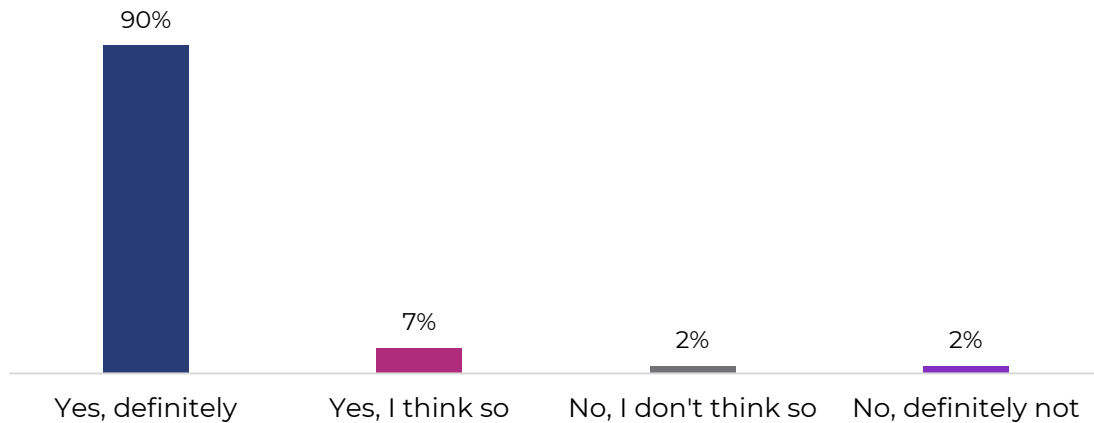


Source: CalVIP Cohort III; Final Evaluation Report, 2023

**Did the program result in meaningful relationships with adults?**

In addition, in a post-program survey, youth were asked to respond using a four-point scale (4 being “yes, definitely” and 1 being “no, definitely not”) to a question that asked whether they created at least one positive relationship with an adult (either family or community) since starting mentoring. The vast majority (97%) mentees responded positively, with nine out of ten (90%) replying “yes, definitely” (Figure 8).

**Figure 8: At Least One Positive Relationship with an Adult**



Source: CalVIP Cohort III; Final Evaluation Report, 2023

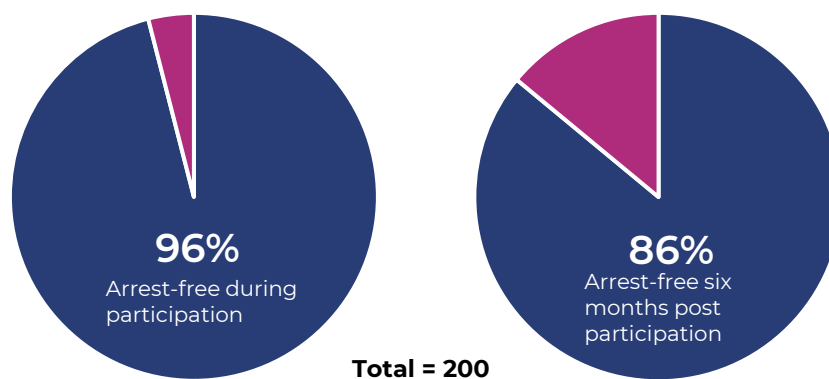
Note: Percentage may not add to 100% due to rounding

The post-survey also included additional questions to learn more about the program from the mentee’s perspective. As shown in Table 1, all (100%) respondents felt respected by the mentors and staff and 82% felt the program helped them “a lot” to deal with their concerns more effectively. According to responses, almost all (98%) reported that the mentors provided them with enough information, support, or referrals. In addition, two questions were asked to measure satisfaction level with CMM; if the mentee would recommend the program to a friend in a similar situation and if they would seek the connection and services again if needed. All respondents reported that they would recommend CMM to a friend, with over nine of ten (95%) selecting the highest rating of “yes, definitely.” Finally, 95% reported they would consider returning to the program if they needed it again, with 85% selecting, “yes, definitely” they would come back.

### **Did the youth who successfully completed a cycle of services have no new sustained petitions and/or arrests while participating in the program?**

The goal of this enhanced services program was to provide youth living in a community with high rates of crime and other stressors correlated with living in and around low-socioeconomic areas an opportunity to connect with enhanced services and engage supports to make positive choices. As such, the mentees and Therapeutic participants did not have to be involved directly in the justice system to be eligible for the program. In fact, most participants (71%) did not have justice contact within the six-months prior to enrollment. In addition, 42% of youth were involved with Probation at intake and this was a factor for future contact. Because some of the participants were 18 years or older, arrest was chosen as the metric for recidivism (i.e., because not all youth would be in the juvenile probation case management system PCMS) and data were collected at two-points of time (during program participation and six-months post-participation). Almost all youth did not have an arrest during (96%), and six-months (86%) post-enhanced programs participation (Figure 9). Out of those who successfully completed the enhanced services, 98% did not have an arrest during and 88% remained arrest free after six-month post participation.

**Figure 9: Percentage of Participants Without an Arrest During and Six-Months Post-Participation**



Source: CalVIP Cohort III; Final Evaluation Report, 2023

Examination of the eight youth who did have new arrests and or sustained petitions during the program showed that five out of the eight were under probation supervision at intake. Similarly, five out of the eight had a prior arrest or sustained petition. A violent offense was the highest charge level type for four and two each for a property and “other” type of offense. Also, important to note that only three out of the eight youth completed the program successfully (Table 2).

Examination of the six-month follow up period shows that wardship was also significantly related to new arrests and or sustained petitions, with 17 of the 29 youth who did have a new arrest and or sustained petition were under probation supervision at intake. Eighteen out of the 29 youths had a prior arrest or sustained petition. As for type of crimes participants were arrested for in the following six-months post participation, 14 were for an “other” offense as their highest charge, seven for a violent, four for property, three for drugs, and one for a status offense. Important to note that only 13 out of these 29 youths did not complete enhanced services programming successfully (16 completed successfully), and therefore did not receive the full dosage of the intervention. Further analysis revealed that 14 out the 16 youth who completed enhanced services successfully also had a prior justice contact.

**Table 2: Participant’s Recidivism Outcomes**

Recidivism Outcomes	During Programming (n=8)	6-Months Post-Programming (n=29)
Under probation supervision at intake	63% (5)	59% (17)
Had a prior arrest or sustained petition	63% (5)	62% (18)
Completed the program successfully	38% (3)	55% (16)
Highest charge level type	Violent 50% (4) “Other” 25% (2) Property 25% (2)	“Other” 48% (14) Violent 24% (7) Property 14% (4) Drugs 10% (3) Status Offense 3% (1)

Source: CalVIP Cohort III; Final Evaluation Report, 2023

Because of the small number of youths with a recidivism event, further predictive analysis could not be conducted. It should also be noted during 2020, when stay-home order and public health guidelines were strictest, arrests for juveniles and adults were down substantially in the County and across the nation, which could have contributed to the low number of arrest incidents.

# Lessons Learned

Over the course of the grant, lessons were learned that can inform future programs with similar populations. These lessons are noted below.

**Consistent communication is critical to program success:** From its inception, enhanced services partners met regularly to collaborate on the design and implementation of both CMM and therapy services. At these frequent (monthly) meetings, partners discussed administrative and programmatic issues, partnered on solutions, and built trusting relationships. In addition, data were provided to help monitor and inform the progress of the program.

**Program grant period length:** As with all new projects there were challenges. The first being the grant period length of only three years. A three-year project barely gave time to allow the program to build sustainability into the project. According to supervisors, it felt like as soon as there was growth and momentum, the grant period was ending. This grant length required program staff to pivot and search for new funding to allow the program to continue. It also created uncertainty within staff in the last year of the grant period as they were aware their position's funding was ending at the end of the year. A five-year grant would have been preferable and would have allowed for a higher level of implementation and a longer period of data tracking to better determine outcomes.

**Appropriate lived experience mentors:** Some of the mentors had to be redirected when interacting with the youth as they sometimes became triggered when a youth was rude or talked back to them. Ensuring the mentors interacted in a trauma-informed manner was an on-going goal. Staff also continually worked with mentors on general professionalism, such as arriving at the group on time, etc. Years of gang involvement and incarceration can take a toll on the lives of the mentors and some would want to discuss personal problems they were having with the participants, (i.e., child support and custody issues, other lingering legal and money issues, etc.) which required redirection from AC leadership to get them back on topic and/or remind them that this type of sharing was not appropriate to discuss with the youth. According to supervisors, mentors provided tremendous value in the experiences they bring and the connections they made with the youth. Ongoing training and coaching needs, including setting professional boundaries and awareness on how their own trauma impacts their relationships are essential.

## Mentee Story

A 14-year-old male student was arrested for criminal threats at his school. Although the police originally wanted to have him detained in Juvenile Hall, he was released to his parents and was immediately referred to Alternatives to Detention (ATD) services. Due to making the threat on school campus, he was pending expulsion from his school. When the youth enrolled in services, he reported that he was being bullied at school and was tired of being harassed by other students. He expressed that he was depressed and feeling isolated. To address his mental health concerns and address his pending criminal charges, he was referred to individual therapy, and case management through the program. He started to feel accepted and enjoyed attending the therapy, where he learned about peer pressure and positive decision making. He began attending individual therapy to address his depression and anxiety. He successfully met all his program goals; as a result, his criminal case was dropped by the District Attorney. Although he initially had to enroll independent study for school due to his criminal offense, he was permitted to enroll back in school the following semester. Due to his success in programming, he was not expelled from the school district and was able to avoid involvement in the juvenile probation system.

Male Youth Mentee 2022

## Summary

In the fall of 2020, SBCS was awarded a BSCC CalVIP Cohort III grant to address a gap in and enhanced services to increase resiliency in high-risk youth to reduce involvement in violent crime for youth ages 11 to 19 years old living in the City of San Diego. SBCS partnered with a smaller non-profit, Shaphat Outreach (SO), which was already providing services in the community to implement the evidence-based Credible Messenger Mentors (CMM) program combined with the cognitive-based Interactive Journaling curriculum. Mentors with lived experience were recruited from the community and participated in certificate level trainings in both CMM and the Interactive Journaling model. The enhanced services also provided Therapeutic services via “3rd Wave” mindfulness based mental health services that prioritized the holistic promotion of psychological and behavioral process associated with health and well-being over the reduction or elimination of psychological and emotional symptoms.

As with all activities occurring during the COVID-19 pandemic (2020), enhanced services implementation was impacted and required adjustments, with the most notable change being a switch to starting with virtual services and to in-person and hybrid (both in-person and virtual) program services.

A total of 200 youth participated in enhanced services. Most of the participants identified as Hispanic, were male, in high school, and around 16 years old on average. Of these youth, 66% completed the enhanced services program successfully (CMM, Therapeutic services, or both). In addition, those participants whose primary language was Spanish, currently in high-school, referred by the Achievement Center (AC), and participated in both mentoring and therapy were more likely to successfully complete the program. Also, around one in three (30%) had a prior justice contact within six-month of program start, and 42% were on formal probation at intake.

Data were gathered on recidivism risk and progress made to establish a positive relationship with their mentor or another adult, with both showing improvement after participating in enhanced services. Additionally, data gathered on criminal justice involvement (i.e., new arrest/new sustained petition) showed that almost all participants did not have an arrest during programming (96%). Out of those participants that recidivated during services (8), five had a prior criminal justice contact, and only three out of the eight completed programming successfully. Finally, 86% of the participants did not recidivate six-months post-enhanced participation. Of those that did recidivate post-participation (29), 18 had a prior arrest or sustained petition, and 16 out of the 29 completed enhanced services successfully.